

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.

As a medical practitioner myself I firmly endorse the position of the WHO on childbirth which is that this should be a primary care model and that medical intervention should be kept for the small proportion of women who genuinely need it. It is not necessary nor beneficial for all women to give birth in a hospital setting and I find it ludicrous that our public health purse (via safety net claims) is utilised to fund non-medically indicated options such as women seeking the care of a private obstetrician in a low risk pregnancy, whilst the passing of this bill would preclude women like myself having the freedom to choose a private midwife to provide continuity of care in the setting of my choice that is appropriate to my level of risk.

Yours sincerely

Dr Rachel O'Connor