

Submission to the Senate Committee Reviewing Indemnity Insurance for Independent Practicing Midwives.

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My name is Doone Parkinson.

I have 25 years experience as Midwife and Registered Nurse.

I am also a mother of two children, the mother of one who died, and the grandmother of one child.

Relevant to this law change the experience I have had is as follows:

Registered General and Obstetric Nursing Training Wellington New Zealand

Birth of three children

Independent Lay midwife Darwin

Alukura Aboriginal Birth Centre Alice Springs.

Midwife in public and private hospitals in Sydney and Brisbane as an employee and as a contractor through agencies.(Royal Brisbane, Mater Brisbane(private and public), Redlands, Wesley Private, Brisbane Private,Sunnybank Private, Royal North Shore(Sydney),Ryde, Monavale, Manly, North Shore Private,

Registered Midwife New Zealand 1994 (following the introduction of a law by the NSW nurses to prevent anyone who was not a nurse “calling themselves a midwife”) I had practiced in Darwin under the “Ngunkarra law” allowing a woman to choose an attendant of choice. I returned to New Zealand following the death of my mother and decided to obtain my Midwifery Qualification as I still had 2 children to support alone and ending up in jail was not something I saw as healthy. ***I did not underestimate the Obstetricians, Nurses or the Lawyers need to obtain control over birth and women’s bodies. Many of my midwifery colleagues have and have ended up being destroyed by hospitals, the nursing profession and the registration boards.***

Homebirths in Sydney

2 years in a midwife only ,publicly funded unit, in the Bay of Islands, New Zealand.

I started out my career as a Registered Nurse in New Zealand and by the end of my training I attended the homebirth of a friend and realized that my perceptions of birth being violent and unsafe for women and babies in the hospital system were true. I found the hospital system to be rife with mismanagement, overspending, overpowering of people to take care of themselves. It is a system that survives on the need to keep people sick and disempowered.....when they do not look after themselves, in the back of many peoples mind is a feeling that the system will fix them up. It encourages lack of self responsibility.

The bonding of a baby to its mother at birth has been an issue that I always believe doctors realize is one thing that will break something imperative to their power. My wealth of experience watching birth on a farm had given me the knowledge that birth was far more uncomplicated than humans had created it to be.

I have worked in Australia in the Northern Territory, New South Wales, Queensland, New Zealand, Victoria and presently Tasmania.

I initially went on a search to train as a midwife outside of the hospital system because I wanted to learn about birth, not obstetrics. I did this in Australia by supporting women in the same way doulas do but soon learnt that women in the hospital system were threatened and harassed by both doctors and midwives to conform to the model that Obstetricians had in their minds, of birth being a dangerous and frightening process that they needed to control.

I had my first live baby in a hospital in Alice Springs. I wanted to have a homebirth but no midwife was available. My labour was very, very long, (4 days in total) because in my mind I had the grief of an earlier baby that had died and 2 terminations that I had also not grieved over. I had many fears that obstruct labour...the main one being that my relationship was not going to survive having children. This proved to be true. The arrival of my daughter was by caesarean section, after being coerced to have pethedine which put my baby in distress, a failed epidural and a general anesthetic. My experience gave me great understanding of what obstructs labour.

My second live baby was also born in Alice Springs hospital after the midwife who I employed from Darwin was unable to come and I went to the hospital. My private Obstetrician was away and only let me know he was going away close to the birth. I had the public Obstetrician who had no respect for women's choices and constantly tried to tell me to "give up", he shaved my pubic hair with a razor in the middle of a contraction, and talked about the baby dying whenever he was in the room. When I was pushing, he insisted I do it in an operating theatre in the lithotomy position and then used forceps even when the head had crowned and birth was progressing. He wanted my baby taken to the nursery and I refused to let him go. He then put his hand right up in to my uterus to show his registrar what a healthy caesarean scar felt like from the inside. He wanted his registrar to do the same thing. I found my voice and yelled for them to both to keep their hands out of my uterus. I was encouraged to sue this obstetrician but I wanted to keep the birth of my baby from war zone. This felt like a rape of the worst sort. But I was not going to let the trauma destroy the mother baby bond imperative to a Child's life.

I do not say that lightly. I was raped and fell pregnant at the age of 16. I learnt what it was and experienced rape in the same moment. I had what is known as a, silent pregnancy for the revealing of it would bring great shame, humiliation and embarrassment. The baby died in utero at approximately 6 months of age and I birthed it and buried it alone on our farm. It was a calm and easy birth.

The practices of Obstetricians are often deliberate acts of rape of birth, by grown adult men in positions of power. The boy who raped me was a young boy who took out his revenge on my school teacher father by raping me. He was intoxicated with alcohol; the obstetricians are intoxicated with power and greed.

I saw that nurse/midwives were often in collusion with them and were unable to stop what they intuitively knew was wrong because of the power structure within the hospital system.

This is one of the first important issues that I would like the senate committee to address. If you do not indemnify midwives who support those women who choose to step out of this system because they do not want to be the turf in which there is a battle over, then you are placing women in the war zone between midwives and obstetricians. I believe every woman has the right to choose a place to give birth that is safe, because it is the safety that she feels that enables her to give birth. Every baby has the right to not be born in to a war zone. You are putting women in the midst of a warthe warring parties being selfish, controlling and very financially greedy on one side and the others having been the silent colluders on the other because they have grown up in the culture of hospitals and taken on the same names to be like their teachers(nurse consultants and nurse specialists). Children who grown up in a culture of fear and oppression take on this model....so do nurses. I have witnessed lactation consultants use the same bullying, passive aggressive tactics on women who have not taken on breast feeding and dismiss them because they don't do what they are told. Horizontal hostility amongst nurses is well documented and now we see the academic PHD nurses setting more and more competencies that nurses have to reach to just practice In my long experience of being in the hospital system I have watched midwives and nurses be bullied and pushed in to fear and submission by other nurses and midwives. Thus, the great departure of nurses and midwives from their profession.

Birth is a sexual experience for a woman and in the same way that in order to have a good sexual experience she needs to be with someone she feels safe with, and be in a safe place, women need to be able to choose this. They want women who feel safe where they are, to bring their skills to them.

Obstetricians have been indemnified by this government even though they are the professionals who have turned birth in to the war zone.

Obstetrics present a large and varied field of practice and observation for the student of anaesthesia. It affords a lucrative profession and even supports a wealthy corporate industry (the private health sector, Ramsay Health Care being one I worked for in Sydney). This feeds off women's bodies, divinely created for the creation of the human species but prostituted for the wealth of a few. (A quote from "Sexual Seesaw" by Lindsay Lloyd Nichols) Those few being both very wealthy Obstetricians, Anaesthetists, Neonatologists and the nurse/midwives who have colluded with them.

These are some of the examples of the collusion I talk about that you never saw in the media or will never reach the maternity Coalition Review process.

During my experience at North Shore private, I looked after a woman whose baby died following a ventouse extraction. As I was not witness to the birth, it would have been impossible for me to report this but I was a silent observer to how it was managed. The baby did not even have to go through an autopsy, because the couple was well connected and in order to keep the story from the press, the baby only had a full body MRI. Very non invasive and allowing the mother to not be traumatized by the already traumatic birth/death experience. When you pull on a baby's head with ventouse suction it is very traumatic for the baby and this one died because there were many attempts at pulling and not when the woman's uterus was pushing. The Midwives and Obstetrician involved are all still practicing because it was a private hospital birth and all those involved used there connections and power to minimize the damage to themselves....I always wonder how that woman is.

In contrast a woman who had her baby at home in NSW and it died, had the baby taken from her by security guards at the hospital when she was taken to hospital, it had an autopsy done and she was unable to see the baby for 10days. When she had it returned it had been scalped, cut open from neck to pubis and returned to her stitched up. The court findings of this, was that there was no known cause of death. I met that woman at a homebirth conference and she had been deeply traumatized but the two women had been given completely different care relative to the place of birth they chose.

Another woman in Sydney, who planned a homebirth, experienced the trauma of a death in utero before she went in to labour. Jan Robinson was her midwife and she told me that the woman when she took her baby to the hospital system was told they would have to take tissue samples. The registrar wanted to take the baby away to do it and the mother did not want to be separated from her baby(as many women grieving for their child feel) She was a medical scientist and so as not to be separated from her baby said she would take the samples herself and the registrar let her do that. No MRI on this occasion either.

A woman in North Shore Private who chose to have a vaginal birth after caesarean section also experienced the death of her baby. She had had one vaginal birth and one Caesarean birth and this was her third baby. She was encouraged to have an epidural and the Obstetrician used Syntocinon with the epidural, and even when the midwife refused to turn the syntocinon up when the woman was experiencing scar pain, he insisted she still did. The uterus ruptured and the baby died. The woman stayed in hospital and was still there after the funeral because they were scared she would reveal the truth. I watched midwives and the Obstetrician, let her believe that it was because she had wanted a vaginal birth that the baby had died. It was the combination of induction, syntocinon, and epidural that put the uterus under stress and even when she was telling them there was pain they ignored her. I sat in her room on the day she went home and helped her go home because I have had a baby die too and my concern was she had 2 other children that needed the mother in her. Again as I was not visual witness to this birth it was a hard road

to report this, if the midwives involved did not report it... Lawyers want to know you are a visual witness.

Midwives working in the private system often expressed the same reasons for working in the private system as the women. There was an attitude of elitism and snobbishness that they wanted to remove themselves from the public system they liked the new buildings, they liked mixing with the rich, liked the image of being in the private system and they do all this often for less money and harder working conditions. When they were really overworked a very rich chocolate cake was presented by management in the frenzy of exhaustion, hunger and for me 16 hour double shifts. They put on lavish Christmas parties and when the place is very busy give a banquet lunch.....the staff knows they are being used but they still play the game....they whine in the tea room with the door shut, careful no one who has the power to fire them or make them work harder can hear.

Nurse midwives are colluders though and they witnessed the worst of Obstetrics that never got to the court rooms. They joined the practice of Doctors in keeping silent and the door closed when a baby died or a woman was damaged by an epidural because they lived under the same fear as the women did. They were under the corporate model that they had to keep their mouths shut or they would have the corporate lawyers after them for revealing the secrets. Any staff member who had women's interests above the hospital, soon had the door shown to them or was *pushed out*.

On several occasions I had this happen when I worked there, and The Obstetricians tried to use the same seductive tactics on me about how women have chosen this model. Because I am not a fool I was not persuaded. I had always believed and experienced that women had taught me more about birth than any Obstetrician in a private system could. Even when I challenged these midwives to reveal what they saw they felt that others would not back them up because they were afraid they would be deregistered for doing what they were told, not what they knew was right. The Doctor in the system was still going to be seen as right as the expert in what was right for each woman.

The government is indemnifying these midwives and they will continue to protect themselves above women and babies. The authority that keeps them in this fear is the Nursing Registration body....lawyers have taught them that if it is not written it is not done. They have learnt that if they only write what keeps them safe it did not happen.

My experience of working in a private hospital in Sydney, North Shore Private was one I did deliberately to see why large numbers of women were seduced by this model of care. At this time, to practice out of the system was a risk and I always knew that the risk was more from midwives who gravitated towards the nursing model and always felt safe in the hospital. Trying to safely take a woman in to hospital when as an independent midwife you need to, has always been the hardest thing to do because the woman becomes the turf, again and midwives and doctors in the system often treat her with such disrespect.

One client in Darwin when taken in to be sutured after a tear that was beyond the capability of the midwife, was sutured in a theatre and kept telling the doctor the anesthetic had worn off and he continued while she screamed and screamed and

screamed. Her husband was not allowed in the room. (It was out of bounds to family). She was told by both doctor and nurse that next time she would think twice about a homebirth. I looked after her for her next baby and she did tear again but opted not to have it sutured as it was a much smaller tear. When she talked about the incident in the hospital which had occurred 8 years before, she passed out a couple of times. What I found was collusion between both the midwives and the Obstetricians to put above all else, the creation of a place and practices that best suited their own needs, not the woman and baby.

The Obstetricians had valet parking, offices in the building, and chefs in the operating theatres to create the choices of food they wanted. The share holders were equally as well cared for because the work loads of the midwives, cleaners and non medical staff was constantly pushed to a limit of exhaustion.

One night a mother craft nurse was left to care for 15 babies in the nursery. The nursery not being something that is at all in line with any research about what is safe or good for mothers and bonding, but offered and encouraged by these obstetric lead models.

Bonding is a vital and natural process by which babies connect to the person and place that will be of most importance through its formative life. It involves all senses. When babies are born in hospitals they bond to the smell of the hospital. They are put in cots with linen and handled more by hospital staff often than their families. This may be the first subconscious bond to the hospital system as the place we THINK is safe...the other mother. The place we believe is the only place to be fixed up when we neglect ourselves

My personal experience is relevant to this.....I was separated from my mother at birth and taken to another hospital for a period of nearly 2 months. My mother never got to touch hold or talk to me.....

When I was having my babies I noticed a phenomenon that occurred when I went in to the hospital system. In pregnancy and labour you have a heightened sense of smell. Even though I was aware of the dangers of the hospital system but had to go there because a midwife was not available, as I entered the smell, had a familiar comfort that was not one of remembered experienceit is my belief that my long period of time in the hospital was a bonding of that to the system and those in it and has been confirmed by animal husbandry practices on the farm where babies are deliberately separated from their mothers and in their abandonment seek "other mothers" ...on a farm it is the farmer who fatten them for slaughter.sometimes the mother does not recognize them, when she is only separated for hours. This research has been well tested in laboratories with rats and mice and by the famous Pavlov experiments of subconscious conditioning. Are Obstetricians quietly aware that if they condition women to believe that hospitals are the only safe place to birth that the babies subconsciously will bond too? (A difficult bit of research to undertake!!!! Who would fund it?)

Fortunately, through the resurgence of breast feeding, bonding has been resurrected and returned to its rightful importance. This was something that Breast feeding *mothers* drove to be placed on the health agenda .NOT nurses or doctors.

The nurse /midwife managers work under the same corporate models of care that other industries work under where they get bonuses for the number of units they can push through in a month for the least cost....it is to their benefit that they get the midwives to work at high client/ staff ratios. It is common practice for a midwife to be looking after 3 women in labour...all with epidurals and CTG monitors on with syntocinon running.
This is the Obstetric model of care sold to women as safe.

As a government you are about to let this model be the lead model....midwives in Hospital will still have to get permission to look after women under this legislation.

They are not told about Calendre Simpson in 2001 who was awarded 14 million dollars (11 million on appeal) after a 9 year court case (that only a wealthy family could pursue). It was found that an overdose of syntocinon for induction, 5 attempts at forceps and then a caesarean section was performed resulting in Calendre having permanent brain damage from cerebral palsy. This was the point in which insurance companies decided that birth was a risky business. It always was.....so is lifebut Obstetricians had sold their model of care to women as 100 percent safe and when a wealthy woman had the financial resources to vent her grief, we as independent midwives and *more importantly*, the women who had always known this model of care and the place it was practiced was unsafe, are now being illegalized.

I worked with a lay midwife in Darwin who had trained in a midwife only model of care in El Paso and was privileged to have her as a teacher as I set up my own practice. She gave me great instruction on a business model which enabled me to function on an acceptable living wage and give the women excellent options to other healing modalities that kept them out of the hospital system.

My first sole client was a doctor (married to a doctor) in Alice Springs. She also had qualifications in Obstetrics and had been a part of the setting up of Central Australian Aboriginal Congress. I had known her for several years. She was not able to birth a breech baby, her first vaginally, because Obstetricians no longer allowed it, and had a caesarean section. She would have been classified as extremely high risk, but she was an Obstetrician choosing this option and I was prepared after assessment to support her.. VBAC's were not even supported at that time and all women were convinced that once a caesarean always a caesarean. She then opted for homebirth as she did not want to travel to find a midwife to support her....I came down from Darwin. She had a normal birth in a pool, in their house, and subsequently went on to have another baby at home which was not breech. The birth was quite extraordinary as the baby turned during labour. The use

of acupuncture during labour may have assisted this ...not something offered in hospitals but has been shown to be of excellent use in my own practice when a baby does not turn. Obstetricians still see anything that they do not do, as Quackery . They are quick to use evidence based practice as their model but they do not follow this. The Simpson case as being the most evident model of proof of this.

Midwives working in the private system often expressed the same reasons for working in the private system as the women. There was an attitude of elitism and snobbishness that they wanted to remove themselves from the public system, they liked the modern new environment and decor, they liked mixing with the rich , liked the image of being in the private system and they do all this often for less money, harder working conditions. When they were really overworked a very rich chocolate cake presented in the frenzy of exhaustion and very lavish Christmas parties were used to make them feel cherished.

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Independent midwives do not use syntocinon, narcotics epidurals, or forceps and the government is still prepared to indemnify Obstetricians who have not reassessed the practice of inductions and augmentations of labour as the reason they put women and their babies at great risk. They have sold to them that their model has taken the risk out of birth and women who go to them are fool enough to be bamboozled by the hotel style accommodation, the charming reassurances that are given to them and the fashion that women are so gullible to follow.

Will this government be remembered as the one that sold out the rights of women who are self responsible and turned them back to the dark ages of having to hide themselves, while the women who want to have an elective caesarean can choose so and the taxpayer will fund it.

Will this Senate pass a bill that leaves the power to dictate where and with whom a women births, in the hands of doctors. I had three great uncles who went to Gallipoli and returned to New Zealand, 2 wounded but all alive. They suffered often more as survivors than those who died. Remembering the horror, feeling guilty and traumatized in there survival. Their letters home have been an inspiration to me, not to put yourself in a war zone and not to let anyone else put you there. The Gallipoli spirit is truly about the spirit to stand up to being overpowered when the power structures that try to dictate personal and bodily control use you for their means of staying in power. On behalf of my three uncles, I am saying to you that you are tricking the nurse/midwives in to believing you have given them power, but while they are in the hospital system , we know they are still in a war zone with a very powerful enemy with big guns. The independent midwives who have been shot one at a time know the enemy well.

To summarize I would like the senate to not pass this Bill without the indemnifying of independent midwives. If this is not possible then do not *illegalize* homebirth.

Every woman has the right to choose the *place* and the *practitioner* to guide her through birth. We as independent midwives and women together have been doing this without the taxpayer being burdened at all and now we and homebirth women are being dismissed. Women will continue to birth at home, they deserve our care and support.

Will Australian Government be seen as always the little brother of America...can it not create a system that does not duplicate the litigious culture as the controlling force of individual human choice?

My understanding and experience of this country are of wise intelligent citizens who are capable of creating their own model to include all people.

Is Australia not a place that likes to state that every person is entitled to a fair go?

Well this is not a fair go.

