

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

It is clear from the following study I include in appendix below, that to exclude the midwives professional group from being able to perform home birth goes against evidence presented in this study.

This would lead me to conclude that unnamed motives are at hand, or it is an oversight.

Please consider the rights of women and men alike, to have their children in the environment of their own choosing, and nonetheless one equally, if not safer, than the hospital.

Sincerely,

-- **Joseph J. Ierano**
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Doctor of Chiropractic

Appendix:

Landmark Study Shows Giving Birth at Home is Safe

Outcomes of planned home births with certified professional midwives: large prospective study in North America. Kenneth C Johnson, senior epidemiologist, Betty-Anne Daviss, project manager.

BMJ 2005;330:1416 (18 June).

Published online at <http://bmj.bmjournals.com/cgi/content/full/330/7505/1416?ehom>

The largest prospective study of planned home birth with a direct-entry midwife shows that homebirth is as safe as hospital birth for low risk women, yet carries a much lower rate of medical interventions, including Cesarean section. This landmark study is reported in the latest issue of British Medical Journal, June 2005. Planning a home birth attended by a Certified Professional Midwife (CPM) offers as safe an outcome for low-risk mothers and babies as does hospital birth. This study is the largest yet of its kind. The researchers used prospective data on more than 5400 planned home births in North America attended by Certified Professional Midwives during the year 2000.

Canadian researchers Kenneth Johnson and Betty-Anne Daviss studied over 5,400 low-risk pregnant women planning to birth at home in the United States and Canada in 2000. The researchers analyzed outcomes and medical interventions for planned home births, including transports to hospital care, and compared these results to the outcomes of 3,360,868 low risk hospital births. According to the British Medical Journal press release, they found:

88% of the women birthed at home, with 12% transferring to hospital.

Planned home birth carried a rate of 1.7 infant deaths per 1,000 births, a rate "consistent with most North American studies of intended births out of hospital and low risk hospital births."

There were no maternal deaths.

Medical intervention rates of planned home births were dramatically lower than of planned hospital births, including: episiotomy rate of 2.1% (33.0% in hospital), cesarean section rate of 3.7% (19.0% in hospital), forceps rate of 1.0% (2.2% in hospital), induction rate of 9.6% (21% in hospital), and electronic fetal monitoring rate of 9.6% (84.3% in hospital).

97% of over 500 participants who were randomly contacted to validate birth outcomes reported that they were extremely or very satisfied with the care they received.

The Midwives Alliance of North America celebrates the publication of this groundbreaking study demonstrating the safety and satisfaction that are hallmarks of the care provided to North American women birthing at home with midwives. This study is a landmark in many ways, being by far the largest study of its kind to date; by eliminating confounding factors by distinguishing between planned and unplanned birthplace; and because of the study's prospective nature, which is able to assure accounting for all outcomes. The authors' finding that Certified Professional Midwives "achieve good outcomes among low risk women without routine use of expensive hospital interventions" challenges the unnecessary proliferation of many interventions performed routinely on women and babies in low-risk hospital births.

This study provides irrefutable evidence in support of the American Public Health Association's resolution (2001) to increase access to out-of-hospital births attended by direct-entry midwives. This study supports the World Health Organization's 1996 position: Midwives are the most appropriate primary healthcare provider to be assigned to the care of normal birth (1996). This study supports the Coalition for Improving Maternity Services (CIMS) 1996 statement: Midwives attend the vast majority of births in those industrialized countries with the best perinatal outcomes. And finally, this study supports what midwives have always asserted: that planned home birth with a trained midwife is a safe, high-quality, satisfying, cost-effective choice for healthy women and their babies that results in superior outcomes. The Midwives Alliance of North American (MANA) recommends making midwifery care the gold standard in maternity care in North America.