

Ms Claire Moore

Chair

Senate Community Affairs Legislation Committee

By E-mail: community.affairs.sen@aph.gov.au
<<http://au.mc528.mail.yahoo.com/mc/compose?to=community.affairs.sen@aph.gov.au>>

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. In The Netherlands, where all medical expenses are paid by the government (via taxes), all women are expected to give birth at home unless medical issues have been identified which require hospital attendance.

I request that there be legislation put in place that allows all women to choose whether to give birth in hospital or at home. 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 where all consumers are treated equally, with the same access to funding and the same insurance protection.

Perhaps if the government was to initiate processes such as The Netherlands has there would be greater support for homebirth. Ideally homebirth midwives would be able to take out insurance and carry on the wonderful work that they do. Such a situation would allow greater governance on the situations in which midwives can continue homebirth plans for individual pregnancies.

My cousin has just delivered her first child in The Netherlands. Despite being in her forties her pregnancy was managed by midwives and a home birth planned. Although she needed to transfer to hospital during labour this was safe and well managed by her midwife. Because it is a cheaper option for the government to have women give birth at home where ever possible the government provides a great deal of support and information to expencting mothers. It is almost ironic that my cousin did not want to have a homebirth but because she lived in The Netherlands and had no medical problems during pregnancy, indicative of needing hospital care, she had no choice but to plan a homebirth and towards the end of her pregnancy was glad of this.

There are many reasons for not passing this legislation in its current form. Public hospitals do not have the rooms and beds to accommodate mothers during labour. Women have to go through the majority of labour at home on their own with no medical support unless they choose to employ a private midwife. They often travel to and from the hospital a number of times during labour until they have dilated enough to be admitted. I believe that the stress of undergoing contractions while trying to get in and out of vehicles and walking around in public areas cannot be good for the mother or baby.

Having the choice of where to have your own baby is as important as being able to choose your own specialist in that the stress levels in a labouring mother has a major effect on the baby.

I have just lost my first baby and had planned a homebirth but as there were medical problems I could not continue the pregnancy. My midwife and to a lesser extent my GP, were major supports through this time and the availability of my midwife enabled many of the questions I had to be answered with the immediacy the situation necessitated. My partner did not want a homebirth but was glad that I had chosen this path because of the additional support we had when things went wrong. I really hope that I will still have the opportunity to employ a private midwife throughout the pregnancy and perhaps birth at home assuming a problem free pregnancy in the future.

Yours sincerely

Peta Oliver