

To Whom This May Concern,

I run Empowered Birth Australia, a business dedicated to helping women and their families to have an empowered experience during their birth. I am writing this letter to express my disappointment in the proposed bill to remove both the opportunity for homebirth, and also the bill to remove full freedom from midwives to practice independently.

I have had many women come to me for therapy to heal their experience which they had in hospital from interventions such as vacuum delivery, forceps delivery, episiotomy, and caesarean section. Many of these interventions were and still are unnecessary and are performed because of the time constraints of the hospital system. This puts pressure on the birthing mother, and like any other mammal in labour, will stall or stop her labour. If she is in a hospital, an intervention is then likely to be needed to restart her labour.

When a low-risk woman labours at home in her own environment where she feels safe, unobserved, and private, her labour will unfold easily and smoothly. All mammals follow this same pattern. Our bodies are designed to labour comfortably but only when a mammal feels safe, private and unobserved. The hormonal blueprint of labour is designed such that endorphins are released and are up to 200 times stronger than morphine. These numb sensations and put the birthing mother into an altered state. Oxytocin is released in the highest ever amounts in a birthing mother throughout her labour and at the highest amount during crowning. This is the hormone of love and produces feelings of love, nurturing and bonding. If any synthetic drugs are put into a labouring woman's body, then her endorphin and oxytocin levels will naturally decrease, leaving her with the physical contractions but without the pleasant feelings and numbing of sensations. Our bodies are designed to birth easily, but only in the right conditions. The environment and care provider plays an integral role in the outcome of a birth. When a woman feels supported, safe and private she will produce these hormones in very high amounts and have a positive experience. If she feels observed, pressured, is faced with unfamiliar people, loud noises, bright lights, drugs, or feels uncomfortable, she will produce these hormones in very little amounts.

There have been many studies done to prove that midwifery led care is the best kind of care not only for the Australian government's budget, but the mortality and morbidity rates. Midwifery led care gives the opportunity for the woman to build a positive relationship with her care provider, to be given education so that she can make empowered, informed decisions. A midwife is trained to trust in the birthing woman's body and to provide an environment where her birth can naturally unfold. Obstetricians on the other hand are trained in high-risk interventions and surgery for women who are pregnant and at high-risk. Obstetrics is based around the observation of birthing women – the exact opposite to what a birthing mother needs at the time of labour. It seems quite obvious to me, think about any other mammal in nature and think about how they give birth; they usually leave their pack and go somewhere safe, quiet and dark. They will give birth easily and with a minimum of discomfort. We are no different if the same conditions are set up for us. Hospital birth is wonderful for high-risk women, but homebirth should be allowed as an option for low-risk women. This choice should be up to the individual, not the government. Who do you think you are to take away our choice! How dare you! What happened to free will and our rights? You are going backwards if you think this is a forward choice. Do your research and you will soon discover that the countries with the lowest morbidity rates, surgical rates, intervention rates, and lowest maternity costs are the

countries with the highest homebirth rates and midwifery led models of care: Holland, New Zealand, Canada.

The Dutch have the highest rate of homebirth in the world (30%), and they have the lowest number of baby and mother deaths. They have a wonderful model of care that goes like this:

1. All women see either an independent midwife or a GP
2. If during the interviews with these care providers it becomes clear that the woman is in a high-risk situation (the guidelines for low risk and high risk are very clearly outlined), then they are sent to a gynaecologist.
3. The women will give birth either at home or in a midwifery led birth centre. If she is under the care of a gynaecologist she will birth in hospital.
4. Because of this system, the two fields of midwifery and gynaecology work together professionally and support one another

I do hope this has opened your eyes to the fact that we must keep midwives operating independently and we must support them. We must have homebirth as an option for low risk women and it should be our choice.

The highest number of submissions were made in relation to maternity services this year, but no-one seems to be listening. This is what the Australian public wants. Please listen.

Warmest Regards,

Tamika Hilder

Empowered Birth Australia