

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.

In my own experience, I have had two vastly different birthing experiences. My first child was born in a private hospital under the 'care' of a private obstetrician. My experiences with the obstetrician were problematic from the beginning. To the obstetrician, vaginal birth was regarded as a somewhat remote possibility, with a caesarean section being discussed as the more likely outcome for my pregnancy. My second birth was a homebirth under the care of a private midwife based on the one-to-one midwifery care model. This experience was healing, empowering and uplifting. Therefore, I have experienced the two ends of the spectrum and although the financial costs of the homebirth were far greater than the hospital birth in terms of my own out-of-pocket costs (which needs to be rectified so that women are not disadvantaged by choosing an empowering birth), I am so thankful that I was able to choose and had access to a homebirth. This is an important factor that must be considered in reviewing Maternity Services in Australia - that women are provided with varied birthing options from homebirth, one-to-one midwifery care in birth centres & hospitals, and private obstetricians for those who need or prefer them.

To illustrate my particular case I would like you to consider my two vastly different birthing experiences. The first is my experience of a private hospital birth with a private obstetrician.

After a problem-free pregnancy, at 38 weeks gestation, the obstetrician began pressuring me to be induced. There was no medical reason for the proposed induction, and the obstetrician's reasoning behind this course of action was that "The baby will only get bigger from here. Don't worry, babies can be born at 38 weeks". Fortunately, I had read much on birth and medical interventions and knew that my likelihood of caesarean section would be increased if I agreed to such an intervention so I declined to be induced. However, at each appointment the obstetrician applied indirect pressure to me to be induced and had I not been informed of the risks associated with induction, I may have blindly agreed to be induced, which would have increased my chances of caesarean section markedly.

My pregnancy went over 40 weeks, which according to my obstetrician made me "overdue" (ignoring the accepted human gestation period being from 38-42 weeks). As a result of my "overdue" status, the pressure to induce was increased and it was a cause of much distress to me because I had to continually defend my decision to adopt a wait-and-see approach. I was also subjected to a procedure known as a stretch and sweep, which the obstetrician insisted on doing "to bring on labour". This procedure was painful, extremely uncomfortable and I felt violated by it. My body went into shock and the regular Braxton Hicks contractions I had been experiencing up to that point came to a complete stop and were absent for the next three days. I have since found out that this procedure has a dismal success rate (less than 15%) and I believe it was unnecessary. When I reached 40 weeks and 10 days the obstetrician had booked me into the hospital and insisted that I be induced, even though I was clearly in early stages of labour and was 4cm dilated upon admission to hospital. Regardless of my impending labour, my waters were broken, I was put on high levels of oxytocins and experienced extremely strong, painful contractions. The obstetrician saw me towards the end of my labour and in an attempt to hasten the delivery (he had been called back to the hospital soon after he had returned home from a day's work - 6pm) he subjected me to a routine episiotomy. I know it was routine as I wasn't crowning, neither I, nor the baby, was in distress and there was no reason given for its necessity. When he told me he was going to cut me I pleaded with him to wait and to let me have more time but he was disagreeable to this proposal. He told me I could "have" one more attempt and if I didn't progress then he would do the episiotomy. In addition, he also said that he would give me a local anaesthetic in the next contraction. I have since researched this and discovered that once the perineum is injected with a local anaesthetic, the hormones that soften the perineum allowing it to stretch over the baby's head are unable to be released. Ultimately, by giving me the local anaesthetic he took away my ability to maintain an intact perineum. On the next contraction the obstetrician subjected me to an episiotomy. The incision from the episiotomy then tore a great deal as no care was taken to help me to breathe the baby out, instead I was instructed to push it out. It should also be noted that an episiotomy increases the likelihood of tearing and for many women the damage is far greater than would have occurred if they had not been cut.

After my baby was born she was soon whisked away to be weighed and measured and I was left to be sutured at a time when I should have been experiencing the wonder of a new baby and bonding with her. The episiotomy left me again feeling violated and I felt extremely distressed by this act of female genital mutilation. I relived the episiotomy for several months afterwards and it was psychologically as well as physically damaging to me. I believe I suffered post-traumatic stress disorder from this procedure.

My experiences in hospital were extremely unpleasant. I am a vegetarian and the only food I was able to eat were sandwiches for lunch and dinner. This was a poor diet for a new mother who was trying to establish breastfeeding. Also, the person assigned to provide me with postnatal care was a student midwife who really offered little in the way of care due to her inexperience. My hospital experience was made more traumatic by the fact that my desire to be discharged (on day 4) was denied as the hospital has failed to do the necessary tests on my baby, due to an error by the student midwife. Due to the poor diet I had in the hospital, and its unpleasant surroundings and feel, I was desperate to get home but I had to stay in hospital for 2 more nights making my entire stay an unnecessary 6 days (longer than many women who have a caesarean). After I returned home my episiotomy was incredible painful and at my 6 week check the obstetrician found that I hadn't healed properly due to a zinc deficiency and he had to remove blood vessels from the scar tissue

with tweezers in his office. This was incredibly painful and again increased my feelings of violation and trauma over the episiotomy. When I asked my obstetrician if there was anything I should know about the birth that might influence future birth outcomes, he practically scolded me and told me that in future I should be more compliant with what the doctor wants. I was devastated by this comment and offended by his condemnation of my attempts to improve my birth outcome and not allowing myself to be subjected to unnecessary medical interventions.

As a result of my experiences during pregnancy, birth and the post-natal period I experienced post-natal depression. This caused me to sometimes be cold and distant to my baby, which affected our bonding, and I was extremely depressed and conflicted. This put great strain on my relationship with my partner because I was too ashamed to tell him how I was feeling and therefore didn't seek help. Obviously, this is an unacceptable and undesirable position for a mother to be in and it can have disastrous results. Fortunately for me my depression did lessen without medication but it took at least 12 months for this to occur. My episiotomy is still incredibly painful and I believe there must have been significant damage to the nerves in that area. I am aware of a dull pain during my entire waking hours (sitting, standing and lying), and the pain increases after long periods of sitting.

My second birthing experience was healing, exhilarating, loving and nurturing. I was able to welcome my baby in my home environment, in a calm, loving and supportive environment in the presence of my partner, my daughter, my wonderful midwife and a doula. This story is vastly different to the one above.

After the experiences of my first birth I sought out non-hospital based birthing options even before I was pregnant with my second child. I soon discovered that a private midwife who provided one-to-one midwifery care, facilitated homebirths in my local area, Toowoomba, so I spoke to her to find out more about her and her care options. Not long after that I fell pregnant with my second child and I contacted the private midwife and booked her services.

At my initial consultation (which was about 2 hours long), my midwife and I talked at length about my medical history and the details of my previous birth. She asked all the questions and did all the tests an obstetrician would. My midwife was very supportive when I discussed the trauma associated with my first birth experience and she helped to "debrief" me about the experience, something the obstetrician never did. From the outset, our relationship was based on care, support and mutual respect and trust. It was holistic, quality care and I was reassured and supported by her at a time when I was still healing from my first birth experience. This was a very different relationship from the one I had experienced with the obstetrician.

My pregnancy was again uneventful and my midwife continued to support me and provided me with exceptional advice on nutrition, optimal foetal positioning, labour positions, coping with labour pain and many other things. She was a great listener and she continued to help me work through my issues related to the first birth experience.

As per my midwife's advice I booked into a public hospital as a back-up option in the event of the pregnancy or labour requiring me to transfer to a hospital. The prospect of a hospital birth was terrifying to me and the obstetricians I encountered at the public hospital were very similar in attitude to the private obstetrician. They viewed pregnancy as a medical problem that required their intervention. They didn't trust me or my body to do what it was designed to do!

My GP was also involved in my pregnancy care and she was supportive of the homebirth, even though I was her first patient to request such an option. This was a big relief to me as I was tired of having to defend my decision to have a homebirth. She also provided me with a much needed prescription for drugs that can prevent or stop haemorrhaging. Without

this prescription, my midwife would be unable to get these drugs as she is not allowed access to them or to prescribe them even though they could be needed to save a woman's life. Just because a woman chooses to have one-to-one midwifery care and to have her baby at home doesn't mean she should be denied basic medical care and drug therapies that could save her life.

In addition to her care and support, one of the best things about the antenatal care I experienced with my midwife was that she came to my house. I didn't have to travel to an office and wait for an hour or two. With a 2 year old and being heavily pregnant, this was a big relief in the latter months.

I reached 40 weeks again and still no labour began. Unlike my previous experience, my midwife wasn't worried and she did not pressure me to be induced. She supported me and my wait and see approach. At this point my baby was posterior, which is problematic in that it can prolong labour and increase pain, so my midwife helped me employ strategies to turn the baby in-utero. Fortunately, her techniques worked and my baby finally turned and at 40 weeks and 10 days (again) I went into spontaneous labour.

My second labour was so peaceful and relaxed in comparison to my first. After my contractions started, I rang my midwife (who was in Brisbane but left immediately to attend my birth). With my midwife on her way, I put my first child down for her nap and my partner and I had a wonderful nap together and enjoyed this quiet time together. My midwife and doula arrived at the same time, and by this stage I was in established labour and was feeling very calm, relaxed and in control. My midwife checked my blood pressure, my heartbeat and the baby's heartbeat, and she and the doula began to fill the birthing pool. As my contractions increased I felt totally supported by my partner and my midwife and doula, and I was totally in control of what was happening and was able to cope easily with the contractions. My daughter was a wonderful part of the birth and she happily walked around chatting to all of us, feeding me her sultanas, and watched TV now and then.

Eventually, I decided it was the right time to hop into the birthing pool (I had chosen to have a water birth) and soon after my waters broke. My labour accelerated at this point and I was soon crowning. My midwife supported my perineum as I crowned, and she and the doula helped me to breathe the baby out so as to preserve my perineum and my baby was born very gently into the warm water. I was so triumphant when I lifted her out of the water and saw her for the first time. My partner and daughter were both with me to meet her and a photo taken just seconds after she was born shows how calm, relaxed and safe our little "birth cocoon" was. After a few moments, my midwife and doula helped me out of the pool, and we moved to the toilet where I soon birthed the placenta.

The most important difference here was that at no time was my baby taken from me. She was not rushed off to be weighed and measured. I held her in my arms and enjoyed her so much, totally uninterrupted.

After birthing the placenta I moved to my bed (MY OWN BED!) and snuggled with my baby. After some time I was able to get up and have a shower and my baby was then weighed and measured. She was a very healthy 10lb, an impressive size. My midwife then checked my perineum and found it to be intact. Her support during crowning, the fact that I was not subjected to a repeat episiotomy, my midwife and doula's encouragement to "breathe the baby out" not to "push her out" saw me free from any painful tear and damage. This baby was much larger than my first baby, with a much larger head circumference. This again reinforces that if only I had been supported in my first birth experience I could have had an intact perineum and would not have been permanently scarred, experiencing pain daily.

The other key difference of these two birth experiences is that my midwife provided excellent post-natal care. She came to visit me daily

for the first week, then every couple of days after that for a period up to 6 weeks after delivery. This support was so wonderful and valuable and it was for me and for my baby. Also, my midwife administered the heel-prick test and booked my baby in for her hearing tests and accompanied us to the hospital, so even though my baby was born at home she did not miss out on these important tests.

Also, the only emotion I experienced after this birth was great joy, feelings of achievement and absolute love toward my new baby. I did not experience post-natal depression and much of what I experienced helped me to continue healing from my first birth experience. After about 8 weeks, my midwife and doula came to visit my partner and I and together we discussed the birth, how it went and had a "debrief" of the experience. This was so empowering and valuable to me and it enabled me to really thank them for their involvement in such a valuable, empowering, healing experience. To this day I can't thank them enough and they will always occupy a special position in our family.

As you can see these two experiences were vastly different. My homebirth was so supportive and healed me of the trauma from the hospital birth. I am so thankful that I was able to choose a homebirth and that I had access to a wonderful, professional midwife who was able to facilitate that choice. It is important that women have choices when it comes to Maternity Services. It would also be desirable if this choice was more affordable. As it was, almost our entire baby bonus was spent paying for my homebirth (all antenatal care, labour care and post-natal care for 6 weeks after the birth). Neither Medicare nor MBF paid for any of it, which seems ludicrous considering I was following the model of care (one-to-one midwifery care) that the World Health Organisation promotes as their preferred model of care.

Therefore, in light of my well-founded fears over hospital birth, and my past experience, I am very concerned about the state of Maternity Services in Australia and I demand positive changes for women. In particular, I am very concerned over the prospect that homebirth may be made illegal. If homebirth was not a choice for me when it comes to having baby number three, I think my only options will be to not have a third child or to "freebirth" (non-medically assisted birth at home). This is undesirable, because it does not have the safety of a homebirth under the care of a midwife, but the alternative, a hospital, is far more undesirable. The trauma I felt from my hospital birth was a damaging, debilitating experience, psychologically, physically and spiritually. Please consider these stories when making your decisions. Women desire homebirth, they desire birth centres and they desire hospital birth. More importantly though, we deserve them. Reproductive rights are human rights and without freedom of choice, and the World Health Organisation's preferred model of care, one-to-one midwifery care, women's reproductive rights, and thereby our human rights are currently being denied. Please don't limit our choices and don't allow such human rights denial to continue. One-to-one midwifery care, be it in the homebirth situation, the birth centre or the hospital is the most appropriate, economically sound direction for the future of birth in Australia. As stated several times, it is recommended by the World Health Organisation and is already standard practice in other developed nations, which have better birthing outcomes than we do in Australia. It is also important to clarify here that my stance is not anti-obstetrician. Obstetricians also have their place, but this should be in high risk pregnancies. The medical interventions practiced by obstetricians are not appropriate in low risk pregnancies and labours. They are increasing our caesarean rates, endangering mothers and babies, and they are damaging to women. We need a system with balance and freedom of choice, and one that respects women and babies and guarantees them their reproductive and human rights.

Yours sincerely

Anna Hayes