

8th July
Rachael McLeod

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.

I have two children and had them both in the hospital setting. One a main stream hospital, the other a birth centre. If I was to have a third baby I would probably aim for a homebirth. I believe each woman should be able to choose the model of care that best suits her needs. The idea of my government (who I helped elect in) can dictate who would support me in birth is madness. I am feeling so ashamed of our system regarding birth in our country I would be tempted to move my family to New Zealand if this bill is passed and we truly enter the dark ages for women's democratic rights. If this bill is passed I believe the government are leaving themselves wide open for legal action, as I see it the first homebirth that goes wrong the couple will be able to sue for not being allowed to have a midwife care for them at home. If it is thought that this bill will drive homebirth out of the equation that is very crazy, it will drive it underground and that will truly be a sad day as an Australian woman. Where is the evidenced based data on these draconian laws.

An interesting article for your perusal

Home births 'as safe as hospital'

The largest study of its kind has found that for low-risk women, giving birth at home is as safe as doing so in hospital with a midwife.

Research from the Netherlands - which has a high rate of home births - found no difference in death rates of either mothers or babies in 530,000 births.

Home births have long been debated amid concerns about their safety.

UK obstetricians welcomed the study - published in the journal BJOG - but said it may not apply universally.

The number of mothers giving birth at home in the UK has been rising since it dipped to a low in 1988. Of all births in England and Wales in 2006, 2.7% took place at home, the most recent figures from the Office for National Statistics showed.

The research was carried out in the Netherlands after figures showed the country had one of the highest rates in Europe of babies dying during or just after birth.



There have been few comprehensive studies into home births

But a comparison of "low-risk" women who planned to give birth at home with those who planned to give birth in hospital with a midwife found no difference in death or serious illness among either baby or mother.

"We found that for low-risk mothers at the start of their labour it is just as safe to deliver at home with a midwife as it is in hospital with a midwife," said Professor Simone Buitendijk of the TNO Institute for Applied Scientific Research.

"These results should strengthen policies that encourage low-risk women at the onset of labour to choose their own place of birth."

Hospital transfer

Low-risk women in the study were those who had no known complications - such as a baby in breech or one with a congenital abnormality, or a previous caesarean section.

Nearly a third of women who planned and started their labours at home ended up being transferred as complications arose - including for instance an abnormal fetal heart rate, or if the mother required more effective pain relief in the form of an epidural.

But even when she needed to be transferred to the care of a doctor in a hospital, the risk to her or her baby was no higher than if she had started out her labour under the care of a midwife in hospital.

“ The NHS is simply not set up to meet the potential demand for home births ”

Louise Silverton
Royal College of Midwives

The researchers noted the importance of both highly-trained midwives who knew when to refer a home birth to hospital as well as rapid transportation.

While stressing the study was the most comprehensive yet into the safety of home births, they also acknowledged some caveats.

The group who chose to give birth in hospital rather than at home were more likely to be first-time mothers or of an ethnic minority background - the risk of complications is higher in both these groups.

The study did not compare the relative safety of home births against low-risk women who opted for doctor rather than midwife-led care. This is to be the subject of a future investigation.

Home option

But Professor Buitendijk said the study did have relevance for other countries like the UK with a highly developed health infrastructure and well-trained midwives.

In the UK, the government has pledged to give all women the option of a home birth by the end of this year. At present just 2.7% of births in England and Wales take place at home, but there are considerable regional variations.

“ Women need to be counselled on the unexpected emergencies which can arise during labour and can only be managed in a maternity hospital ”

Louise Silverton, deputy general secretary of the Royal College of Midwives, said, the study was "a major step forward in showing that home is as safe as hospital, for low risk women giving birth when support services are in place.

RCOG

"However, to begin providing more home births there has to be a seismic shift in the way maternity services are organised. The NHS is simply not set up to meet the potential demand for home births, because we are still in a culture where the vast majority of births are in hospital.

"There also has to be a major increase in the number of midwives because they are the people who will be in the homes delivering the babies."

The Royal College of Obstetricians and Gynaecologists (RCOG) said it supported home births "in cases of low-risk pregnancies provided the appropriate infrastructures and resources are present to support such a system.

But it added: "Women need to be counselled on the unexpected emergencies - such as cord prolapse, fetal heart rate abnormalities, undiagnosed breech, prolonged labour and postpartum haemorrhage - which can arise during labour and can only be managed in a maternity hospital.

"Such emergencies would always require the transfer of women by ambulance to the hospital as extra medical support is only present in hospital settings and would not be available to them when they deliver at home."

The Department of Health said that giving more mothers-to-be the opportunity to choose to give birth at home was one of its priority targets for 2009/10.

A spokesman said: "All Strategic Health Authorities (SHAs) have set out plans for implementing Maternity Matters to provide high-quality, safe maternity care for women and their babies."

A great article below by a Sydney coroner on the issue of homebirth

<http://www.facebook.com/ext/share.php?sid=97045794706&h=7960x&u=Pr27G&ref=mf>

Yours sincerely

Rachael McLeod