16 July 2009 Michelle How and Kylie Booth CARES-SA Inc C/ 8 Hopkins Crescent North Brighton SA 5048

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

CARES-SA wishes to express concern about the above bills.

We 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. We 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.

CARES-SA believes midwifery led care should be the norm for all women, as the best way to reduce high intervention rates. All women and especially those deemed 'high risk' need continuity of care, and thorough care. Midwives in private practice (homebirth midwives) offer hour-long appointments in the family home, a key part of their service. They support women to labour at home whilst the labour is progressing normally. They are constantly 'with woman' and know when to suggest transfer to hospital for further care.

Ideally, CARES-SA would not have so many members, our caesarean section rate would be lower and those women having a caesarean would be only those who truly need them. Unfortunately our member

base keeps growing as more and more women come to terms with the fact that they were not given the chance to birth normally by a system that goes looking for problems, rather than allowing the normal physiological event of birth to take place.

**Yours Sincerely** 

Michelle How Secretary CARES-SA

Dr Kylie Booth BMBS, FRACGP Coordinator CARES-SA