

Submission to Senate Enquiries into Midwife Registration Legislation

I am writing to express my concern about the new federal legislation that has been put forward, effectively making homebirth midwives illegal. From July 2010 when the drafted federal laws governing registration of nurses and midwives will come into effect, midwives will not be allowed to practice unless covered by indemnity insurance, which they cannot obtain and the government has refused to offer.

I believe **women should have the choice** where and with whom to give birth in order to have the best possible outcomes – by their own definition of what that means. Too many women suffer unnecessarily traumatic births weighed down by the protocols of institutions that are designed to treat illness rather than assist natural processes.

I am also concerned about the **safety repercussions** of this policy. Many women are unwilling to give birth in hospital due to the reasons mentioned above, and some of these will choose to ‘freebirth’ without qualified assistance if such assistance becomes unavailable. I, myself, will be faced with this dilemma. My second baby, now 7 months old, was born only 45 minutes after arrival at the hospital, following a ‘fast and furious’ labour. I will, in future, have to choose between the risk of giving birth at the side of the road on the way to hospital, or having a planned unassisted birth at home. My much preferred option, of birth attended by a qualified midwife with knowledge, skills and emergency equipment, will not be available.

In fact, all the rhetoric around the safety or otherwise of assisted homebirth **fails to acknowledge the significant minority of women who wish to mitigate the risk of a ‘birth before arrival’** in hospital. I have a friend who is planning to give birth in February with an independent midwife for this very reason, having given birth to her second child on the toilet just before leaving for hospital. Fortunately, she has this option. If she were not yet pregnant, she would be facing a serious dilemma. Many other women already do have to make this difficult choice as there is no independent midwife available in their locality or the expense is too great. The new Medicare provider numbers should be broadening the options for these women. Instead, policy-makers are slamming a door in our faces, saying, in effect, that we and our choices and our families don’t matter. That it is more important to placate the AMA, who stubbornly refuse to acknowledge the evidence supporting homebirth and instead continue to defend their own, non-evidence-based, ideology.

I am angry that my wishes are seen as unimportant. I am offended that by ability to make an informed and rational decision is being denied. I affirm my right, and the right of all women, to choose our place of birth and our care providers.

These are my main points. On the following pages are related issues I want to flag.

Thank you for taking the time to read my concerns.

Yours sincerely,

Claire Lawrence

On 'safety' and the AMA's dubious stance:

- Attempting to defend their entrenched position, Andrew Lavender, AMA South Australian State President, recently warned that "Doctors cannot always rescue mothers and babies from emergency situations when retrieval from home has cost valuable and potentially life-saving minutes." (The Advertiser, July 9) ***The same could be said of heart attacks, but we don't expect every person on heart medication to sit around in hospital waiting for it to happen.*** We make sure they are aware of the risks, provide information on living safely, monitor their blood pressure and let them lead their lives. Having a qualified midwife in attendance during pregnancy and labour allows close monitoring as required, so that at the first sign of trouble, informed decisions can be made.
- I'm not convinced the above scare-mongering is widely applicable even when things do go wrong. My own experience is a case in point. I gave birth to my first child (Ronen, now 2) with the independent midwives at the Launceston Birth Centre (more about them below). There was no sign of trouble during the labour (and as a nurse I am fully able to say this with confidence), at birth he was seen to be very ill, needing oxygen (which the midwives provided) and failing to breathe. He was taken across the road to the Launceston General Hospital. He ended up spending several days on life support in Neonatal Intensive Care, but he quickly recovered and we took him home when he was 8 days old. He is now a very healthy 2 year old with no visible effects. This whole scenario was extremely rare, and potentially fatal. However, had we given birth at home, he could have made it to hospital in an ambulance with breathing support provided by the midwife and the results (healthy child) would probably have been the same. If we'd been in hospital, the immediate response would have been a little different from that of the birth centre midwives - again with no discernable difference in outcome. My point is: Since a) the vast majority of births are completely normal; b) midwives are well equipped to identify higher-risk women and advise them to seek specialised care; and c) even when things go as wrong as they did for us, they are still retrievable, ***I can't believe there are enough truly "every-second-counts" situations to call for such a drastic policy as hospitalisation for all.*** And the evidence bears me out – study after study shows that home birth is at least as safe for low-risk women within a reasonable distance of a hospital.
- ***This is not about safety, it's about professional turf.*** The Maternity Services Review that preceded the proposed legislation said, "... 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 ...prematurely ... 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." This is a nonsensical statement. How can completely removing an option 'expand choices and service'? Surely if homebirth's 'sensitivity' is restricting women's choices the solution can't be to make it even more 'sensitive and controversial' by sending it underground? It seems to me that a plain language translation of the Review Team's 'view' is, "We think protecting doctors' oversensitive egos is more important than protecting women's right to self-determination and it will be easier to tell women to do as they're told than to say to doctors, 'You need to get over yourselves and learn to cooperate with and respect midwives and women.'"

- Even if you think safety is the issue at heart, compare it with another fertility-related issue: If mother and baby's health and safety are really of such paramount importance that the mother's choice is irrelevant, why not have feeding bottles and teats available only on prescription (as is the case in Papua New Guinea)? The wide-ranging risks of artificially feeding our children to both maternal and child health are well-known and documented, but infant feeding is always framed as a matter of individual choice. Meanwhile, home births have been shown to be safe, but the government refuses to support women's choices. ***This is inconsistent.***

On the Launceston Birth Centre

- The Birth Centre is situated across the road from the Launceston General Hospital. It is run by independent midwives and provides a safe, comfortable place for women to give birth. They have birthing equipment and resuscitation equipment and have been providing a unique and increasingly popular service to women in the Launceston area for, I believe, over 20 years. As my story above illustrates, it is, one would think, the best of both worlds. I would certainly have used it again if I still lived in the area. But since the service is not based in the hospital, ***I am concerned that these highly qualified and experienced midwives will no longer be able to offer this service.*** Note that these midwives have not been able to obtain indemnity insurance for the last eight years, but none of them has yet lost their home in a legal case – or been at risk of doing so.

On 'Midwife Practitioner' status

- As I understand it, there is talk of creating a 'midwife practitioner' role that might include homebirth. The role of Nurse Practitioner is one that allows a nurse with advanced skills and education to use these beyond a Registered Nurse's scope of practice. Homebirth is basic midwifery, utilising the skills and knowledge that all midwives are trained for. Women with complications that are outside a midwife's scope of practice should be under other specialised care and by definition are not in the low-risk category considered safe to birth at home. Therefore, ***there is no need to create a midwife practitioner role*** for this purpose. (That doesn't mean there may not be opportunities for midwives to expand their role beyond their current scope into new territory and calling them 'midwife practitioners.')

On indemnity

- This draft legislation does not apply only to midwives. If you are not aware of the historical reasons why insurance has been an issue for midwives, read this article: <http://www.homebirthaustralia.org/medical-indemnity-australia-how-one-birth-changed-maternity-services> ***There is no reason to assume the other health professions covered by the new legislation won't lose their insurance*** if similar litigation cases are won in future. To make registration as a health professional decided by insurance companies instead of professional registration authorities is unacceptable. There is also no good reason why the Federal government shouldn't offer the same insurance support to midwives (and their clients) as they offer to GPs and Obstetricians. To quote the article above, at present, "the rights [to consumer protection] of Australian women choosing private midwifery don't have the same value as those women choosing the services of a specialist obstetrician or a procedural G.P."