

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.

My wife and I have family heritage stemming from Europe as well as Australia. Of all of our grandparents' children, three quarters of our families, being all but those born in Australia, were born at home.

As such, the choice for us to have a homebirth was a relatively natural one. It was, however, not a choice we feel we had a lot of options or support for, given the current status quo for birthing services in this country.

What the changes in the legislation represent are a large and positive shift in the options available to birthing women and their families in Australia. This is a most welcome change.

It represents a very important shift in focus from a pathological/biomedical model of care in which medical and surgical intervention are reaching very questionable levels, towards a more holistic model of care in which midwives, operating from hospitals, are able to care for birthing women and their families in an empowering way that starts with the premise that low risk pregnancy and birth are natural and safe states of human anatomical and physiological health.

This is certainly implied by the recognition of midwives by Medicare, the Pharmaceutical Benefits Scheme, and Professional Indemnity Insurance. Congratulations.

It also recognises that the evidence based models of care that are being taught to midwives at university level, and that holistic models of care, are much more cost effective than models based on a pathological or biomedical approach for low risk pregnancy. It also recognises the improved outcomes from an approach based on less intervention.

Our homebirth was a most wonderful experience, and the level of care, professionalism, and capability of our midwife was wonderful and impeccable. Independent midwives receive that same level of education and training as hospital based midwives.

I ask that this most welcome bill be amended to specifically include independent midwives offering homebirth services to the Australian public.

I support a system where all consumers are treated equally, with the same access to funding and the same insurance protection.

Yours sincerely,

Mark Baer.