

14 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 concerns with the abovementioned bills. I understand that these bills will enable Medicare funding, access to the Pharmaceutical Benefits Scheme and professional indemnity premium support for eligible midwives. These reforms are certainly required as a step to recognise Australia's highly skilled and capable midwives. Removing barriers to the provision of care should facilitate improved access and choice to services for the community which is so desperately needed. However, the bills in their current form are fundamentally flawed: specifically, their provisions operate to exclude independent (private) midwives providing intrapartum care at home.

I support a system where all consumers are treated equally, where there is legitimate choice of both care provider during pregnancy and birth, and place of birth, with the same access to funding and the same insurance protection. Unfortunately, the interaction of these bills together with the proposed national registration and accreditation of health professionals to be implemented from 1 July 2010, will effectively make homebirth with an independent midwife illegal, removing a legitimate option currently available to Australian women.

Medicare funding for midwifery care is long overdue. It is not acceptable, however, to exclude homebirth from this funding and indemnity arrangement. In 1997 the World Health Organisation (WHO) released a statement supporting the right of women to choose where they give birth, indicating that in the case of low-risk pregnancies, with appropriate support and contingency plans women can give birth at home ("General aspects of Care in Labour, WHO's Care in normal birth: a practical guide," 1997). Australia's trend towards less choice surrounding birth is in direct contrast to this statement and countries such as The Netherlands, Canada, New Zealand and the United Kingdom. For example, the United Kingdom's official policy since 1993 has been that women should have more choice regarding the place of birth. Homebirth is readily available in New Zealand, funded by their healthcare system. The Netherlands has an estimated homebirth rate of 30% with maternal and infant safety rates that are among the lowest in the developed world.

Many women choose to birth at home for a number of reasons, including the inability of hospital facilities to cater for a calm, gentle birth environment, and to avoid unnecessary intervention. Some women are fortunate enough to access hospital sponsored programs – primarily city-based - which are funded by our healthcare system. Most cannot access such a program and instead engage a fully trained, professional independent (private) midwife at their own expense (approximate average cost \$5,000 - not covered by Medicare or most health funds).

This proposed law represents a removal of basic rights to which every Australian should be entitled - and even if it's a right that we would not personally choose to exercise, it should not only remain available but be made increasingly accessible.

While figures cited in the recently released “Improving Maternity Services in Australia The Report of the Maternity Services Review” indicate that only 866 women in 2006 planned to have a homebirth (representing 0.3% of all births), these rates are significantly lower than those in countries where homebirths are supported and funded by the health system. It must be acknowledged that the low rates in Australia would reflect the lack of midwives to attend homebirth as well as the personal out-of-pocket expense incurred by families who choose this option. These two factors act to limit the availability of homebirth as a legitimate birthing option for Australian women. **These are exactly the two factors that could be addressed and removed as barriers by the proposed legislation if their scope is widened to include independent midwives providing homebirth support.**

It should be noted that this review was, in part, initiated in response to the very high caesarean rate in Australia (which at 30% is three times the WHO guidelines). Research indicates that midwife-led continuity of care models significantly reduce the risk of caesareans. Indeed, countries that embrace homebirth have much lower rates of interventions during birth, including caesareans.

Despite an overwhelming 53 per cent of responses to the recent Maternity Services Review advocating more accessible homebirth services, homebirths have been taken off the agenda and this clearly demonstrates the government’s failure to accommodate the needs of women choosing to birth at home with an independent midwife.

If these laws pass, private midwives will be the only health professionals without any indemnity insurance and Australian women will by and large be denied access to the assistance of these highly trained professionals who specialise in normal birth.

Birth is a normal process, not a medical procedure. The model of care provided by independent midwives is a valid, evidence-based model that provides quality outcomes on par with (and often superior to) hospital births. Research such as the gold-standard "Midwife-led versus other models of care for childbearing women" by Hatem M, Sandall J, Devane D, Soltani H, Gates S overwhelmingly shows that midwife-led care has several benefits for mothers and babies, with no identified adverse effects. Other research shows that the change to planned hospital birth for low-risk pregnant women in many countries during this century was not supported by good evidence: rather, planned hospital birth may even increase unnecessary interventions and complications without any benefit for low-risk women (see for example "Home versus hospital birth" by Olsen O, Jewell D).

Contrary to the statement in the government’s press release that "These changes will provide all Australians with greater choice about their healthcare via improved access to the skilled services of our nurses and midwives", it removes choice for those who wish to birth outside of a hospital environment with the assistance of a highly trained professional midwife.

This is particularly important for women and families in the Riverina electorate, where it is extremely difficult to achieve a low intervention birth in a hospital environment.

We were very fortunate that, prior to moving back to Wagga we lived in Brisbane and were able to access the Royal Brisbane and Womens Hospital Birth Centre which offered excellent maternity care with a known midwife throughout my pregnancy with our daughter. Our midwife provided excellent care throughout the pregnancy and it was incredibly reassuring to know that she would be present at the birth. During antenatal appointments, we discussed various birthing issues and topics and developed a strong sense of trust and understanding. Having a known midwife present throughout our daughter's birth in December 2007 helped contribute to a truly amazing, empowering experience - no drugs, no interventions, complete flexibility and privacy to labour and birth in a home-like setting.

One of my primary concerns in moving back to Wagga was the lack of hospital facilities and processes which would facilitate a similar birth. I'd much rather birth in a Birth Centre than at home - but then I'd rather birth at home than in either of the two hospital birthing environments that exist in Wagga. I understand the choice made by many women living in our electorate to engage a private midwife who cares for them antenatally, attends the birth, and provides extensive follow up care. Nothing can replace the care provided by a known midwife, the strength of the relationship developed, and the trust placed in them to promote a safe yet natural birth experience while minimising negative outcomes for baby and mother.

A midwife-led continuity of care model generally can't be accessed through our local hospitals in Wagga and surrounding areas, and women who seek this level of care have little choice but to engage a private midwife.

Contrary to the lobbying of some interest groups, there is also a great deal of research indicating the safety of homebirths. Certainly in our electorate, a home environment is most likely to achieve a low-intervention birth given the statistics of interventions (from labour augmentation to epidurals and caesareans) at our regional hospitals.

This legislation will NOT improve the choices for Australian women in accessing high quality, safe maternity care, and will be particularly restrictive for regional, rural and remote Australian women.

This legislation will NOT provide support for the maternity services workforce, given that it excludes highly trained and experience independent midwives.

This legislation does NOT remove all the barriers that currently exist to the provision of care, particularly in rural and remote Australia will NOT lead to improved access and choice to services within our community without the acknowledgement and inclusion of independent midwives who provide homebirth support.

There is no doubt that women will continue to homebirth, but will now do so without the assistance of a qualified professional. What option will be left if this legislation is passed in its current form? To birth alone - which can increase risk? For a midwife to attend at risk of prosecution?

It is imperative that Australian women be able to continue to engage private midwives for their antenatal care and to attend a homebirth. Additionally, if it were funded under the Medicare

system, not only could private maternity be made more supportive and much cheaper if it were enabled and recognised, it would also take significant pressure off an overloaded medical system and free up resources to be channelled into more appropriate areas.

Please consider and recommend amendments to the proposed legislation. We need to retain and improve choice around birth, maintain the rights of Australian women and families, and acknowledge the vital role played by independent midwives, along with their vast skills and experience.

There are two obvious solutions to the conundrum posed by the legislation:

- 1) Make changes to the draft legislation on the national registration of health professionals which allow midwives to provide care at home without insurance, until insurance can be secured.
- 2) Ensure that birth at home is included in the government's plans to provide midwives with Medicare, indemnity and access to the Pharmaceutical Benefits Scheme. This would require some source of insurance covering homebirth to be found.

If this legislation passes unamended it will be an incredibly sad day for Australian women, families, our mothers, sisters and daughters.

Yours sincerely

Jenny Rolfe