

The Hon Senator Claire Moore
Chair, Senate Community Affairs Legislation Committee
Parliament House
Canberra ACT 2600

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Re: Inquiry into Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 and two related Bills

Dear Senator Moore,

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 insurance for midwives who provide care for women giving birth in hospitals, birthing centres and at home under the care of a hospital endorsed community midwifery program.

While I applaud the extension of medicare funding for hospital based midwifery, it is unacceptable to exclude independent homebirth midwives. The current state of hospital homebirth programs is far from adequate to provide for the small number of women who can meet their extraordinarily narrow criteria. This leaves many women who desire to birth at home with no choice but the labour ward or an uninsured, independent, privately funded midwife.

While it is currently possible to engage the services of such a midwife, the proposed legislation will prevent this from being a legal option.

The combined effect of these bills and the *Health Practitioner Regulation National Law 2009* will force women into birthing at home without medical support, a situation that increases the risk for the birthing mother and the infant, and represents a gross oversight in the

drafting of the legislation.

As a woman who birthed at home by choice, with a midwife present, for my first and only (so far) baby, I would definitely choose to homebirth again and would definitely feel much safer with an educated and experienced midwife present. Due to the distance to a birthing hospital from our home (2 hours drive with much of it without mobile coverage, 3.5 hours drive from a birth centre, and 7 hours away from a hospital offering a homebirth program), it is a much safer option to be fully prepared at home and with the support and expertise of a fully qualified midwife. If a birth happens quite suddenly and quickly, which they often do particularly with 2nd or subsequent births, there would not be enough time to reach a hospital. By being prepared at home women and families must also be much more educated on the subject of birth, which can only be a good thing. Taking responsibility for your own birth in this way means that people are more likely to know what to do if something does go wrong.

Independent midwives provide a life saving service for women who choose to birth outside the hospital system (which includes hospital collaborative homebirth). Barring them from medicare, from indemnity insurance and thus from the legal right to practice, will endanger both women and babies. I can only hope that the Government possesses the wisdom and foresight to ensure that these legislative changes work for all women and not just for those who fit the AMA endorsed birth model and I strongly urge the committee to address this oversight during the review.

Yours sincerely,

Aminya Hepp