

14 July 2009

Mary-Grace Bingham

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.

As a manager of a small number of country based midwives, I see that it is imperative that women, who are of low risk, are able to have the choice to birth in their homes. With the increasing numbers of country hospitals withdrawing their birthing / obstetric services, birthing in the rural areas is increasingly becoming a huge concern, not only to birthing women and their families but also to the maternity service providers. The shifting of costs (social and economic), requiring the woman to relocate to a metropolitan or regional hospital for birthing within the last weeks of her pregnancy has a negative impact on the family (partner and siblings).

As means to encourage midwives to relocate / locate to the country and support more birthing in the rural areas, we urgently need to legislate to legalise midwifery both through Medicare funding and also to provide indemnity cover for their practice.

Another serious area of need in maternity care is for Indigenous women located in remote localities who are required to move from their homelands to birth in regional hospitals, often at their own

expense socially, economically and culturally. For these woman, birthing closer to their homelands, and by a home birth midwife would be culturally more acceptable, and safer, even with their higher risk of morbidities (refer to the Inuits in Canada) (Beer, Maude et al. 2003; Gold, O'Neil et al. 2005; Bird 2006)

Yours sincerely

Mary-Grace Bingham

References

Bird, P. (2006). Exploring Models for Quality Maternity Care in First Nations and Inuit Communities: A Preliminary Needs Assessment. Ottawa, Ontario, National Aboriginal Health Organisation (NAHO): 1 - 23.

Gold, S., J. O'Neil, et al. (2005). Examining Midwifery-based Options to Improve Continuity of Maternity Care services in Remote Nunavut Communities. Ottawa, Ontario, Canadian Health Services Research Foundation: 1 - 24.