

Dear Senator Moore

"The ways in which we care for pregnant women and babies reveal a great deal about the kind of

society we are and wish to be."

Dr. Cherrell Hirst

From the Rebirthing Report of the Review of Maternity Services in Queensland 2005

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

The 3 bills to be considered have been drafted to provide Medicare funding, access to the Pharmaceutical Benefits Scheme and Indemnity Premium support to midwives. These bills if passed into legislation in their current form will not provide funding or indemnity for homebirth midwives.

This legislation will then intersect with National Health Registration legislation (to come into force in July next year) that will require all health professionals to hold indemnity insurance. This will prevent midwives providing homebirth from registering, and thus make their homebirth practice unlawful.

We are writing to you to express great concern about the above bills, most notably in relation to the following sections:-

101 Conditions of registration

(1) If a National Board decides to register a person in the health profession for which the Board is established, the registration is subject to the following conditions:

(a) for a registered health practitioner other than a health practitioner who holds non-practising registration:

(i) that the registered health practitioner must complete the continuing professional development program required by the National Board, and

(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,

Subdivision 6 General

148 Directing or inciting unprofessional conduct or professional misconduct

(1) A person must not direct or incite a registered health practitioner to do anything, in the course of the practitioner's practice of the

health profession, that amounts to unprofessional conduct or professional misconduct.

Maximum penalty:

- (a) in the case of an individual—\$30,000, or
- (b) (b) in the case of a body corporate—\$60,000.

There are certainly some positives to this new legislation - for instance, Medicare funding for midwifery care is long overdue. It is simply 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.

This decision to exclude support to independent midwives cannot possibly be based on medical evidence as current evidence shows that homebirth is just as safe, if not safer, and certainly involving less intervention, than hospital birth.

We support a system where all consumers are treated equally, with the same access to funding and the same insurance protection.

I have birthed two children in private hospitals (one here, one overseas) and both times I had to fight extremely hard to avoid routine interventions (ie. our obstetricians and midwives wished to perform interventions without medical indication - purely to move things along to suit the hospitals staffing levels and schedule).

Our desire has always been to have drug free, intervention free, gentle births for our children and we believe strongly in the natural ability of women - when given the right care and support - to birth their babies without medical interference.

For the birth of our third child, we therefore chose to avoid the battles involved with going to hospital, to birth at home and to hire a highly skilled and experienced, privately practicing midwife who would be fully supportive of the natural process of birth and would respect our informed decision to birth this way. We felt completely confident that our midwife would know if there was any complication which would necessitate a trip to hospital. We booked into the local hospital and my midwife made a special visit to the hospital to ensure all was in place should we need to transfer at any time.

The care that we received from our midwife was nothing short of incredible. She spent a minimum of an hour at our home during each visit and it was not unusual for her to spend 2 hours. It is important to note that the number of visits a privately practicing midwife gives is the same as the number you have with a private obstetrician. The difference being that you must go to the obstetricians rooms, most likely wait for your delayed appointment and then spend a maximum of 15 minutes with them.

On one occasion our midwife spent 3 hours at our home, with my husband and myself, going through "unexpected outcomes" and "emergencies" and was extremely detailed in letting us know how she would handle these situations. At no time during my care with my first two children did my obstetricians take the time to do this.

Consequently we felt confident and extremely happy with our choice of care provider and it became glaringly obvious that the care we had received in the private system was sadly lacking.

Our baby was born gently into my arms after 14 hours of labour - my midwife and doula in attendance and my husband and two older children able to be fully involved in this precious family moment.

We are awaiting the birth of our 4th child and again we have chosen to birth at home with a privately practicing midwife (different one this time as our other midwife chose to move to New Zealand where there is far more support for her).

Again, our care has been nothing short of wonderful and we are eagerly awaiting the birth of this baby.

We feel incredibly lucky to be about to complete our family without the stress of this proposed legislation hanging over our heads. But we feel for the many Australian women, whose choice to birth at home is now in jeopardy. These women will most likely still choose to birth at home, but without access to a registered care provider. How can the government consider this to be OK? How can the government consider it to be OK to force women with low-risk pregnancies into hospital when that is not where they wish to be?

We acknowledge that homebirth is not a birthing option that appeals to all women but we feel very strongly that even though it might be a minority who would choose homebirth, it is still a choice that women should be able to make when it is their preference.

We would also like to think that when our children grow up they will also have this choice available to them. Whether they choose it or not is up to them - the point being that the choice should be available.

In fact we believe that is a basic human right for women and families to choose where, how and with whom they birth their precious babies - wherever they feel safest and most comfortable and most supported. Be

that in a private hospital, public hospital, birth centre or at home with a privately practicing midwife.

The legislation that Health Minister Nicola Roxon has introduced to be passed - bills that will mean that midwives who attend homebirths as of July 2010 will be breaking the law - and subject to a \$30,000 fine, is discrimination at it's highest level; putting women out of work and taking away choice from women.

This is all despite studies showing that for low risk women home birth is just as safe as hospital birth - the latest being 500,000 women strong and coming from the Netherlands where 30% of women birth at home with a midwife.

As we understand it, the issue hinges around the proposed National Registration of Health Professionals, and privately practicing midwives being unable to access indemnity insurance...

Since 2001 privately practicing midwives have been unable to purchase an indemnity insurance policy. This was due to global factors with the collapse of the insurance market after September 11 and a landmark obstetric birth injury case providing a payout of \$11 million in 2002. Guild insurance was providing indemnity at the time and they made a straightforward economic decision. With just under 200 privately practising midwives paying approximately \$800 per annum, there was simply not a large enough pool to fund a payout of the magnitude mentioned above.

In response to this crisis, Obstetricians indemnity premiums were subsidised by the Howard Government and this subsidizing continues with over \$900 million of tax-payer's money having been spent to date. Homebirth midwives continue to be denied professional parity.

The Council of Australian Governments (COAG) has prepared draft legislation to establish a National Registration and Accreditation Scheme for all Health Professionals by July 2010. This body will require evidence of medical or professional indemnity insurance to secure registration. This presents a very serious threat to women who want to access homebirth with a midwife. To date the Government have made it clear that they do not intend to provide indemnity insurance to private practice homebirth midwives. As a result these midwives will be unable to register, hence making it illegal for them to attend homebirths. Homebirth Australia sees this as a breach of basic human rights and possibly a contravention of Convention of the Elimination of Discrimination Against Women (CEDAW).

Women choosing homebirth are treated as de-facto health consumers and are the only health consumers denied the protection of practitioner insurance. If as planned, homebirth midwives are unable to practice, women seeking homebirth care will be unable to access a registered midwife.

This is not just about homebirth, it is about taking away the basic right of women to choose a safe, evidence-based option for birthing her baby.

It is important to consider that despite the higher risks involved for mother and baby (and 5 times the cost to the taxpayer), women are free in this country (and so they should be), to choose an elective caesarean without medical indication.

It is therefore impossible to fathom how the government can propose to try and remove from women the choice to birth their babies naturally and gently at home with a registered independent midwife, especially when it has been proven time and again to be safe for both mother and baby (and presently costs the taxpayer nothing.).

Even if homebirth is not an option you personally would choose, it is simply wrong to take the choice away from others.

It goes without saying therefore that we are opposed to the introduction of this legislation because it limits women's ability to hire the careprovider of their choice.

We urge you to ensure that these bills are amended.

For instance, provide an exemption for Independent Midwife's to require indemnity insurance (after all they've already been practicing without it for 8 years!), OR the government must take steps to subsidise insurance for Independent Midwives as they currently do for other groups of care providers.

Yours sincerely

Tracie and John Deans