

16 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

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

I am writing to express my concern that the above legislation together with the national scheme for the registration and accreditation of health professionals will lead to a situation where a home birth attended by a midwife will effectively become illegal.

I submit that the legislation should be amended to extend access to Medicare funding, the Pharmaceutical Benefits Scheme and premium support for professional indemnity insurance to independent midwives attending home births.

At the very least, insurance premium support should be offered to independent midwives. The draft legislation for the national regulation of health professionals requires all health professionals to have professional indemnity insurance before they can be registered. Independent midwives who attend home births are unable to obtain such insurance through no fault of their own. At present there is no professional indemnity insurance product available for independent midwives attending home births to obtain. Independent midwives have not been able to obtain such insurance for 8 years. There has never been a claim against an independent midwife, there are simply too few of them in practice to create a pool of funds to cover an insurance pay out.

The issue is one of great importance to me and my family. In November last year I gave birth to my son, Dylan, at home attended by two highly qualified and experienced midwives. It was an experience that my family will always remember - it was a calm, safe and joyous occasion.

In April 2007 I had a vastly different experience when I gave birth to my daughter Isabelle at a private hospital. I naively believed that I was choosing the best care for my pregnancy and birth. At great financial cost to the Medicare system, my private health insurance provider and myself, I ended up having a cesarean that in hindsight was clearly unnecessary. When I arrived at hospital in the very early stages of labour my obstetrician pronounced that my pelvis was too small to birth my baby and that my baby had no chance of being born naturally. With no way of verifying the

information he was giving me and of course trusting that he was the expert, I consented to a cesarean.

Being somewhat surprised that my low-risk, problem-free pregnancy had ended with an “emergency cesarean” I conducted a lot of research and discovered that it was highly unlikely that my pelvis was unable to birth a baby. My research was proved correct when my vaginally-born son weighed in at over 600 grams heavier than his elder sister.

Having a baby under the care of an independent midwife is the gold standard of maternity care. My obstetrician saw me for 5 minutes at each appointment, was reluctant to answer questions and never gave me any information about how I could maximise my chances of having an intervention-free birth. My midwives came to my house and stayed for close to 2 hours each visit. They took the time to get to know me, my husband and daughter and to really understand our hopes for the birth. When I was in labour it was such a relief to be in the care of two women who I knew so well and who knew me and my medical history. They did not have to attend multiple other women at the same time and there was no risk they would leave me at the end of their shift. I felt extremely safe in the knowledge that two highly experienced midwives were observing me unobtrusively yet constantly and that they would be able to quickly identify any signs that things were not going normally. I knew they would not hesitate to recommend a transfer to hospital if the circumstances warranted it.

Two years ago I would never have even contemplated a home birth. I had never met anyone who had had a home birth and I shared the general misconception that it was only an issue for a fringe group who prioritised their own needs over the safety of their children. As a solicitor, I am by nature very risk averse. When I started researching my options for my second birth I realised I didn't have many. The first cesarean meant that hospitals would insist on various protocols (most of which are not evidence based) that would undermine my ability to have a successful vaginal birth after cesarean (VBAC). To my great surprise I found that the research showed that home birth provided me with the best and safest chance to deliver my baby naturally.

I am horrified that this choice will not be available to me in the future and that other women will be deprived of the wonderful, safe birthing experience I had.

If home birth with an independent midwife becomes illegal from July 2010 I do not feel that I will be able to have any more children. I will not birth at home without the support of trained and experienced midwives. Due to the already limited range of birthing options in Australia, I will not be able to give birth in a birthing centre or a state government funded home birth program. My only “choice” will be to give birth in a hospital. Having experienced birth as a safe, supportive and peaceful affair, I simply cannot imagine having to give birth surrounded by strangers in a clinical environment, fighting against hospital protocols that are not evidence based. I know from my first birthing experience that these factors combine to greatly reduce the chances of having a natural, intervention-free birth.

It is also of great concern to me that the wonderful, dedicated independent midwives who attended my home birth will no longer be able to legally practice in their chosen profession after July 2010. As midwives committed to supporting and empowering women they are losing their vocation. As small business people they are losing their livelihood.

I submit that steps must be taken to ensure that independent midwives are able to continue their home birth practices after July 2010.

By way of conclusion, I have included pictures taken of me the first time I held each of my children after they were born. The first shows my tears of shock and confusion as I held my darling daughter for the first time. She was already weighed, cleaned and wrapped when handed to me. I was able to hold her for less than a minute before we were separated for close to two hours as hospital protocols meant that she could not remain with me in recovery (contrary to the recommendations of the Baby Friendly Health Initiative). The hospital was short-staffed and I was left lying in recovery much longer than necessary while my bewildered husband held our little girl who was desperately suckling his arm looking for her first feed.

The second shows the joy of my husband and I as I held our little boy for the first time giving him the skin-to-skin contact which is so vital for bonding and successful breastfeeding.





I ask the Committee to make recommendations that ensure that all Australian women retain the right to weigh up the evidence and make their own decisions about how best to birth their children and care for their families.

Thank you for taking the time to consider my submission. I would be pleased to have the opportunity to give evidence at a public hearing of the Committee.

Yours faithfully,

Ann Catchlove BA, LLB (Hons)