

10<sup>th</sup> July 2009  
Emily Bennett

Ms Claire Moore  
Chair  
Senate Community Affairs Legislation Committee

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

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. Firstly I wish to explain from a personal perspective why I have chosen to birth my three children at home.

I am due to have my third baby on 31<sup>st</sup> of this month. I have two midwives on call and they will come to my home when labour begins. They will be by my side while I birth my baby here in my living room. These women have been meeting with me for the last 5 months or so and we now have a very warm and familiar relationship. They know my husband and my children and they know what I want and how I want to achieve it. Developing a relationship like this is not always possible in the hospital system.

I want to have a homebirth because I believe healthy normal birth does not belong in the medical setting. Also, I want to be with my family including my children during and immediately after the birth of our family's newest member.

It is my understanding that within the hospital setting the likelihood of intervention greatly increases and as a result increased intervention, will increase the chance of further intervention, a snowball effect. This intervention starts simply through monitoring, induction and pain relief. So far my labours have begun spontaneously, my body has been comfortable and relaxed and has instinctively gone through the process of birth. I knew pain relief was not an option in the homebirth setting and I was able to use breathing techniques and a birth pool to manage this aspect. I strongly believe that had I traveled to hospital during labour, my birthing experience would have been vastly different. I would have entered an unknown clinical environment, been concerned about the well being of my other children, and possibly been offered pain relief. And who knows what the outcome may have been. The "cascade of intervention" trend has been well documented and researched. It has also been identified that women birth more effectively when they feel safe and secure. This makes sense to me, we are after all just animals, and women have been birthing babies since time began.

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. In the Netherlands it is more common for healthy pregnancies and babies to be birthed at home than in hospital.

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. All women should have the right to choose where and how they birth their children.

Yours sincerely

Emily Bennett