## Christina Kardol

10 July 2009

Ms Claire Moore Chair Senate Community Affairs Legislation Committee

By E-mail: community.affairs.sen@aph.gov.au

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.

The midwives I have had for my three homebirths provided a safe medically assisted and monitored birthing option outside of the hospital system. If I had not had this option I may, like some of my friends, have chosen to birth without medical assistance. Alternatively, I may have gone to hospital and not had such good birthing outcomes, as not all my births fit within hospital timeframes which, within the system, often leads to a range of interventions.

Lack of access to registered midwives does not always dissuade homebirthing, but does stop women from accessing the medical system. Given the importance of regular antenatal visits in child health outcomes, including low birth-weight, a system that alienates women from the medical system by not offering acceptable options seems to create more problems than it solves.

In Western Australia, homebirthing is a cost effective birth option provided by the government, testament to its medical acceptability, safety and that it is the desired option of some women. Considering the cost of healthcare provision and the chronic workforce shortages in fields such as nursing and midwifery, any safe option that supports people to work in this field should be pursued.

Yours sincerely

Christina