KEEP PRIVATE HOMEBIRTH ALIVE ACTION PLAN - All Women: Choice and a Voice

The intersection of Commonwealth legislation to regulate and accredit all health professionals and that of Medicare access for Midwives will eliminate the ability for a woman to contract a private registered midwife providing homebirth. This is due to an inability to secure professional indemnity insurance and an unwillingness by Minister Roxon to provide homebirth midwives with the same protection as all other health professionals

Medical Indemnity is clearly a FEDERAL issue. Since 2001 approx \$1billion of taxpayer funds has supported medical indemnity premiums. Homebirth midwives have consistently been denied premium support. Women who choose homebirth are the only health consumers without the protection of indemnity insurance.

As a developed country Australia is out of step with other nations such as Canada, UK, New Zealand and The Netherlands, which offer public funded homebirth. By making homebirth unlawful Australia is on par with a state of the U.S like Alabama where capital punishment still exists.

Homebirth Australia is demanding indemnity support for homebirth midwives and the protection of insurance to consumers. It has been made clear in recent consultations regarding national registration that policy makers will no longer accept homebirth midwives practicing without indemnity insurance.

The Maternity Services Review Report, (forerunner to the Minister announcing Medicare for Midwives) stated

In recognising that, at the current time in Australia, homebirthing is a sensitive and controversial issue, the Review Team has formed the view that the relationship between maternity health care professionals is not such as to support homebirth as a mainstream Commonwealth-funded option (at least in the short term). The Review also considers that moving prematurely to a mainstream private model of care incorporating homebirthing risks polarising the professions rather than allowing the expansion of collaborative approaches to improving choice and services for Australian women and their babies.

The Department of Health and Ageing and Minister Roxon¹s office has tried to Œhand-ball¹ homebirth to state governments to provide hospital in the home type programs. By offering Medicare funding for Midwives, the states have little incentive to offer homebirth services. The states that currently provide state funded homebirth services only do so within tight geographic locations to a limited number of women. They also operate under restrictive protocols, which are not necessarily based on evidence but what is palatable to controlling interests. This cannot be the only option for homebirth in Australia.

The rights of women to make choices about their health care are being seriously eroded. Homebirth Australia is seeking advice regarding human rights covenants that Australia are a signatory to, including CEDAW and the United Nations Statement on the Rights of Women (1995) that states "Women have the right to have control over, and decide freely and responsibly on all matters relating to their sexual and reproductive health"

It is also unacceptable that through a lack of willingness to indemnify homebirth midwives the result will prevent women accessing registered midwives. State based models will be unable to cover the same geography that community based homebirth midwives currently do. In fact with Medicare funding greater access could have been achieved, enabling more women homebirth with a registered midwife.