The Home Midwifery Association (HMA) Submission to the Inquiry into Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 and two related Bills

Overview

The Home Midwifery Association (HMA) would like to formally express concerns 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. However, the intersection of this legislation with the national registration and accreditation of health professionals will prevent homebirth midwives from registering. The Home Midwifery Association requests that you take steps to include homebirth within the Health Legislation Amendment (Midwives and Nurse Practitioners) and related Bills.

Who we are

We are members of the Home Midwifery Association (Queensland) Incorporated (HMA). The HMA is a group of mothers, midwives and their families working towards real choice in childbirth. We view birthing as a family experience rather than a medical event and celebrate our babies' births rather than deliveries. We run Brisbane, Ipswich, Gold Coast and Sunshine Coast based homebirth support groups for pregnant women and families, particularly those considering or planning a birth at home. We publish a magazine, "Down To Birth", filled with wonderful birth stories, informative articles and beautiful photographs. We also maintain a website which lists homebirth midwives, birth attendants and doulas in Queensland and Northern New South Wales. All these activities are carried out by pregnant women, parenting mothers with young children, and midwives, on a voluntary basis. We do not receive funding and carry out our activities through community fundraising and the contributions of members. Our membership varies between 150 and 200 members, with many women (up to 30 at some support groups) accessing our support groups on a fortnightly basis.

Our Concerns in Detail

The HMA applauds the steps taken by the government to provide the majority of women in Australia with more choice in maternity care. That is, women having access to one-to-one midwifery care, with care available in the community for pre- and post-natal appointments, and the same known, registered and insured midwife to attend during labour and birth at hospital. Unfortunately, we are not only disheartened but also angry and distressed that the government is refusing to include birth at home with a privately

practising midwife in their Professional Indemnity Insurance (PII) cover and in Medicare funding. The combination of this decision with the new registration standards revealed in the *Health Practitioner Regulation National Law 2009* draft of all practitioners being required to have PII, private midwives will be unable to attend women at home without fear of disciplinary action being taken against them, including fines of $30,000.

Our submission focuses on: ***The safety of homebirth***; ***Why homebirth is important***; ***The risks if women are denied this choice; The likely increase in unassisted births; An alternative model to ensure standards and safety for women choosing to birth at home – The HOME program summarised; Conclusion.***

The Safety of Homebirth.

The World Health Organisation, in 2008 wrote *"births can take place in a range of appropriate places, from home to tertiary referral centre, depending on availability and need, and WHO does not recommend any particular setting for giving birth.*[1]*"*

It seems superfluous to extol the safety of homebirth, as the evidence for this is overwhelming. However for ease of understanding and clarity of information we have included a dot point summary of the studies, which provide evidentiary support for birth at home with a midwife. As you will see there is no doubt that homebirth with a midwife is safe.

In addition to the list below we would like to bring to attention that there is little data on the rates of maternal and foetal *morbidity* when obstetric care has been received. Furthermore there are numerous obstetric technologies which are frequently used and have had no, or very limited, benefits for women and babies but have certainly had negative impacts. Continuous foetal monitoring is a very clear example of this. Since its introduction it has made no improvements to the mortality rates but has significantly increased the caesarean rate[2]. Indicating that more babies are being born and more mothers are being delivered through unnecessary surgery.

- 2009 **"Perinatal mortality and morbidity in a nationwide cohort of 529 688 low-risk planned home and hospital births"** [3]
  This is a 7 year Retrospective study covering the whole of the Netherlands. There were a total of 529 688 low-risk women who were in primary midwife-led care at the onset of labour. Of these, 321 307 (60.7%) intended to give birth at home, 163 261 (30.8%) planned to give birth in hospital and for 45 120 (8.5%), the intended place of birth was unknown.

  The conclusions were – "This study shows that planning a home birth does not increase the risks of perinatal mortality and severe perinatal morbidity among low-risk women, provided the maternity care system facilitates this choice through the availability of well trained midwives and through a good transportation and referral system."

- 2005 "**Outcomes of planned home births with certified professional midwives: large prospective study in North America"** [4]
  This study of 5418 "…women expecting to deliver in 2000 supported by midwives with a common certification and who planned to deliver at home when labour began" aimed to "…evaluate the safety of home births in North America involving direct entry midwives, in jurisdictions where the practice is not well integrated into the healthcare system." This is an important study for Australia as it involves similar conditions to those currently in Australia where there is generally a lack of respect and support for the women who birth at home and also for the midwives who attend them. This results in difficulties when transfers from home to hospital occur.

  The conclusions were – "Planned home birth for low risk women in North America using certified professional midwives was associated with lower rates of medical intervention but similar intrapartum and neonatal mortality to that of low risk hospital births in the United States." Interestingly, this study is cited by RANZCOG in their statement AGAINST homebirth.

- 2002 –**"Home Versus Hospital Birth"** [5] A review by the Cochrane Collaboration[4]. The Cochrane Collaboration is a not for profit independent global network which makes systematic reviews of available research on a range health issues. "The objective of this review was to assess the effects of planned home birth compared to hospital birth on the rates of interventions, complications and morbidity as determined in randomized trials." Only one study of 11 women met the reviews criteria.

  Conclusion - "There is no strong evidence to favour either planned hospital birth or planned home birth for low-risk pregnant women."

- 1998 **"Perinatal death associated with planned home birth in Australia: population based study."** [6]
  This study of 7002 planned homebirths from 1985 – 1990 is also cited by RANZCOG in their statement against homebirth. It aimed to "assess the risk of perinatal death in planned home births in Australia." It was a retrospective study with limitations to its data collection relying on "a database of …a national consumers' association that kept a register of practitioners attending home births." And "(A)n annual summary of births attended was requested from practitioners who did not submit these forms." The study "included births attended by home birth practitioners including midwives and medical practitioners, both registered and non-registered", meaning the level of qualification to attend births could not be accurately assessed.

  Despite these flaws the studies conclusions were - While homebirth for low risk women can compare favourably with hospital birth, high risk home birth is inadvisable and experimental.

Why is it important?

Women and their families choose to birth at home for a number of reasons. Some choose it for their first births because they know that this is the best care that they can access. In fact homebirth with a midwife has been used as the blueprint by the government for the changes that will be made to the maternity care system in June 2010 – that is, one-to-one midwifery care from a known midwife and continuity of care and carer for pregnancy, labour, birth and postnatally. Women choosing homebirth view birth as a physiological event and believe home with a midwife is the best and safest place for them, particularly given they wish to avoid unnecessary interventions.

> *"I wanted to join the long line of women throughout cultures and across history who have had the 'right' to birth their children in their own natural environment, safely with the support of women skilled and trained in the art and science of midwifery." Michelle**

Alternatively some choose it because they have had a previous birth or births in hospital and have been disappointed or, not uncommonly, traumatised[1] by their experience and feel that homebirth with a midwife will be able to provide them with a level of safety and care that they would not be able to get otherwise.

> *"My first birth experience was traumatic and disempowering. A gush of medical intervention ending in a caesarean… (followed by) a lack of post natal & breastfeeding support. I'm not sure how else to put it, throughout the whole pregnancy, labour, birth and post natal hospital stay... I was treated as 'just-another-patient' & told what to do or what would be done to me (and my baby). A different face at each rushed antenatal visit & various strangers coming in and out during the labour...I did not feel safe, in control or respected." Alex* (Who birthed her second baby eight years later at home with a midwife)*

A positive birth experience has physical, mental and emotional benefits for both mother and baby, but also for their family and, like a drop in the ocean, this spreads to the local community, the wider community and eventually to the whole world. This may sound idyllic and fanciful, but when carefully considered, makes sense. When families are supported to do the best they can from the very start of life, individuals grow up with a secure sense of self and community, and are able to positively contribute to the society around them.

Homebirth with a known midwife nearly always results in a positive and empowering experience for the clients, even when things do not go to plan. Because of their central role in the decision making process, positive post-natal care and the opportunity to debrief, clients feel empowered about the experience which, amongst other things, allows them to heal (both physically and emotionally) much faster than they would without this.

It is important to note that there has been a lot of public debate about a safe birth being better than a positive birth experience. **It is our experience that when a woman, *feels* safe she *is* safe and so is her baby**. Furthermore, what is good for the mother *is* what's good for the baby.

Below are a number of points that demonstrate why access to homebirth with the care of a known midwife is important:-

- physical health benefits for both mother and baby (short medium and long term)[2] [3];
- it is cost effective[4];
- provides improved workforce satisfaction for midwives as they are able to work to their full scope of practice[5];
- results in improved breastfeeding rates (both in uptake and duration)[6];

  *"The encouragement, wisdom and assistance I received from my midwife during my first 6 weeks of breastfeeding was beyond compare. I had many difficulties in feeding my first born that resulted in extremely damaged nipples and excruciating pain for the first 4 months. My midwife was always available at anytime of the day or night to offer different methods to assist the pain of breastfeeding, to heal the damage and to offer me the support I needed to make it through those first awful months and into a beautiful breastfeeding relationship that lasted for over 2 years. If more women were offered this level of care and support then I imagine far more babies would be breastfed for longer periods of time." Alysia**

- improves family connections;
- can positively impact on how a woman sees herself for the rest of her life;

  *"For me the opportunity to follow ourselves and our bodies in a safe and supported environment (whatever that means to you) is an opportunity not to be missed...it is one that has stayed with me and transformed the way I know and believe in myself and Nature." Michelle**

- reduces the risk of women developing post-natal depression (an Australian study has found women whose babies were born by caesarean are seven times more like to develop post-natal depression[7]);

  "The care I had throughout my pregnancy and after the birth was wonderful and so far I have not developed postnatal depression." Katherine (who suffered post-natal depression with her first two babies, her third baby was a planned homebirth with a midwife.)*

- gives control over all aspects of decision making back to the clients;

  *"If I signed that paper giving the hospital control over my body, I knew my body really belonged to the hospital and they would not listen to me. I was scared and, thankfully, the welcoming arms of a homebirth support group caught me. I birthed my baby with my midwife, my GP and friends in my own room." Kym**

- provides excellent post-natal care for women and babies;

  *"My recovery was far easier and I received wonderful post-natal support at home." Christa**

- provides a safe space for survivors of sexual abuse to birth as they are able to build up a trusting relationship with their midwife which will allow them to further work through emotional issues which can prevent them from labouring well[8];

  *"It was extremely important that I was able to build up a trusting relationship with my midwife before birth, I had a lot of emotional scarring that I needed to deal with due to a history of sexual abuse. If I had been in hospital, exposed and frightened I am certain that I would not have been able to birth my baby. I would have been given a caesarean. My midwife was exceptional, I felt safe and my baby was born healthy and strong in my own home." Claire**

- allows women to birth and babies to be born in their own time, in their own way and in their own space as midwives make assessments that are based on the individual client, not arbitrary time frames and institution based policies;

  *"I have birthed two children in private hospitals (one here, one overseas) and both times I had to fight extremely hard to avoid routine interventions. During my first pregnancy I changed obstetricians at 37 weeks because I was simply not being treated with respect and dignity, nor as the chief decision maker about what should happen to my body and my baby. During the labour and birth of our first two children despite careful selection of obstetricians, I still battled to avoid routine interventions which these obstetricians and midwives wished to perform without medical indication – it was clear to us that they simply wanted to move things along to suit the hospitals staffing levels and schedule." Christa**

- allows partners and children to feel, and to be, included;

  *"Our third baby was born gently into my arms after 14 hours of labour – my midwife and doula in attendance and my husband and two older children able to be fully involved in this precious family moment." Christa**

- approaches birth from a physiological perspective rather than a medical perspective and also allows for a more holistic approach;

- gives women who have had a previous traumatic birth an opportunity to feel safe, in control and to birth in her own way;

  "I needed a carer I could trust and rely on completely... someone who would answer all of my questions, who would build a relationship with my partner & I throughout the pregnancy. I needed to be respected as a competent pregnant woman who could make informed decisions. I needed a place to labour where I could do whatever was required in the moment. (To) move around freely with encouragement, yell, go into my own space and not be interrupted. No pressure to conform to a time schedule & no pushing of medical interventions. So, my partner & I knew we needed to be at home with a trusted midwife! The homebirth of our son in July 2008 was an extremely intense labour... but I felt completely safe, supported and in control." Alex (whose first birth was an extremely disempowering and traumatic caesarean after a cascade of interventions).*

- provides continuity of care for the woman and baby; and

- provides care that is client-centred not doctor or hospital-centred.

What are the risks if women are denied this choice

> *"That this choice will be made unavailable to the women of Australia is abhorrent. I will still birth at home, regardless of this law. You can make a criminal out of me, but I will not compromise the safety and security of my children and myself by giving my power to a hospital during the most transformative event in both our lives." Jasmine**

> *"I've had two very different birthing experiences. I planned a Birth Centre birth with my first, so I had one-on-one care with a midwife throughout my pregnancy. However I still encountered routine interventions that lead to a caesarean section, that I know would have been unnecessary had my labour not been interfered with…Due to a shortage of suitable midwives…I chose to freebirth my second baby and I got what I needed: autonomy. Hospitals, even birth centres and yes, those state-run homebirth programs, deny women autonomy by excluding women based on a "high-risk" label imposed by medical authorities. They seek to control women who deviate slightly from a textbook pregnancy or labour. As a "high-risk" woman whose labour wasn't standard, I can say that yes we can birth at home." Carina**

Women in touch with our organisation report feeling "abandoned" by the government and "backed into a corner" about how, where and with whom they choose to birth - this is not safe for anyone. When women are required to birth in a way they are not entirely comfortable with, problems invariably arise. This has been clearly demonstrated by the well-publicised story of a NSW woman last year who had had a previous caesarean. She went to hospital for a check-up and was urged to stay and have her baby's birth induced, but due to her previous experience she chose to leave. The woman later birthed at home with her husband and her doula. The woman's baby died and this was attributed to an infection it acquired in the uterus. Had this woman had a midwife in attendance this would have been picked up and the baby would most likely be alive.

This legislation will not stop women birthing at home.

> *"I have had two homebirths and now I'm pregnant for the third time and for the third time I will be taking my pregnancy journey with the same midwife. I would like to have another child after this baby, but I won't be going to hospital. How can they expect me to birth my baby in an institution, separated from my family, with my baby and I tagged like dogs because there are so many others there that they don't know who we are. To me that's not safety, that's a disaster waiting to happen." Claire**

> *"There are many more women who will refuse the indignity, control and callous disregard for basic rights such as respect and bodily integrity that are par for the course in hospitals. These women will continue to birth at home." Carina**

> *"If this legislation goes through, then women who do not wish to birth in a hospital or birth centre setting (most birth centres are inside hospitals) will NOT have the choice of birthing at home with a private registered midwife. If they want to birth at home they will have no way of telling what the qualifications of the person supporting them are... and they may well end up birthing at home without any professional back up. This will be a return to the dark ages." Neave**

The increase in Unassisted births.

The HMA provides support groups for women who choose to birth at home or who are interested in doing so or who would like information on natural birth and parenting. While we are not *anti* any choice a woman makes about how she would like to birth, we are *pro* homebirth with continuity of care from a known homebirth midwife.

Unassisted birth or free-birth, are terms used when women birth at home without the care of a skilled attendant. The HMA's anecdotal evidence suggests that currently approximately 20-25% of our members birth unassisted.

There are women who choose to birth unassisted because they feel that is the right choice for them. Women who choose to birth in this way are usually extremely well informed and prepared. The outcomes for mothers and babies who choose to birth in this way are anecdotally very good. This is in part because of their high level of preparation, information and trust in their own bodies and faith in their decision to birth without assistance. They also usually elect to transfer to hospital early if they feel that 'something is not right'.

By contrast there are women (which anecdotally HMA understand to be in the majority) who decide to birth unassisted because of a **lack of choice** for the reasons listed below.

- **A previous negative or traumatic experience in hospital**. A woman can be absolutely determined not to birth in a hospital again at any cost. This is usually because she feels she cannot trust the hospital system to take care of either her or her baby or because there was a negative outcome and she feels the hospital was responsible for this;

  *"I HBACed (Home Birth After Caesarean) because the best care the hospital system could offer me was a 'trial of labour', in other words, giving me a time limit in which to birth. That, coupled with a traumatic birth of my first born, led me to no other option but to birth at home. (Now I would do it no other way)" Amy**

  *"For baby 1, I was accepted to the RWBH birth centre. After a long and painful labour, with very little support, I was transferred out of the birth centre, had an epidural (after already trying gas and pethidine) and my baby was born with the help of a ventuose (vacuum extraction). I found this birth very traumatic, had a lot of breastfeeding problems and suffered postnatal depression." Katherine**

- **Labelling women as "high-risk"** may result in women being "risked-out" of midwifery models of care such as birth centres and some midwives in private practice due to policies, professional guidelines or concern of litigation or professional de-registration following an adverse outcome;

"I've had two very different birthing experiences. I planned a Birth Centre birth with my first, so I had one-on-one care with a midwife throughout my pregnancy. However I still encountered routine interventions that lead to a caesarean section, that I know would have been unnecessary had my labour not been interfered with. Due to this I chose a homebirth for my second child. I hired a midwife but she withdrew her care to support me at home, saying she would support me in hospital only (for her own personal reasons). She said that it was continuity of care that mattered, not birth setting. I had to disagree, I had already encountered how continuous care can only do so much; if your care provider is not on the same wavelength or is bound by arbitrary policies then the birth experience will not be what it could be." Carina (who birthed her second child unassisted)*

- **Being unable to afford a private midwife**;

  *"We still plan to have another baby and although I would love to birth with a midwife, we will probably have to freebirth again due to financial restraints and the difficulty in finding a suitable midwife close to where I live. Birthing in hospital is not an option because of the treatment we have previously received." Katherine**

- **Having a good relationship with a doula** (paid birth support person) but being unable to form a good relationship with a midwife. This is often due to the small number of independent midwives practicing in one geographic area. If there is greater choice between midwives, then the woman may be able to find one that she feels safe and comfortable with. The small number of independent midwives is a result of numerous factors, including a lack of professional indemnity insurance, a lack of Medicare provider numbers etc. as listed above; and

- **A lack of available midwives due to high demand.** While the number of women who fall into this category is relatively small we have noticed that it is rising. We find it very concerning that women feel they must 'free-birth' because they perceive there is no other option.

An alternative model to ensure standards and safety for women choosing to birth at home – The HOME program summarised

We can understand a reluctance to indemnify and insure private midwives who attend homebirths when there are limited ways to ensure safety and standards. The HMA would be willing and enthusiastic to share its experience of supporting hospital-trained midwives to become competent and safe homebirth practitioners through the development and implementation of the Home Ongoing Midwifery Education (HOME) Program. Briefly, mothers and midwives in collaboration developed the HOME program in the 1980s and 1990s. Training and experience was gained through an apprenticeship model with rigorous review processes and professional development opportunities.

Conclusion

The only tenable long term solution is for the government to provide subsidised insurance for midwives full scope of practice, including providing intrapartum care at home.

It is important however that the terms and conditions surrounding the provision of such insurance do not specifically exclude women with “high risk” pregnancies but rather focuses on midwives providing care that is within guidelines as described by the Australian College of Midwives and is respectful of women’s rights and abilities to make informed choices.

It is of great concern to us that women deemed to be “high risk” be allowed to make their own decisions around the type of care that is appropriate for them and their families. If women with “high risk” pregnancies are not given the opportunity to access appropriate care, as deemed by them, within the system then there considerable risks that they will chose to birth outside it. This is unacceptable and could result in severe negative outcomes.

We understand there will be a Senate hearing and HMA would welcome the opportunity to be called to the hearing as we feel it is very important that the voice of homebirth consumers be heard.

We thank you for considering this submission as part of the Senate Inquiry and look forward to a favourable outcome for all Australian women, that is, every woman, every choice.

Sincerely

Kirsten Adams

HMA Convenor, on behalf of our members and all those within the homebirth community in Queensland.

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The safety of Homebirth

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