

8 July 2009

Senator the Hon. Claire Moore
Chair
Senate Community Affairs Legislation Committee

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

Dear Senator Moore and Committee

Re: Inquiry into Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 and two related Bills.

I am writing to voice my concern over the 3 bills. I understand that these bills cover the important issues of providing access to Medicare funding, and the Pharmaceutical Benefits scheme for women who will birth with a midwife in hospital, along with antenatal and postnatal care.

I am dismayed however to discover that they exclude homebirth. By doing this Australia is going backwards compared with countries such as the United Kingdom, Canada, The Netherlands and New Zealand. These countries 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.

This proposed new legislation along with the national registration and accreditation of health professionals will prevent homebirth midwives from registering. I ask that you take steps to include homebirth within the Health Legislation Amendment (Midwives and Nurse Practitioners) and related Bills.

The new draft legislation *EXPOSURE DRAFT OF THE HEALTH PRACTITIONER REGULATION NATIONAL LAW 2009*;

101 Conditions of registration

(1) If a National Board decides to register a person in the health profession for which the Board is established, the registration is subject to the following conditions:

(a) for a registered health practitioner other than a health practitioner who holds non-practising registration:

(i) that the registered health practitioner must complete the continuing professional development program required by the National Board, and

(ii) that the registered health practitioner must not practise the health profession unless professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession

The legislation mentions "public interest" in Preliminary section 4

A. To provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practice in a competent and ethical manner are registered.

E. To facilitate access to services provided by health practitioners in accordance with public interest.

I believe it is not in the public interest to prevent highly skilled midwives to practice, and a waiver or similar exemption should be included to allow homebirth midwives to register and practice until suitable affordable insurance is available.

The other concern I have with the Bill is regarding the use of the term 'eligible' midwives used in relation to accessing Medicare, PBS and Insurance. Midwives in Australia are well trained and complete a 3 year Bachelor of Midwifery or Postgraduate diploma to register as a midwife. The international definition of a midwife includes a midwife working in any setting including the home, community, hospital, clinics, or health units.

Registration requirements will ensure that midwives are up to date with current practice and complete ongoing professional education. If restrictions and further extensive study are required for a midwife to be eligible this will severely limit the number of midwives able to provide this type of care within Australia.

I don't agree with the introduction and endorsement of midwife practitioners making two levels of midwives. I do not believe there needs to be two different levels of midwives. As stated by the Australian College of Midwives (ACM) 2005

Midwives are practitioners in their own right who are licensed to practise midwifery at entry point of qualification and registration, according to the role and sphere of practice of a midwife. This is recognised in the International Definition of a Midwife which states that the midwife practises '... on her own responsibility...'

... ACM believes it inappropriate to categorise, authorise or endorse this fundamental role with the title of Nurse Practitioner (or Midwife Practitioner), as is currently being suggested or defined in some state and territory nursing regulations.

...A more robust approach is the implementation and recognition of adequate educational and legislative frameworks to support the internationally defined role and scope of practice for all midwives. <http://www.midwives.org.au/AboutUs/ACMPositionStatements/MidwiferyandtheNursePractitioner/tabid/263/Default.aspx>

The recent Maternity Services Review received approximately 900 submissions and over 400 of those mentioned the need for homebirth support. Much research supports the safety of homebirth. Why are our voices not being heard? Women will continue to birth at home whether we legislate against it or not, families should have access to midwives who can provide skilled and competent care.

I am a mother and live in a regional area, with my 5 year old daughter at 39 weeks pregnant I traveled over 2000kms and stayed for away from home for 4 weeks to access a midwifery birthing service I was happy with. Thankfully at the time we had the funds to afford these costs.

I want to be able to birth my next baby at home and employ an independent homebirth midwife. I would be happy to employ a midwife regardless of whether indemnity insurance is available to the midwife or not. We finally have a registered independent midwife supporting homebirths in my area however after July 2010 this may no longer be an option. If I was not able to access a registered homebirth midwife for my next pregnancy I would most likely still choose to birth at home unless medical complications arose. I should not be forced into this position to birth without a midwife but that is what will happen unless changes are made to the proposed bills.

I would like a solution to be found to enable independent homebirth midwives to continue practising as registered midwives after July 2010 when national registration comes into place.

Yours faithfully