

July 16, 2009

Ms Claire Moore
Chair
Senate Community Affairs Legislation Committee

By E-mail: 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 would like to share with you my own story of how my three children were born as I think it provides an example of how homebirth can be used 'safely'. My first child was born naturally at home in a large Victorian regional town in 2003 with one midwife attending (and my husband and two friends). The midwife and I had developed an excellent relationship after her coming around regularly for antenatal visits throughout my pregnancy. After my daughter was born my midwife came around every day in the first week of her birth to check on my recovery, breastfeeding and my daughter's health. This midwife had some forty years of experience both within the hospital system and in private practice. Although she obviously wanted us to have our baby at home this midwife also prepared us for the idea that we may need to transfer to the local hospital if complications arose during the pregnancy and/or labour. She encouraged us to visit and to book in to the local hospital 'just in case'. She also requested that I had at least one ultrasound during my pregnancy to check for any complications (or twins) that may mean that I would not be able to give birth at home. Fortunately, the pregnancy and birth were without complications and I was able to give birth at home. It was an empowering and remarkable experience and to be able to be at home made me feel extremely comfortable, relaxed and safe. It would also gave me the confidence to birth my other two children naturally.

I would have like to have had my second child at home but 'home' at the time was King Island in western Bass Strait. King Island has a small hospital but no provisions for women to give birth- no midwives, no obstetricians and no theatre or anaestheticians. My husband and I never even entertained the idea of having a homebirth on the island for even if a midwife would have agreed, if anything had gone wrong it would take some time to get air-lifted off the island. In short, it wasn't

an option. I gave birth instead in the birthing centre of a large Melbourne women's hospital. It was a quick and uncomplicated labor but I was disappointed in the inconsistency of care I received. I saw in total about 12 different midwives throughout my ante-natal visits, my labour and in post-birth visits. I sometimes received different and conflicting advice from midwives and each time I met a new midwife I needed to explain things again. Although the staff were professional and pleasant, it would have been preferable to have some consistency of care, particularly when I turned up at the hospital to give birth.

My third child was going to be born at home in Beechworth, Victoria and I was to have two midwives in private practice attending. All was going well in my pregnancy with no complications until my 32nd week of pregnancy when I went into premature labour. A quick visit to my midwives to confirm that this could indeed be premature labour then resulted in the decision for me to go to the Wangaratta Hospital. From here, due to other complications that were detected via ultrasound, I was air-lifted to Melbourne and then road-ambulated to the Royal Women's Hospital where I gave birth to my son the next day. He was immediately taken to the Newborn Intensive Care Unit (NICU) for some assistance with breathing and monitoring. I am happy to say that he survived this ordeal. Although I was obviously in the right place for the best care of my son, what I did not like about this experience was that I was unable to get very much sleep on the maternity ward as I was in a shared room with midwives coming in frequently to do 'observations' and bring in other patients in the middle of the night. What was already a stressful situation was made even more difficult by being unable to sleep in such an environment. In the end, I needed to actively ask the midwives to not come into the room as I was so extremely sleep-deprived. As I previously emphasized, I was very happy to be in this hospital as the complications of my labour required it, but it reinforced my view that homebirth is a preferable option for women without complications. I would argue that a woman can get far better sleep in her own home following the birth of her baby. I would also argue that sleep is a crucial aid for a woman's recovery following the birth of her baby.

My point in sharing these three very different stories is to raise the issue of a 'safe homebirth'. There are times when homebirth is a very valid option. Indeed research shows that for a low-risk pregnancy, women and babies are no safer giving birth/being born in hospital than they are at home. If a woman lives in a very remote area, homebirth is not likely to be a safe option. If a woman goes into premature labour, homebirth is also not likely to be a safe option. Women who choose homebirths and midwives who attend homebirths know what is safe and what is not. They discuss this and they make a plan for this. They do not take excessive risks and they do not endanger lives. Homebirth is a legitimate and excellent option for low-risk women and in areas with hospital back-up. Rather than trying to make it illegal for midwives to attend, we should be exploring ways of supporting homebirths. Rather than spending money and resources in penalizing midwives who attend homebirths we could instead be supporting them and linking them in with their local hospitals and/or birthing centres to form partnerships. Some more progressive countries have indeed done this with good results. There would also be considerable financial benefits in supporting homebirths and decreasing the number of hospital beds needed for women giving birth.

I sincerely hope you have taken the time to read this letter. I strongly believe that it would be a regressive step for the Government to penalise midwives in private practice. A more progressive approach would be to explore homebirth as a legitimate and safe option for Australian women.

Yours sincerely

Katherine Beaton