

Dear Senator Moore

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

Members of the Association for Improvements in the Maternity Services are dismayed and concerned by the above mentioned bills. We understand that these bills will provide indemnity insurance for midwives who care for women in hospital through Medicare funding and access to the Pharmaceutical Benefits Scheme but will exclude those midwives providing a home birth service.

Research from Canada, the United Kingdom, New Zealand and The Netherlands demonstrate the safety of home birth and it is not acceptable that appropriate insurance is denied those practitioners providing a home birth service.

In the UK, some NHS trusts have paid private midwives, because they recognise that they are providing a Gold Standard of Care and many of them have skills that have been lost by the hospital based midwives, for example, vaginal breech birth or caring for other high risk women who wish to avoid intervention. These same independent midwives have lectured at the Royal College of Obstetricians and Gynaecologists on vaginal breech, teaching obstetricians about skills which were once part of normal midwifery practice. We know from our members in Australia that there are similarly skilled midwives practising in their local communities.

As a result of hospitalised maternity care many traditional midwifery skills have almost been lost, and it is only because independent midwives have been able to practice in the community that these skills have been retained; and are now being taught to a growing number of midwives who wish to practise holistically.

We are receiving despairing calls from student midwives, near qualification, who say they have not yet seen a normal birth. Can we afford to lose the specialist knowledge which survives among this small cadre of women?

We are alarmed at the avoidable and unnecessary risk that this legislation will put all pregnant women who do not wish to deliver in hospital. By denying them the opportunity to engage a midwife you will be forcing them into birthing their babies at home without a skilled attendant, thereby increasing the maternal and infant mortality and morbidity rates.

If an Order is made as proposed, midwives will be unable to operate as midwives in the community, and should they do so they will be committing a criminal offence. Women wishing to have home births will either have to solicit unregistered midwives to commit the criminal offence of attending them in childbirth, or else birth unattended, with possibly fatal results. We do not see how this could possibly be in the public interest.

Yours sincerely

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Hon Chair

Association for Improvements in the Maternity Services

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