

Caroline McCullough
National Spokesperson
PO Box 7193, Mt Crosby, Qld 4306
info@canaustralia.net

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Ms Claire Moore Chair Senate Community Affairs Legislation Committee By E-mail: <a href="mailto:community.affairs.sen@aph.gov.au">community.affairs.sen@aph.gov.au</a>

**Dear Senator Moore** 

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

Caesarean Awareness Network Australia (CANA) is a non-profit organisation which provides an information resource for women, health practitioners, and the media that is reliable, accurate, up-to-date and evidence-based with a view to:

- improving women's mental health surrounding the childbirth episode
- improving the quality of information in the media
- improving the physical and emotional care of women who are affected by caesarean surgery

As such, we write to express concern about restrictions to midwives' scope of practice in the abovementioned bills.

We are extremely supportive of the Health Minister's bills with regard to enabling Medicare funding, access to the Pharmaceutical Benefits Scheme and professional indemnity premium support for eligible midwives providing care for women giving birth in hospitals and birth centres.

However, we are of the view that private midwives that provide care for women at home (for homebirth) should not be excluded from the government's funding and indemnity scheme.

By excluding homebirth, Australia is totally out of step with current evidence showing the safety of homebirth and with other developed 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 bill will prevent homebirth midwives from registering. We

believe this to be an unintended consequence and ask that you take steps to indemnify midwives to the full scope of their practice and include homebirth within the Health Legislation Amendment (Midwives and Nurse Practitioners) and related Bills.

In recent weeks CANA has received comments from women who are deeply troubled by the impact these combined legislations will have on their birthing choices. In particular, women birthing after caesarean are concerned that their choices will be further curtailed as it is currently unknown whether or not private midwifery care will be accessible to them through the new Government scheme in the health system.

CANA is concerned that more women choosing vaginal birth after caesarean will opt to birth unattended at home rather than risk poor care and repeat surgery in the hospital system.

Another aspect to this is that elective caesareans are a funded choice. This seems a double-standard to argue that one choice should be denied women on the basis of safety when another which studies show to be less safe is funded and the practitioners indemnified.

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

Yours sincerely

Caroline McCullough National Spokesperson for CANA info@canaustralia.net 07 3282 8729 0438 898 706