

Dear Senator Moore

Re: Inquiry into Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009

and two related Bills

I support legislative measures to enable midwives to do their job in providing care for women having babies, I strongly agree the system needs to be improved. But I strongly oppose actions that cut off independent midwives from performing a vital role. It would be far better to give independent midwives more ability to practice, through whatever place women choose to birth; home, birth centre or hospital, allowing continuity of care regardless of the woman's circumstances.

Knowing the importance of a natural birth for optimal health outcomes, I chose the midwifery group practice at Women's and Children's Hospital in Adelaide for the birth of my first baby. I was healthy and I ended up having a healthy baby, via caesarean section, after it finally became apparent that my little girl was presenting brow first (brow presentation). My experience was not horrific as some women experience, but it was far from excellent. By "experience" I mean the event as it was experienced by me, not some idea of how the event made me feel, although, that is also relevant.

I made my choices for birth knowing from my reading of dozens of highly rated books and dozens more scientific research articles, that the greatest risk to my baby were not that they might die, but from the future implications of my potential failure to breastfeed and bond well with my baby. Australians die in the thousands from diseases for which the risk is smaller when as a baby they are breastfed. Breastfeeding has been shown to be linked with higher intelligence, lower obesity, lower rates of asthma and SIDS. Yet breastfeeding is impeded by early cord cutting, failure to initiate breastfeeding within one hour after birth, by anaesthetics such as epidural, pethidine, from chemical induction, and from many of these and more when a caesarean section is performed. It is further impeded by insistence from many midwives, health nurses and lactation consultants to feed by routine as opposed to demand feeding. In my own experience, an independent midwife provided far superior evidence based advice and had much more experience, as well as providing a much more satisfactory experience overall.

After I left hospital feeling defeatist about breastfeeding and low in confidence about motherhood, I was lucky to have a visit from a friend who happened to be an independent midwife. Her advice completely turned me around in one afternoon and gave me the confidence to persevere and succeed, setting the template for the challenges ahead.

For my second baby, I chose a homebirth. Not because I wanted to be in the familiarity of my own home, because I wanted my daughter to be there, and to ensure I had access to the facilities for a waterbirth, although all those things were nice. I chose a homebirth because I wanted the expertise of an independent midwife. Just like an obstetrician, my midwife was trained and experienced in dealing with any emergencies that might arise, but she was also experienced in preventing complications. She had birthed successfully with a number of women, two of whom I met personally, who had naturally birthed a baby brow presentation, the same circumstance that had necessitated an automatic caesarean section for my first baby. She had also birthed with a large number of women who had a natural birth after a previous caesarean, more than 90% successful and safe natural birth without intervention, compared to hospitals with one

third caesarean section and two thirds repeat caesarean section after a previous one, and the inductions, anaesthetics etc. What I learnt from my midwife's many past clients, and later from my own experience, was that a birth could be so much better than my friends, my mother and my grandmothers had ever heard of. Not just from my point of view. My baby was pink and alert from the moment I lifted him from the water. He breastfeed in the first hour with perfect attachment and vigour. Because I felt confident and well supported, I was not afraid of the difficult stages of the labour, and was able to follow the well known active birth principles to position myself for optimum and "easier" birthing, without additional pain relief or augmentation. My second degree tear after a quick birth of a good sized head and body was professionally sutured while my baby stayed with me. And my daughter got to see what an amazing thing it is to be born, how precious she and her brother are having come out of such a momentous event, and what it looks like to birth a baby normally.

Banning independent midwives is wrong. Even if their skills are put to use in a hospital, their abilities are limited by the fact that many hospital rules are unfortunately in contradiction to both evidence based research and traditional midwife skills. They also prevent midwives from providing continuity of care, which I know is critical for many independent midwives. In the first continuity of care model in South Australia, the Midwifery Group Practice at The Women's and Children's, women have their assigned midwife available for the actual labour in only 50% of cases. I was in the position where neither my midwife, or any of the six in the group, were available (their maximum hours had been reached). Birthing women have the right to choose a natural, supported, optimal birth, and yet in the system proposed, these women instead face a process of argument and compromise.

At present, women choose an independent midwife in spite of the lack of insurance, and we do this at our own cost, to the great advantage of our babies, whatever others may think they know about the dangers of childbirth. The more people like myself who are getting enraged by the injustice of the proposed legislation, the more people will be demanding that not only should independent midwives be allowed to support women who birth at home without penalty, but that the Australian Government should actually support independent midwives, and subsidise midwives' insurance just as they do for obstetricians. The Government should consider how much that will cost. Ironically, a friend of mine recently birthed her healthy baby at a private hospital, had a vaginal birth with a high level of unnecessary intervention, and paid on top of her Government subsidised health insurance premiums, a \$2000 gap to her Government subsidised obstetrician. My independent midwife cost \$2000 total, an excellent use of the baby bonus we thought!

In conclusion, I know a couple who tragically lost their baby during birth at home, but his death would have been inevitable regardless of the place of birth. They are some of the strongest advocates of the right to choose homebirth in South Australia. Statistics can be used to paint many pictures, politicians know this best of all.

Sincerely,

Karen Palmer