20 July 2009

Darwin Homebirth Group
PO Box 41252
Casuarina NT 0811

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

We write to express our disappointment that reforms proposed in the above Amendment and related Bills, including Medicare funding, access to the Pharmaceutical Benefits Scheme and professional indemnity premium support for midwives, will not extend to cover families choosing to birth at home or the midwives who care for them.

While we applaud the Government's move to provide increased access to midwifery care, we find it unacceptable that homebirth has been excluded from this funding and indemnity arrangement, and have serious concerns about what this will mean for the safety and autonomy of birthing women in the Northern Territory and throughout Australia.

This year the Darwin Homebirth Group celebrates 30 years of supporting women who choose to birth at home in Darwin and the surrounding area. Its survival is testament to the ongoing commitment of local women and midwives to protect this most fundamental of rights – the right of a woman to choose where, how and with whom she gives birth, and to be supported in that choice. It is through this relentless commitment that women in Darwin currently have access to a publicly-funded homebirth model.

However this model has significant limitations. Through the NT experience, we hope to demonstrate to the Committee that while the existence of publicly-funded homebirth does increase women's birthing options, and provide an affordable means for low-risk women to access one-to-one midwifery care at home, this model cannot replace private midwifery, nor should it be viewed as a panacea for the homebirth issue and the associated problem of indemnity insurance for midwives who work in this arena.

Birthing in the Territory

Members of the Darwin Homebirth Group, in cooperation with Maternity Coalition NT Branch and Childbirth Education Association Darwin, have been advocating for women's choices in birthing since 2002. We have a history of advocating for change in a climate where both bureaucratic and obstetric elements are intensely resistant to delivering primary maternity care to the majority of Territorian women.

Birthing in the Northern Territory is unique in many ways:

- The Territory has relatively low numbers of birthing women with only 3,500 births per annum. Of these, 38% of births are babies born to Indigenous women, while a large number above that are to women from culturally diverse backgrounds with English as a second language.

- 48% of these babies are born to women who live and work in remote or very remote areas of the Territory.

- The NT has the highest stillbirth rate in Australia

- There are only four birthing units for the vast geographical area that makes up the NT. This results in women having to leave their homes and families to birth, often at great financial and emotional cost.

- Many women in the Territory are geographically isolated from family during the birth continuum. For Indigenous and non-Indigenous women from remote centres, defence wives and the many women

whose families live interstate, giving birth represents an expensive dislocation rather than an immediate celebration of family.

- The NT is the only state or territory in Australia where it is illegal for midwives to practice independently. Thus, all birthing women are confined to the four urban centres of Darwin, Katherine, Nhulunbuy and Alice Springs to birth. Women choosing to birth outside these centres do so with either no professional in attendance or with traditional Indigenous midwives in attendance.

- The increase in the numbers of women choosing to "free birth" in rural areas since private midwifery models were made illegal in the Territory is alarming.

It is these factors that have consistently led us to advocate for publicly-funded midwifery led models of care, with continuity of carer, to be afforded to all women birthing in the Territory. Care from a known midwife can ameliorate the isolating factors that so many women in the Territory experience at the time of their baby's arrival.

Our homebirth history

Prior to 2002, the NT had a wonderful history of home birthing. From indigenous to European immigrant women, homebirth was the norm. Throughout the 90's Darwin also had a group practice – The Mobile Midwives. These were independently practising midwives, some of whom have been brave enough to weather the storms of the last five years and continue now to practice under the NT Government's Homebirth Scheme.

In 2002 the Commonwealth Government declared that medical health practitioners '*may* not' practice without professional indemnity insurance. When this edict was turned into legislation in the Territory, the 'may not' was changed to a '*must* not', removing any ambiguity from the statement. The NT was the only state or territory to alter the edict in this way.

Midwives could not comply with demand as they were (and currently still are) unable to purchase their own professional indemnity insurance. This is not actually due to midwives practising in a risky way, but results from two main issues:

1) There are not enough independent midwives practising to make them a viable business proposition for insurance companies.

2) Their 'risk analysis' is assessed along with obstetricians, which skews the risk profile due to obstetricians seeing more 'high risk pregnancies' than independent midwives.

Overnight NT women lost the right to choose homebirth. *We are currently the only Australian state or territory where it is illegal for an independent midwife to attend to a woman birthing at home*.

To practice in the Territory, midwives must be employed by the Government, and insured, along with all other health professionals, by Treasury. Initially the Government overcame the problem by starting up the Community Midwifery Program (CMP). In its early days the CMP offered one-to-one care from a primary midwife, with midwives visiting women in their homes and supporting women in the birth place of their choice, regardless of whether this was home or hospital. Unfortunately, this didn't last long – the Government yielded to obstetric power and removed homebirth from the program. So women rallied, wrote letters, did media interviews, met with politicians, wrote to the papers, and some continued to birth at home unattended – a direct result of being unable to access qualified midwives to support them in the home setting.

In an effort to resolve the problem and stop the bad press, the Government established the Homebirth Scheme in 2005. Under this system women self refer to a midwife, receive antenatal care in their homes, and birth at home, receiving one-to-one care from their midwife until the baby is six weeks old.

A simple measure of the success of this program can be seen in the statistics regarding caesarean sections. The caesarean rate for the program as a whole is 14.5%. This is an excellent result, given that the program accepts women choosing to birth naturally following a previous caesarean section. Comparisons with other nationally collected data for low risk women include the NT public hospital low-risk primiparous caesarian rate of 27% in 2005, and a national rate of 23%.

For the women choosing to birth naturally following a caesarian section, the Homebirth Program has resulted in a 67% success rate compared to the national rate of 17.6%. These figures speak volumes for primary midwifery-led models helping women to feel empowered and in control during the birth process.

Limitations of the current system

Despite these and other remarkably good outcomes for women, obstetric and bureaucratic resistance has resulted in the homebirth program being the most vulnerable and marginalised of all maternity services in the Territory. Apart from the obvious disadvantages that come with a loss of midwives' professional independence, there are a number of other problems with the current scheme.

1) It only serves women in Darwin and Alice Springs. Midwives are not allowed to attend homebirths outside these areas.

2) Midwives' conditions of employment since the inception of the program have been unacceptable. For the last four years midwives employed within the Home Birth Service have limped through casual employment, to salaried employment on nothing more than six-month contracts. While midwives jobs are not safe, neither is women's right to birth at home.

3) Funding for the program stems from the community health sector. All other maternity services are funded via the acute health sector. This marginalised funding leaves homebirth and the midwives employed within the service very vulnerable.

4) Midwives working in homes are unable to attend to women who choose to birth in the hospital, meaning their experience and expertise is underutilised.

An additional limitation of the current system is its failure to acknowledge the culturally-specific needs of Indigenous women in remote NT communities. Women living remote are forced to leave their communities in their 38th week of pregnancy in preparation for birth. They may be afforded an escort for their first birth if they are not yet 16 years of age. No escort is provided for the majority of women travelling to give birth to their second and subsequent children. Given that many of Indigenous women are still teenagers when giving birth to their second child, one must have grave concerns for their physical and emotional security once in larger urban centres.

There is no provision for women to birth at home, or even within Community Group Practices, outside the immediate Darwin and Alice Springs areas.

Conclusion

While low-risk women in Darwin and Alice Springs are currently able to choose homebirth, experience tells us that models such as these are limited in their scope and will remain highly vulnerable barring a significant move by Government to support homebirth as a valid mainstream choice for women.

We ask that you consider the future birthing safety and autonomy of all Australian women, and take steps to include homebirth in the Health Legislation Amendment (Midwives and Nurse Practitioners) and related Bills, thus creating a maternity care system in which all consumers have equal access to funding and insurance protection, regardless of where they choose to give birth.

Yours sincerely

Sarah Thomson
President
Darwin Homebirth Group

Mob: 0438 888 755
Tel: 08 8932 3302