

Thursday 16<sup>th</sup> July 2009

Ms Claire Moore  
Chair  
Senate Community Affairs Legislation Committee

By E-mail: [community.affairs.sen@aph.gov.au](mailto: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 chose to have a homebirth for my second child. My first was born in the WCH. I was under the care of the Midwifery Group Practice & wanted a natural birth with no interventions. I wrote a birth plan, I posted it to the head of midwifery services & to my MGP midwives in advance. I made sure a copy of it was in my notes. My wishes were ignored. I had never met the midwives who attended me before. The first one administered drugs I didn't want, the second performed interventions that left me feeling like a victim of abuse that would later develop into PTSD. It was this second midwives actions that led to me having a caesarean section under general anaesthetic. When she ruptured the membranes, instead of moving down, my baby disengaged from my pelvis. Had I been left alone, I am certain she would have been born naturally. I had a general anaesthetic because of previous spinal surgery which meant I couldn't have an epidural or spinal block. During the decision making process to have the caesarean I was told that my labour could continue for another 2 to 5 days (at this point I'd been labouring for 50 hours (36 of which was at home)) and that if my baby wasn't born soon, it would die & would fall out of me in pieces as it rotted inside me. I was told I could have a caesarean now & get the good surgeon, or if I wanted to continue labouring, I would get the crap surgeon later. Yes, they are the words used. At no point in all of my labour was I or my baby ever in distress, apart from my own exhaustion, but that's not life threatening. The greatest risk to us was undergoing unnecessary surgery. The hospital called it failure to progress, I call it failure to wait. All I needed was encouragement, not intervention.

So of course I lost all faith in the hospital system. For the birth of my second child, I did a lot of research. I'd looked into all my options. I knew I wanted a VBAC (vaginal birth after

caesarean) so I looked around for a VBAC friendly hospital & doctor. I found a doctor who was pro-VBAC – as long as I laboured & birthed according to their timetable. A very limiting 10 hour stopwatch was the condition to getting a VBAC. After coping very well with a 50 hour labour the first time, the idea of being on the clock for no good reason was appalling. How could I relax in labour knowing that? The stress of the clock would be enough to stall a woman's labour. I mentioned homebirth & the doctor told me it would be a good option for me. I asked a few of the risk questions & was given very positive answers.

I met with an independent midwife & clicked with her straight away. She had 20 years experience & an incredible knowledge that she shared openly, answering any questions we had. My husband & I felt extremely comfortable with her. I was very concerned about who would be in my birth space so I was overjoyed to find someone I was so comfortable with to be with me at my most intimate & vulnerable time of birth.

I had a 15 hour labour & gave birth without any interventions or vaginal examinations. I birthed in water in my lounge room. It was wonderful & I loved every minute of it. The most incredible & euphoric moment of my life. I would not have had that experience in a hospital. I would have ended up with another caesarean under general anaesthetic only because it took longer than 10 hours.

I have attached pictures of both of my birth experiences. If the option of a supported homebirth with an independent midwife is taken away, I am condemned to a very likely repeat of my first horrific experience. Please don't let them do that to me!

There are many women like me who have had a traumatic birth experience in hospital & go on to seek better options for themselves & for their babies. I feel it's vitally important to have the choice to do this & especially to choose who attends us during our labour and birth. The very limited and limiting hospital homebirth programs (which have such a small zone that most people live outside of) cannot give a woman that choice. You get who you're given, regardless of whether or not you have bonded with that person. There is no guarantee that you will even get your allocated midwife – they have days off & limited hours to work still. Independent midwives are the only person you see throughout your pregnancy, labour & birth & they will stay with you for the duration of your labour, no matter how long it takes. They are some of the most experienced birth practitioners available & to lose the chance to have a professional midwife attend a woman who wishes to birth at home is a national tragedy. Women will still birth at home, but the government are seeing to it that they cannot have qualified support to do it. This is a very dangerous move & women and babies could die as a result of it.

With the loss of independent midwives, Australia will also lose the last remaining knowledge base of natural births & the way of dealing with problems that may arise like breech birth. The head of midwifery services in the Women's and Children's Hospital in Adelaide, Judy Coffey, attended a homebirth with independent midwife, Lisa Barrett, last year. It was the first time that Judy had seen a fully physiological third stage of labour (birthing the placenta without any interference) & seen a baby still attached to umbilical cord and placenta. The loss of knowledge is deeply disturbing for our future generations. Homebirth has been growing in popularity and I know many women who are studying midwifery now with the intention to go into private practice. These natural birth skills are vital & the only place they can be seen is at a homebirth.

Please amend the bills to retain private practice midwifery.

Yours sincerely

Jo Wood

**Grant & Jo Wood**