

Dear Senator Moore

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

I am presently working at Bunbury Regional Hospital on the Maternity unit as a registered midwife. I also work in a tandem practice with another midwife covering homebirths in the Bunbury and out lying areas. We usually attend 6 to 8 homebirths a year. Women and their families that seek our services do so primarily because they want continuity of care from a known midwife in their own home. Continuity of care is not offered in the Bunbury region or anywhere outside the metropolitan area. Bunbury Regional Hospital does not have a birth center and only offers fragmented care. A home birth in my area is the only avenue for continuity of midwifery care.

Many women in the South West would like to birth at home, but simply cannot afford to do so. Women birthing at home in my area do so at their own expense (\$2500-\$3000), with no reimbursement from either Medicare or their Private Health Funds. BUT, at least they have the choice to birth at home if they are able to afford it. This choice will not be available to the community as of next July unless the two Bills currently before the Senate are amended to include homebirth.

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. This will not help me as a professional and competent Midwife, nor will it help the families in my area that choose to birth anywhere other than hospital! It is of particular relevance to communities such as the one in which I live, that is, out of the metropolitan area. Being a country area, there is no birth centre or Government-funded 'Community Midwifery Program' outside of Perth. Maternity care options in our community are already severely restricted, and if homebirth is "outlawed", then there will be no 'choice' at all other than to birth in hospital.

Medicare funding for midwifery care is long overdue. It is not acceptable 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 United Kingdom, 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 such as myself from registering to practice. 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.

Women who choose to birth at home do not make such a decision lightly and are usually extremely well informed and take full responsibility for their health and that of their baby. Women who want to birth at home will continue to do so, only they may be forced to do so without a registered Midwife. This will of course lead to an increase in morbidity and mortality if they have to labour and birth without a Midwife there to monitor progress and the health of the mother and baby.

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

I feel disappointed that such a basic human right can be essentially taken away from pregnant women and their families. I am also very unhappy about the prospect that I may not be able to provide continuity of care to homebirth families in my community as of July 2010. I choose to work as a "Midwife in private practice" because of the relationships I form with my clients, and I witness first hand the benefits of continuity of care which include increased satisfaction with the pregnancy, labour and birth, reduced epidurals, reduced vacuum and forceps, reduced episiotomies and reduced caesareans. My care is tailored to each individual family, and I feel very privileged to be sharing such a special time with families.

As a midwife, providing continuity of care is far more rewarding for me than providing fragmented care at my local hospital. I feel sorry for the women that I have provided care for in their homes in the past as they will no longer have that choice of having continuity of care for any of their future pregnancies.

I urge you to consider the rights and safety of all mothers and babies who have and will continue to choose to birth at home, as well as the Midwives who are ready, willing and able to support them in their choices.

Thank you for your time and consideration.

Yours sincerely

Susan Krachler.

