

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. 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.

My homebirth experience

My partner and I knew we wanted a water birth with no medical interventions such as inductions, pethidine or epidural unless it was absolutely necessary. In our research and discussions with the midwives at the Mercy Family Birth Centre, we discovered that we could not be guaranteed the option of a water birth because of the lack of confidence and experience in that area of some of the midwives. They added that it would definitely be unavailable on a weekend because of the lack of staff available.

At 34 weeks we consulted with a private midwife and learned that homebirths were a safe option and in fact would increase the chances of a delivering a healthy, responsive baby by using natural methods of pain relief instead of drugs that can make the baby drowsy, and thus impact on his ability to make his way through the birth canal and/or breastfeed in the crucial early hours. We were also assured that if they had any concerns at all about the health of the baby (for example, if his heart rate was slowing or there was meconium in the waters) then we would be transferred immediately to the nearest hospital.

My labour was not an easy one. It lasted 52 hours from the first contraction to the delivery of my daughter, Kinja. The first 8 hours were wazy to manage but from then on in, the contractions were no more than five minutes apart. We learned that Kinja's head was tilted back and that she would need to tuck in her chin and also rotate 90 degrees to be able to fit through the birth canal. The midwife advised that her heart rate

was healthy and that she would be able to "tuck and rotate" as was needed, but she knew what she had to do and would be more likely to do it if I tried to sleep for a couple of hours. I'm not sure if you have had a baby but trying to sleep through contractions was no mean feat when you are exhausted after 32 hours of labour but the contractions are three minutes apart! However, the advice did the trick. Kinja rotated (putting my back out in the process!) and started progressing down the canal, but she was yet to tuck her chin under, making her head an extra three cm in circumference and extremely difficult to deliver. I had a doula who provided massage therapy to ease the back pain but by 46 hours I started to give up hope of Kinja ever making an appearance.

I considered going to hospital at this point for pain relief if the labour was going to continue for another day. My midwife advised me that if I went to hospital I would be immediately induced because their protocols would dictate that I had been in labour too long (despite Kinja's heart beat remaining strong) and that Kinja would not be able to continue down the birth canal because she had not yet tucked her chin down. This would inevitably lead to a birth by caesarian section, something I was desperate to avoid if could.

The rest of the story is short. My midwife consulted with three other private midwives from her organisation and then administered two temazepam's to help me sleep for a couple of hours again and two Panadeine Forte for the back pain. She said that if I could have this rest, the baby was very likely to then "tuck down her chin and go for it". She was absolutely right. I managed to gain 1 1/2 hours of hazy consciousness (I'm not sure to this day that I could really call it sleep!) but that relaxation time allowed Kinja to 'tuck and run'. When I 'woke', it was time to top up the inflatable pool we had organised for pain relief and the delivery. My contractions were back to back and five hours later, Kinja entered the world at 8.14am. Her APGAR scores were perfect, she found her way to the breast within 10 minutes and fed like a trooper! She was the picture of health and was born into a beautifully calm, relaxed and loving environment.

Really, what it comes down to perhaps from your perspective or an economic view is a caesarian section versus two Panadeine's and a couple of Temazapams! Our home birth cost us around \$4,500 including the cost of the doula and all pre and post birth consultations. I'm not sure what a caesarian section costs in the public health system but I can guess it would be more than our home birth, and be far less satisfying as a birth experience. One of the best things about the home birth, besides the extensive knowledge of the midwives and the terrific support throughout the labour, is that it was just lovely not to have to pack up and go anywhere 24 hours after delivery, we were already home in our own comfortable environment with midwives visiting daily! We felt that this really assisted with our bonding with our baby and helped her adjustment into a bright new world.

From a personal point of view, I can tell you that I am dismayed at women's beliefs around birth needing to be a medical procedure rather than a natural experience. This belief is created and perpetuated within the medical model of the hospital system. I believe the interventions are

vital for some cases and of course are necessary to be able to access and must save many lives, however, when our intervention rates are 30% and the World Health Organisation recommend 10%, there must be something wrong with our system. I do believe that the measures you are taking to increase consistent midwife support for women are terrific and may increase women's confidence in being able to achieve natural birth, but it is devastating that the effect of the legislation will be to outlaw women's right to having a home birth where babies are born safely and in a much calmer environment than the harsh lights and sterile environment of the hospital delivery room.

There are also follow on effects for parenting. SBS's Insight program a few months ago on birth reported that 30% of women are traumatised by their birth experience. This must surely have an effect on their confidence in the critical first few days, and could also contribute to postnatal depression. This is not the best outcome for the baby by any means. Home births and natural births empower women. This must surely be the optimal mindset for women to help their babies thrive!

I feel proud to tell my story to anyone who asks (it certainly makes up for all the 'bad' labour stories people want to tell you when they discover you are pregnant!) and have encouraged two more friends to have homebirths. I am pleased to say that all three babies are healthy and thriving.

I really appreciate your time in reading this account. I sincerely hope that the legislation will be amended to allow for the safe practice of homebirths to continue.

Yours sincerely,

Lisa Whiting