

13 July 2009

Ms Claire Moore  
Chair  
Senate Community Affairs Legislation Committee

By email: [community.affairs.sen@aph.gov.au](mailto:community.affairs.sen@aph.gov.au)

Dear Senator Moore

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

I am writing to express my concern about the above Bills – specifically, the exclusion of homebirth from the funding and indemnity arrangements contained in these Bills.

I believe that it is unacceptable to exclude homebirth from the proposed funding and indemnity arrangements as it would deprive women the freedom to choose from a full range of birthing options. This exclusion would also result in Australia being out of step with countries such as the United Kingdom, Canada, The Netherlands and New Zealand, which all support the rights of women to choose homebirth and fund a registered midwife through their respective national health schemes. Notably, New Zealand and UK women are provided a legislative right to choose homebirth.

My wife gave birth to our son at home on 15 July 2008 with the assistance and support of two attending midwives. Prior to deciding on a homebirth, however, we first entered the standard obstetric/private hospital model of care during the early stages of our pregnancy.

With our pregnancy proceeding well and categorized as “low risk” we were committed to having minimal medical intervention during our son’s birth (except in the case of a medical emergency). It was to our horror that our obstetrician considered that we had a 20% chance of having a birth by caesarian section, in contradiction to the WHO’s recommendation that Western countries have a caesarian rate of no more than 10% and despite our pregnancy being categorized as “low risk”.

After much research and debate, we decided at 20 weeks to have a homebirth with two experienced independent midwives in attendance. We had also hoped to continue seeing our obstetrician up until the time of our son’s birth in case any obstetric complications arose. However, when notified of our decision to modify our birth plan, our obstetrician refused to see us any further. We found his attitude very disappointing, unsupportive and archaic. In contrast, we found our chosen midwives at all times to be extraordinarily supportive, professional and eager to impart their knowledge about the birth process in order to allay any concerns we may have had.

The homebirth itself went exceptionally well, with one midwife visiting us at home during pre-labour to assess my wife’s progress. Both midwives were in attendance during established labour, as well as for two hours after our son was born. He had an APGAR

score of 9 at birth and 10 at five minutes post-birth. Breastfeeding was established immediately, and has continued without any problems for 12 months now. He is thriving and in the 90<sup>th</sup> percentile for weight, 75<sup>th</sup> for length and head circumference. My wife had no drugs during the labour, no internal examinations, no interventions, no episiotomy, no tears or stitches, and her pelvic floor strength returned within a couple of days. Her recovery was fast, and she has experienced no post-natal depression.

Since our son's birth we continually tell ourselves how lucky we are to have had the opportunity to see him born in the calm and secure atmosphere of our own home. In hindsight, we should have decided on a homebirth from the very beginning, and feel very strongly that homebirth in Australia should be encouraged.

Finally, I would like to address a very disturbing trend that I have noticed as the result of the government's recent Maternity Services Review, and now this current Inquiry. There is a view being espoused in some quarters that homebirth is an irresponsible choice undertaken by a minority "radical fringe" of the population. In my family's case, the decision to proceed with a homebirth was taken only after significant independent research, as well as consultation with our obstetrician (prior to him removing himself as our primary caregiver), other health professionals and various midwives. The decision was not taken lightly by any means. Homebirth for us proved the ideal option, especially in light of our discomfort with certain elements of the standard obstetric/private hospital model of care.

I support a healthcare system where all consumers are treated equally, with the same access to funding and the same insurance protection. I would also like to see the development of a national homebirth policy, and active encouragement of homebirth in the Australian healthcare system.

Please feel free to contact me if you wish to discuss my submission in greater detail.

Yours sincerely

Christopher Ng  
BCom, LLB, GradDip (LegalPrac)