

To whom it may concern,

The time is getting closer for decisions to be made which effect the future of pregnant women and midwives around Australia.

Let me tell you my story. I was a nurse for approx 14 years, then I trained as a midwife in order to be 'with women', mostly due to my own awful experiences of maternity care within Australia in the hope that I could some how make it better.

At the beginning of my midwifery training (about 11 years ago) a smart, skilled midwife said that one day she would like to be a 'homebirth midwife'. I was shocked and ask 'isn't that dangerous'. I couldn't believe that a person I looked up to professionally could be so cavalier. I didn't realize that you could even chose to have a homebirth in Australia.

During the course of my training and in subsequent years in the wards I became disillusioned with midwifery. In our training we were taught to 'think for ourselves' but the reality was that in hospitals we were the handmaidens of which ever doctor was on at the time. **It is important to realize that the medical model and midwifery model are poles apart** and cause much angst for any thinking, passionate midwife. I have been subjected to bullying and the unpredictable choices of the medical fraternity – depending on how tired they are, what they feel like and whether they like whoever they are looking after. It makes for a very uncertain workplace.

The reality is that many midwives are unhappy in their workplace. Many that I have worked with roll their eyes, do the best they can and try to ignore the sense that they are perpetuating the medical model which they hate so much. Many midwives work in hospitals because they have commitments to mortgages, school fees etc, and for the sake of peace they keep their mouth shut.

I have worked in the private and public sector, in community and family birth centre settings, it left me burnt out, frustrated and cynical.

During my time in clinical settings I came into contact with private midwives. At first I thought they were eccentric, fringe – even unsafe. A friend of mine who is NOT a midwife persuaded me to look into it further. I spoke with private midwives and realized that there was so much more to homebirth and private midwifery which the average hospital midwife (or obstetric nurse) or even the average citizen knows. I became convinced that private midwifery was a valid choice and that planned homebirth for most women is a safe option.

In fact, working in a hospital became abhorrent to me as I sensitized myself to the widespread practice of unnecessary interference within hospitals resulting in 1:3 cesarean sections. Not to mention the trauma experienced as women and their partners felt 'out of control' during this significant time of their lives.

I have been working in private practice since April 2008. Apart from the positive aspects of my work now such as:

Keeping birth normal – this is so important

Being able to spend time getting to know and develop relationship with my clients

Choosing my clientele as much as they chose me, the personality 'fit' makes a big difference

Seeing women become strong in the information that they seek about pregnancy and childbirth

I knew when I made this choice that my career as a private midwife may be short lived due to proposed changes, but as it stood, I would rather that I had 18 months of practicing in a manner which honoured women, than none at all.

We are not a stupid bunch of women. We are trained midwives, we recognize when we require assistance, we have emergency strategies, emergency equipment, responsible parents, back up plans. **It would be even better if the hospitals where we transferred our clients when things do go awry were less afraid, and saw our transfers as a continuum of care rather than a 'failed homebirth'.**

Just as importantly, I realized how much fear underpinned **so many of my clinical decisions in hospitals**. I have been challenged and humbled to rethink so many of my practices and beliefs that it has been quite overwhelming at times.

I have realized that many of the practices in hospital settings strip women of their right to chose. Policies and procedures treat women with a sort of 'benevolent dictator' strategy. Ie 'persuading women to make uninformed choices, because really we know best anyhow'. You know...so many women speak to me and my colleagues and realize that they were duped. It DOES NOT GO UNNOTICED. But the hospital machine is so big that they feel powerless to fight it.

I urge the government to think with a different mindset. I know that you say that you believe in the right for women to chose, and for women and babies to be safe, and yet I suspect that the issue of fear based decision making has not been addressed. I know there has been talk about increasing the number of family birth centres, the reality is once a woman is in hospital, she easily 'gives up' her resolve to keep birth normal. If a woman wants to birth in a hospital, that's okay, that should be her choice. But a woman should also be able to chose to birth at home, and the government mustsupport her choices with financial backing and the availability of other medical and allied health services to ensure that mum and baby are well care for and have equality with all other members of society.

Further, if you seek professional advice from people who work in hospitals, you will be looking at the issue from the angle of fear – often in with the best intentions. PLEASE KNOW THAT THE MEDICAL WAY IS NOT THE ONLY WAY.

The proposed changes to midwifery legislation, insurance and medicare provider numbers is NOT ENOUGH. Please support private midwifery and women's choices by ensuring that there is insurance to cover homebirth and do not allow this new legislation to outlaw my current practice as a private midwife who offers homebirth as a service.

Sincerely

Karen Heyward