

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 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 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.

Women should have a choice like everyone else in Australia and should never have this choice reduced due to legislative restrictions; it appears that this legislation was designed with this in mind.

I also have some concerns for midwives (mostly woman too) that will not have a choice either on where they are able to practice.

* Most hospitals will impose restrictions on their practice that a facility does not require for doctors.

* Midwives will have to apply for visiting rights to a facility whereby most hospitals will either restrict the number of midwives 'allowed' to have admission rights.

* Many midwives may be required to work in facilities for certain amounts of time per year (this is not a requirement for doctors).

If a midwife offers care for women in the area she practices where more than one hospital is available for admission, and whereby each hospital requires attendance by the midwife to work in their facility, the midwife will not be available to offer much care for the women outside the facility.

An example - there are 7 birthing (both public and private) facilities in the area I live - an untenable state of affairs if each facility requires the midwife to work in their hospital for a certain amount of time per year - and this is possible, remember a doctor is not required to do this when he or she has visiting rights.

A facility may also require a midwife to be 'assigned' to a doctor and if this is not possible due to either no doctors available in the area, as is the case in most rural/remote areas, or whereby no specialist is willing to be assigned with a midwife, this will cause major problems for midwives and especially for women - again reducing choices.

Therefore legislation must also provide for the following:

- * Midwives are able to gain visiting rights to any birthing facility with no limitations to practice.
- * Women are able to choose a primary carer that they want e.g. midwife, qualified obstetric GP or obstetric specialist, with appropriate no-fault insurance cover.
- * Women are able to choose their place of birth and with their chosen carer.

Yours sincerely,

Anne Clarke