

Ms Claire Moore
Chair
Senate Community Affairs Legislation Committee
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16 July 2009

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 understand that homebirth is a sensitive issue, as the Australian Medical Association (national and SA branches) repeatedly slam homebirths as unsafe for any women. However, the South Australian Department of Health Perinatal Statistics show that planned homebirth attended by a health professional has the same maternal and neonatal mortality and morbidity rates as hospital births, and less interventions. It is homebirths which are unattended by health professionals (“free births”) which have higher rates of mortality and morbidity, but which the AMA include in their statistics of homebirth. It is due to this statistical safety of midwife attended homebirth that the Women’s and Children’s Hospital and the Lyell McEwin Hospitals in South Australia both have publicly funded homebirth units, and Flinders Medical Centre is in the process of setting a homebirth unit up. Unfortunately, these units are small and have strict zoning regulations which preclude many women, facilitating the need for private midwives who providing private homebirths.

As is see in some states of the United States of America, making private homebirth illegal increases the number of families who chose to “free birth” or birth with an unregistered midwife (who may or may not have adequate education, skills or knowledge that regulated health professionals must possess).

This Bill must be amended to provide independent midwives with the same access to funding and insurance protection, to ensure that families who, for whatever reason, choose to birth outside of the hospital system, are able to do so safely. It is unsatisfactory to leave these consumers without regulated health professionals simply because they are a minority.

I support a system where all consumers are treated equally, with the same access to funding and the same insurance protection.

Regards,
Mrs Amy Mann