

14th 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. My support for such a system originates from my personal experience of being cared for by independent midwives and the subsequent births at home throughout that care; as well as being a midwife myself and practicing within the hospital system and more recently practicing independently. I do not understand the issue regarding independent midwifery practice in Australia. As mentioned above, many countries recognise the importance of women's choice in midwifery care – whether it be through a hospital or independent midwifery source. Without initiating a system which would enable independent midwives to practice legally in Australia, this choice is removed from women's reach. This may also give rise to women still choosing to birth alternatively from the hospital setting. However, this may happen without the support of a trained midwife, which in turn may result in detrimental outcomes, both for mother and/or baby.

As midwives, we are trained to recognise early warning signs of potential complication and hence seek advice from the medical profession when and if necessary. I believe therefore, that the government needs to honour our skills and allow us to practice safely with networks in place for this to occur in whatever setting is chosen by the child-bearing woman and her family. This is all, of course, dependent on the level of risk ascertained for a particular woman. Firstly, please hear the cry of Australian women and then, their midwives who wish to be truly 'with woman' in providing optimum midwifery care within this great country of choice.

Yours sincerely,

Penni Ives RN RM BN Grad Cert GIS