

28<sup>th</sup> July 2009  
Martine Lynch

By E-mail: [community.affairs.sen@aph.gov.au](mailto:community.affairs.sen@aph.gov.au)

Ms Claire Moore  
Chair  
Senate Community Affairs Legislation Committee

Dear Senator Moore

Re: Inquiry into Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 and two related Bills.

I write to express my concern about the above bills. I understand that these bills will enable Medicare funding, access to the Pharmaceutical Benefits Scheme and professional indemnity premium support for midwives providing care for women to give birth in hospital.

Medicare funding for midwifery care is long overdue. It is not acceptable however to exclude homebirth from this funding and indemnity arrangement. By doing this Australia is totally out of step with nations such as the United Kingdom, Canada, The Netherlands and New Zealand.

These nations support the rights of women to choose homebirth and fund a registered midwife through their national health scheme. In New Zealand and the U.K women have a legislative right to choose homebirth.

The intersection of this legislation with the national registration and accreditation of health professionals will prevent homebirth midwives from registering. I believe this to be an unintended consequence and ask that you take steps to include homebirth within the Health Legislation Amendment (Midwives and Nurse Practitioners) and related Bills.

I support a system where all consumers are treated equally, with the same access to funding and the same insurance protection.

My personal experiences of birthing have been varied and so far have provided me with options to choose what is right for each individual pregnancy. The proposal of these new Bills threatens my right to make such decisions and I find it appalling to be placed in this position. My first child was born in hospital by emergency caesarian section, a planned hospital birth. I accept that this was the best decision at the time and the care I received was appreciated. My following pregnancy was assessed as low risk and healthy by the same hospital and it was

then that I decided to research into a homebirth and acquire the support of a private practice midwife. My second child was born at home in the safe and secure environment of our home supported by 2 extremely qualified and experienced midwives with no complications. I am currently 2 weeks off my due date and am expecting twins. Sadly this pregnancy has been fraught with complications and the best decision for this pregnancy was to birth in a Tertiary hospital, which means I am in the public system and have to settle with the best consistency they can offer. I am a unique case where I am part of a small clinic of obstetricians and specialists and have had the benefit of one obstetrician up until I was 33 weeks pregnant; unfortunately he unexpectedly had to take long service leave. Why is this unfortunate? We had developed a trusting relationship where he understood our story and understood what we wanted and where we were coming from. During this pregnancy I have endured the knowledge of one baby having a range of detected abnormalities and later passing away at 32 weeks gestation. One of the babies is presenting breech and he was open to my discussions and respectfully considering assisting a breech birth delivery. However, since his departure we have discovered that this is not at all possible and we simply do not have the energy to take on the hospital. It is now also too late in my pregnancy to find a doctor that is experienced in breech birth and able to take me on as a patient at this late stage in my pregnancy. The reason for wanting to birth breech is it is possible, the baby is in the best position to birth breech, the normal risks and fears with birthing breech twins is not present as my second presenting baby has passed on. My one saving grace amongst this incredibly difficult and emotional ride has been my MIDWIFE! Without her consistent emotional support, her guidance and practice wisdom I am not sure where I would be right now. This has even been acknowledged by the doctors, the clinic co-ordinator and clinic psychiatrist at the hospital. The proposal of this Bill leaves women like me extremely vulnerable because the hospital system does not understand the importance of a relationship between a woman and a private practice midwife. We are hoping to have one more child after this pregnancy and feel deeply saddened if our choice to pay our private practice midwife is no longer possible. We struggle financially, yet we have always placed the importance of having the support and guidance of an emotionally and practically safe birthing experience with our midwife above the cost because these memories last forever.

Yours sincerely

Martine Lynch