

Thursday, 16 July, 2009

Re: Exposure draft of Health Practitioner Regulation National Law 2009 (Bill B)

To the Ministers Concerned,

I write to express my concern about the above bill. I understand that this bill will enable professional indemnity insurance for midwives who provide care for women giving birth in hospitals, birthing centres and at home under the care of a hospital endorsed community midwifery program.

While I applaud the extension of hospital based midwifery, it is unacceptable to exclude independent homebirth midwives from the insurance program. The current state of hospital homebirth programs is far from adequate to provide for the small number of women who can meet their extraordinarily narrow criteria. This leaves many women who desire to birth at home with no choice but the labour ward or an uninsured, independent, privately funded midwife.

While it is currently possible to engage the services of such a midwife, the proposed legislation will prevent this from being legal option.

As a woman who birthed at home with a pregnancy that would have excluded me from a hospital collaborative homebirth as prescribed by the new legislation, I would have been denied a safe birth. Due to the distance to a birthing hospital from our home (2.5 hours drive with much of it without mobile coverage, 4.5 hours drive from a birth centre, and 8 hours away from a hospital offering a homebirth program), had I planned to go to hospital, I would have birthed on the side of the road.

The post-partum haemorrhage I suffered could easily have become life threatening under these conditions. At home, my midwife quickly and dealt with it.

Independent midwives provide a life saving service for women who choose to birth outside the hospital system (which includes hospital collaborative homebirth). Barring them from indemnity insurance and consequently, from the legal right to practice, will endanger both women and babies.

This legislation will harm some of the most vulnerable groups within the birthing population – those in rural areas, with disabilities, and those who cannot meet the stringent hospital homebirth/birthcentre criteria, furtherly disadvantaging these already disenfranchised groups.

I can only hope that the Government possesses the wisdom and foresight to ensure that these legislative changes work for all women and not just for those who fit the AMA endorsed birth model and I strongly urge the committee to address this oversight during the review.

Yours sincerely,

Skye Auer