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. 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.

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.

As a health professional myself (I hold a Bachelor of Nursing and a Bachelor of Health Science Naturopathy), I conducted a large amount of research into pregnancy and childbirth while pregnant with my first child. The current available literature, including recently published enormous populational studies, makes obvious the advantages homebirth holds over hospital birth for low-risk pregnancies. As a thoroughly researched and informed consumer of maternity care services, I made the decision to abandon the planned routine obstetric care and a private hospital booking for my low-risk, uncomplicated pregnancy. I hired two independent midwives, prepared for a homebirth and enjoyed the "rolls royce of maternity care" for the remaining 20 weeks of my pregnancy continuity of care with private midwives who formed strong relationships with my family and who respected my choices and needs, based on my own thorough research. These choices (such as delayed cord clamping and waterbirth), despite being evidenced as providing superior outcomes for mothers and babies, are often not afforded to women giving birth in Australian hospitals or birth centres. Our baby arrived by beautiful

waterbirth at home, on June 26, 2009. This transformational and empowering experience was uncomplicated and neither myself nor my child has required any medical care, and we have been wonderfully supported in the postpartum period by our independent midwives, and breastfeeding has been successfully established.

Homebirth is supported by evidence as an option that is at least as safe as hospital birth for low-risk uncomplicated pregnancies, and current evidence also shows that mothers actually have better health outcomes when care is midwife-led rather than medicalised. The interventionist approach adopted by medicine has led to Australia's caesarean section rate approach epidemic proportions, as evidenced by the World Health Organisation's recommendations.

Homebirth must remain a choice Australian women have the right to make, if we are to prevent regression of our healthcare standards.

Yours sincerely,

Shelley Young