

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 bills named above.

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.

Though Medicare funding for midwifery care is long overdue, there can be no justification for excluding home birth from this funding and indemnity arrangement. In proposing to do so, Australia is totally out of step with nations such as the United Kingdom, Canada, The Netherlands, and New Zealand, which 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 home birth, in accord with the United Nations Covenant on Civil and Political Rights.

The intersection of the proposed 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 in which all consumers are treated equally, with the same access to funding and the same insurance protection.

My own experiences of both hospital birth and home birth differed drastically. My son was born in hospital in 1981, in circumstances that could hardly have been better designed to intimidate the parents, remove all choices, slow labour, make parturition almost impossible, necessitate epidural anaesthesia, prevent the uterus from expelling the baby, and necessitate use of forceps. Upon birth, my son was removed from his mother to an oxygenated crib, and without so much as an explanation, let alone a request for permission, was injected there with Narcan. His Apgar scores as a result were 5 and 8. He screamed on and off at night for the next three months. The experience of the birth was debilitating for us, disempowered us from making decisions and even from being informed, and left the boy's mother with an episiotomy that pained her for many years.

My daughter, born in 1983, began as a homebirth. Due to malposition (the baby's facing forward instead of backward), labour went for some two days before we decided, with guidance from our homebirth midwife, to travel to Busselton Hospital for access to any interventions that might be needed.

On the basis that we should not have begun the birth at home, Busselton Hospital refused us admission and referred us to a hospital about an hour

further north, Bunbury hospital. Shortly beforehand, however, the mother had been given a homoeopathic remedy that matched her symptoms, and the baby's position reversed. Five minutes into the journey from Busselton Hospital to Bunbury Hospital, we pulled off the road. The baby's head was already engaged, and from there on, the birth, occurring in the back of a station wagon, was easy.

Moreover, the homebirth midwife was prepared for the worst, which then occurred: the child's mother had active haemorrhage from the uterus, due most likely to pieces of placenta preventing it from contracting sufficiently to clamp down on blood vessels. While she prepared an injection (of oxytocin, from memory), the mother was given another homoeopathic remedy, this one matching the character of the haemorrhage. The haemorrhage quickly stopped, obviating all need for the injection; but (no thanks to the efforts of Busselton Hospital) the midwife had been prepared for it even in these circumstances.

Despite the intense pain to the mother of having her daughter's head repeatedly compress her cervix against her pubic bone for many hours before she turned around, despite haemorrhage, and despite final location of the birth, this homebirth experience was one neither I nor the children's mother would have traded for any hospital birth. The homebirth midwife enabled the children's mother to make her own choices, guided and encouraged by the homebirth midwife's wisdom, training, understanding of the limits of safety, and appreciation for the human sensitivities of the circumstances. At no time did we feel unsafe or without choices. Such a combination of factors so important in the circumstances of parturition is something that hospital routine does not permit and that the proposed combination of legislation inherently overlooks.

Yours sincerely,

John Harvey