## 7/7/09

Ms Claire Moore Chair Senate Community Affairs Legislation Committee

Dear Senator Moore

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

I am a registered midwife with 25 years experience who works both in the a public sector and in private practice. I live and work in a rural area where women are offered no choices of continuity of care in the public sector in contrast to the women who employ me as their midwife. This small group of women get continuity of care from their first visit until long after their babies are born, in fact as long as the families need me to keep working with them.

I am writing 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 but opportunities for women to access continuity of care from a known midwife in hospital settings in rural areas is non existent. it may be many years before substantial changes are made in this area for a variety of reasons and in the mean time women who want this opportunity will be denied the care to which they are entitled.

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.

It seems hypocritical to say that state governments can run funded programs from health care agencies offering home birth, as is currently the case in Sydney, Northern Territory, Perth and Adelaide but that women can't choose to employ their own midwife. Why is homebirth safe for one group but not the other. We are all midwives bound by the same registration and legislation. The difference is that our medical colleagues seem to think that them maintaining control of the programs will prevent women and babies from dying but there in no evidence to support this contention.

The reasons who doctors do not support midwifery models of care are varied as you will be well aware. The amount of power wielded by my medical collagues is amazing. Their threats of withdrawing their services from the local health care agency if the status quo is not maintained prevent any changes from occurring. They have a financial interest in maintaining it the way it is that has nothing to do with what is in the best interests of the women.

Its not as easy as saying that women will still be able to employ my services so long as they choose to birth in hospital. I have maintained my employment in the public sector to maintain good collegiate relationships with the GPs and midwives in the area and do accompany, into hospital those women who choose to birth there. The current way we are treated is pathetic and hopefully this will change with the changes that being suggested but some women simply do not want to go to hospital. Surely these women should be entitled to choose the services of an experienced midwife such as myself who is willing to care for them at home.

Regulation of midwives is an important issue and I applaud the government for making one registration board instead of the current state ones but I implore you to not allow this change to isolate and endanger a group of women who are making a legitimate choice for themselves.

Yours sincerely

Andrea Quanchi Registered Midwife Fellow Australian