

Debbie Mukhar

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Ms Claire Moore
Chair
Senate Community Affairs Legislation Committee
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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.

I support Medicare funding for midwifery care and the finally allowing midwives to access indemnity insurance. However, I have great concern about the restriction that this legislation places upon midwifery practice and how this will impact upon women.

This legislation together with the national registration and accreditation of health professionals will prevent homebirth midwives from registering. This will make it illegal for midwives to attend homebirths and also make it illegal for women and their families from seeking midwifery care at a homebirth. 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.

As a mother of four children between 14 months and 8 years of age, I have had my fair share of dealing with the maternity industry. The birth of my first son in 2000 at Bathurst Base Hospital is what I can best describe as abuse by doctors with midwives standing there knowing what was happening but saying and doing nothing. After labouring for 10 hours without being able to urinate and having a full bladder, I was deceived into signing consent for a ventouse delivery to be attempted in theatre and c-section if the ventouse delivery failed. Draining my bladder was not something that was thought of as an option although the midwife, GP, and Obstetrician knew it was an issue. I was anaesthetised for surgery before being brought into theatre and the anaesthetist told me that the c-section had already started. No one told me that the obstetrician did not intend to attempt the ventouse delivery. This is something that I only found out afterwards.

While pregnant with my second child, I was disturbed that the GP at the Women's Health Clinic told me that I should have a surgical delivery because if I attempted a normal birth, there was a very real chance that my uterus would rupture, the baby would die and I would have a hysterectomy. She also told me that if I did not have the baby in Bathurst, I should consider having the birth induced so that my uterus did not rupture on the way to hospital. I did not think that the risk was as high as she was saying and asked if the Women's Health Clinic had any information on vaginal births after caesareans (VBAC's). She said no, women do not ask for it. I seriously considered having an abortion, as I did not want to be abused again.

I looked up the research myself and found that the risk of scar rupture was low and that the total risks of a subsequent c-section were higher than a VBAC. The research also indicated that the one thing that dramatically increased the risk of uterine rupture was induction.

I searched for several months for a doctor and/or midwife who were honest, would provide me with truthful information, and had an evidence based practice. I called hospitals around the state and

asked midwives about the practices at the hospital explaining what had happened to me during the birth of my son. I told them that I was looking for a hospital where the doctors were honest, had a scientifically based practice, and did not intervene if it was not medically necessary. Many midwives said that I should not come to that hospital. I visited several Obstetricians whom midwives felt would support a VBAC. Most set unrealistic and non evidence based criteria like total labour could not be more than 5 hours, second stage could not be more than 1 hour, a forceps or ventouse delivery could not be performed because the instruments would rupture the scar. Remembering that these were the Obstetricians that would "allow" me to have a good attempt at a normal birth, the conditions that the Obstetricians set would essentially mean that the majority of VBAC's would fail for no valid reason. In the end, I found only one Obstetrician (now retired) with an evidence based practice. The reality is that if a doctor needs to deceive, lie, bully, provide biased research, conceal vital information on risks of what he is proposing while exaggerate risk on alternatives, then that doctor knows he/she is doing wrong. Unfortunately, this is what I have found to be the norm within the maternity services available to women. During this time, I also found an independent midwife who I felt I could trust. She stopped practicing privately while I was pregnant because midwives lost access to indemnity insurance.

The requirement of having independent midwives collaborating within a team in order to gain insurance and medicare provider numbers concerns me. With the lack of evidence based practices occurring within hospitals, I am concerned that there will be non-evidence based criteria placed upon when the midwife needs to consult a doctor, when women need to be referred onto a doctor, what constitutes foetal distress, if time limits will be placed labour, and that women classified as high risk will not be able to access an independent midwife. I am greatly concerned that a requirement as part of "collaboration" will be that if a doctor is called into consult, the midwife is not allowed to tell the woman if what the doctor proposes has no evidence base to it or that other options are available that could be looked at? What will happen in the circumstance that Doctors at particular hospitals do not wish to be part of a team which includes independent midwives? Will this mean that in areas where doctors do not support the idea of midwives working outside of their direct control, that they can prevent independent midwives from practicing in that area by not collaborating with them. What happens in the situation where a woman does not want to consult a "team"? Will the woman loose access to midwifery care if she does not submit to the rules set down under "collaboration"?

Because I had a c-section for the birth of my first, I am considered by most doctors to be high risk even though I have had three normal births since. I am concerned that the proposed legislation and subsequent regulation which will follow will prevent women like me who are categorised as high risk from accessing midwifery care without a doctor's "permission". Will an independent midwife be able to access insurance if they take on a "high risk" birth with the woman refusing to seek care from a doctor? Will "collaboration" benefit some members of the "team" at the expense of the woman? Will the requirements of "collaboration" mean that the team or any member of the team can effectively prevent a woman from making an informed decision to choose care outside the guideline that collaboration is based on or to choose care against the advice of any member of the team? What I would like to see happen is that women who choose, are care for by midwives unless the midwife feels that the situation has changed making care beyond the midwife's scope of practice and, with consent of the woman, consults or refers the woman onto another midwife, GP or specialist. Depending on the situation, midwifery care may continue with or without close communication with the GP or specialist. Collaborative agreements do not need to exist for this to happen. After all, there is not a requirement for Collaborative agreements between GP's and Obstetricians.

I am deeply concerned that the proposed legislation in its current form will mean that homebirths attended by independent midwives becoming illegal as of July next year. This will not stop homebirths from occurring. With midwives being the only qualified care giver who will currently attend homebirths, what this means is that women will give birth at home without access to qualified care. For my fourth child, I decided to have a homebirth. I made this decision because, even though I willing to relocate for the birth, I was unable to find any doctor with an evidence-based practice. I did not want to give birth in a hospital where doctors without an evidence based practice would have easy access to me or have a say in my care. I was unable to find an independent midwife where I live. I found at the time, that in NSW, there were no independent midwives practicing west of the coastal fringe except around Canberra. The Area Health Service that I live in covers 55% of the state and does not "allow" homebirths under the NSW homebirth policy. My understanding is that homebirths are not offered because the Obstetricians practicing in this health service are opposed to them. Women who have homebirth where I live usually do so without access to care. I moved to Tamworth for the birth where I found a midwife who I felt I could trust and who could provide a homebirth service under the NSW Health public homebirth policy. Three days after I moved to Tamworth, I had my last antenatal visit

which was required to be with an Obstetrician according to the NSW homebirth policy. During this visit, the Obstetrician started out saying that he would not “allow” the homebirth because the birth of my first child was by c-section and he was concerned what the other Obstetrician would think. I had two normal births after the c-section without incident and no complication during my pregnancy. I had gotten “approval” from an Obstetrician for the homebirth at 20 weeks, I removed my children from school and moved my family to a town where I knew no one, I spent all of my money on moving there for the birth and with one week to go, he wanted to change his mind, not for a medical reason, but because he felt that other Obstetricians, who I had never met, had more of a say in what I could do with my own body than I did. It took a lot of arguing on my part for him to finish the appointment saying that he would consult the other Obstetricians rather than not approve the homebirth. If he had changed his mind, I would have had no midwife because this midwife was the only midwife at that time in the west and northwest of NSW who attended homebirths. I was not sure if she would be allowed to attend the birth until I rang her up when I was in labour.

I am currently expecting my fifth child. Now knowing how precarious the NSW Health public homebirth system is, I have decided to pay for and have managed to find an independent midwife who will move to where I live when I am at full term and stay until the baby is born. There are no hidden collaborative agreements with doctors. I do not need to jump through any hoops to meet hospital policies or get permission from doctors to make informed decisions about my own care. I also do not need to listen to doctors telling me deceptive information in the hopes that I will submit to what they want.

In a system where Doctors without evidence based practices have ultimate control and true informed consent is not allowed, access to independent midwives for homebirths or hospital births, without being restricted by collaborative agreements, is something I see as necessary and a much better option than having women birth without access to care. If insurance can be subsidised for doctors, then it can be subsidised for midwives too.

It is a woman right to choose where and with whom she gives birth. It is a woman right to choose a care provider who she feel comfortable with and where there are no hidden agreements which overrides what is best for a woman or a woman’s informed consent. It is not up to the government, hospital or any health professional to make decision for a woman. I support a system where all consumers are treated equally, with the same access to funding and the same insurance protection.

Yours sincerely

Debbie Mukhar