

Dear Senator Moore

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

I am writing to you and the Committee to express my serious concern about these Bills, specifically about the fact that the legislation, if passed in its current form, will effectively make it illegal to have a home birth attended by an independent midwife. I understand that these bills will enable Medicare funding, access to the PBS and professional indemnity premium support for midwives who work with women in the hospital setting. This is a significant step forwards, and one that is long overdue. However it is both illogical and ethically unacceptable for home birthing women and the midwives who serve them to be excluded.

The right to make informed choices about how and where to give birth is vital to the wellbeing of mothers and babies. Women who desire an elective caesarean section are able to make this decision. Women who do not wish to breastfeed can likewise make that choice. Both of these choices have been shown to put the child at risk. However, women who choose to birth with trained and expert caregivers in their own homes - a decision that does not add risk - will no longer have this right. Some commentators have pointed to the supposed risks of home birth. However there is considerable evidence that home birth with a qualified midwife is at least as safe as hospital birth, as well as resulting in fewer interventions and happier mothers (for example de Jonge A, et al. "Perinatal mortality and morbidity in a nationwide cohort of 529,688 low-risk planned home and hospital births. "British Journal of Obstetrics and Gynaecology 2009; DOI: 10.1111/j.1471-0528.2009.02175.x, a peer reviewed study of over 500,000 women). In the absence of any reliable evidence against home birth, it makes no sense for the Parliament of this country to legislate against it.

Even if the Committee is not entirely convinced of the safety of home birth and its benefits for those who choose that option, consider this: women will continue to birth at home regardless of the new legislation. A few may decide on hospital care, but many will simply birth at home without a registered midwife. There is insufficient evidence to make a certain judgement about the safety of unassisted birth, but logic suggests that some mothers and babies could be put at risk. The worst case scenario could involve unqualified, inexperienced practitioners setting themselves up as lay midwives, with the risk women and babies dying as they do in countries where abortion is an unregulated, underground industry.

Home birth is a major issue in this country. We are not simply a vocal minority, as has been suggested by some people. It is true that the home birth rate in Australia is currently very low, but this is only because home birth is actively discouraged and most families receive no financial assistance whatsoever (when a home birth can cost over \$5000, the fact that we have any home births at all proves that it is an option that women want!). Other countries including the Canada, the UK, the Netherlands and most of Scandinavia offer wide access to community-based homebirth programs and subsidies to families who birth at home. This results in lower overall costs, less environmental impact and the freeing up of much needed hospital beds for people who require them. In the Netherlands, for example, 34% of women choose home birth, and the

outcomes are excellent. It can be expected that around the same proportion of Australians would be interested in home birth if it were promoted as an option. In any case, being part of a minority does not invalidate a person's human rights.

The crux of this issue is the unavailability of indemnity insurance for midwives practising outside of clinical settings. I submit to the Committee the suggestion that S101(a)(ii) that the registered health practitioner must not practise the health profession unless professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession, be amended to read that the registered health practitioner must not practise the health profession unless professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession, if such insurance is available and reasonably accessible, or similar wording. This change would enable qualified independent midwives to continue practising in the interim, until the insurance issue can be satisfactorily addressed. Since the major stumbling block appears to be the small number of these midwives, one possible solution might be to insure all midwives as a group, regardless of their arena of practice. The premiums for those who are not working through a hospital or birthing centre might be subsidised using some of the money that is already being saved by the fact that the public health system does not have to pay for home births.

On a personal note, my husband and I have three children: George (6), Amelia (4) and Elizabeth (11 months). They were all born safely at home, with assistance from qualified, experienced independent midwives (who will lose their livelihoods if this Bill is passed without amendment). Home birth has been a wonderful experience for us, especially the third time around when the elder children were able to learn about birth as a joyful and natural part of life, and I am convinced that this has contributed to the amazing bond between the three of them. I do understand that home birth is not for everyone - some women are in need of the medical assistance and interventions that hospital staff and technology can provide, while others simply feel more comfortable in the hospital environment - but I passionately believe that everyone should have home birth available as a legal option. Please, do not let the right to choose this option be taken away from my daughters and the millions of other women giving birth in this country in the future. I urge you to stand up for Australian women and propose an amendment to the new legislation that will prevent this discrimination.

Thank you for reading and considering my submission.

Yours sincerely

Isabel Snow