

To: The Secretary  
Senate Community Affairs Legislation Committee  
community.affairs.sen@aph.gov.au  
fax (02) 6277 5829.

7 December 2009

Vicki-lee McAllister  
President  
Northern Rivers Maternity Action Group  
1 Banksia Pl  
Mullumbimby  
NSW 2482

Dear Senate Community Affairs Committee,

Re: Senate Community Affairs Committee Inquiry into Midwife Professional Indemnity (Commonwealth Contribution) Scheme Bill 2009.

Please find attached a copy of a letter I sent to the Hon Justine Elliot MP, Minister for Ageing and Federal Member for Richmond. I have also forwarded this letter to Janelle Saffin, Member for Page.

As President of the Northern Rivers Maternity Action Group, I would like to make clear that we are absolutely opposed to the amendment to this bill that would essentially place a medical practitioner in charge of the integrity of a midwife's practice and in so doing effectively rule out the possibility of a women accessing private midwifery care.

In the current climate of excessive medical intervention in pregnancy and childbirth (at a great cost to the taxpayer), and in the light of recent recommendation made by the Federal Government and the NSW Government (see Towards Normal Birth Draft Policy), it befuddles me as to why the Department of Health is refusing to listen to women and what they feel is the best model of care for themselves and their babies. Especially as continuity of carer with a known midwife has been shown countless times to be an extremely successful model of care.

On a personal level, my first son was born in a public hospital in Victoria, where my experience was one of lack of care, lack of communication and mismanagement. I opted for homebirths for the next to, only because it was the only way to access continuity of carer with a known midwife. The subsequent two birth were the two most empowering, nurturing, healing, joyful and loving experiences of my life. I strongly believe this was due to the attentive and respectful level of care I was generously given by my midwives.

I do not intend to have any more children, but if I did, I would choose a midwife for homebirth again, legal or not!!

Let's not get this wrong again. Birthing is an ancient women's wisdom and as Australian women there is a need to reconnect with the power of our birth rites and intuition. This tone of voice struggles to find a way to be heard in a

patriarchal political climate but it is time we heed its call and it finds it honourable place at the discussion table of power.

I have made a commitment for my life, to change the way that birth is viewed in Australia, I am taking a stand for all women in Australia so that we may create an environment that respects choice, wholly and purely. I ask that you join me in this commitment.

Yours sincerely  
Vicki-lee McAllister

Vicki-lee McAllister  
President  
Northern Rivers Maternity Action Group  
1 Banksia Pl  
Mullumbimby  
NSW 2482

The Hon Justine Elliot MP  
Minister for Ageing  
Suite 6, Hallmark Centre  
107-111 Minjungbal Drive  
Tweed Heads South  
NSW 2486

17 November 2009

Dear Justine,

We would be pleased if you could make representations on our behalf to the Minister for Health.

In my role as President, I represent the Northern Rivers Maternity Action Group (NRMAG) which is the local branch of the national Maternity Coalition. The majority of the work that the NRMAG does is centred on the areas serviced by Lismore Base, Mullumbimby, Murwillumbah and Tweed Hospitals.

To date, we maintain consumer representation positions on both steering and advisory committees at Lismore Base, Mullumbimby and Murwillumbah Hospitals as well as at Southern Cross University.

The NRMAG interacts with the community via an information stall that attends a variety of community events, email, blogs/facebook etc and the local media, both print and radio. Our meetings are also open to the public.

I am writing to express concern regarding the impact of the Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009, were it to be upheld.

The central difficulty with this amendment is that it places an individual medical practitioner in control of the ability of an independent midwife to practice and in so doing removes this choice of maternity care for women and their families.

I would like to outline some scenarios where this amendment will have a negative impact on local maternity services:

The NRMAG is in the process of assessing the maternity care needs of women in the Ballina/Lennox Head region.

I have been in discussion with Frances Guy, the Clinical Midwifery Consultant for the NCAHS regarding services provided to this region. These communities have limited access to certain aspects of maternity care, especially midwifery care.

Ballina Hospital no longer provides maternity services as its birthing unit was closed down a number of years ago. Women need to travel to Lismore Base Hospital to have their babies and to participate in the Midwives/GP shared care program at LBH. They are not eligible for the Lismore Community Midwifery Program offered by LBH as its service is restricted by post code which does not include Ballina.

There is also a serious issue of severely limited post natal home visits to Ballina and Lennox Head areas.

One of the suggestions made by Frances Guy in order to address this problem, was to allow a midwife in private practice, once she/he has access to Professional Indemnity Insurance and Medicare rebates, to work from a room in the hospital to provide ante and post natal care, a much needed service in Ballina.

If the amendment requiring a midwife to have collaborative approval from an individual medical practitioner was to be in place, this solution to the problem of limited midwifery care would not be possible.

If the collaborative work practice was to however be with a medical institution rather than an individual medical practitioner, it would be an easy, cost effective solution in providing an excellent midwifery service in a regional centre.

I am sure there are many other places in Australia that are facing the same scenario as I have attempted to describe to you.

I was lucky to attend, as a consumer representative, a workshop hosted at Southern Cross University earlier this year. A number of participants in the workshop were from The Northern Territory and were working or had worked in remote towns and communities. The main problem they seemed to encounter was getting the medical practitioners to stay permanently or at least for the long term.

The constant flux of doctors would make building individualized professional relationships between midwives and doctors very difficult. Although, in order to maintain the possibility of a midwife servicing a community this relationship would be essential

The following is another scenario that is relevant to our local community.

The Northern Rivers has the highest home birth rate in regional NSW. As has been clearly stated publicly RANZCOG does not support the choice of homebirth. Therefore an Obstetrician or GP whom is a member of RANZCOG is unable to support any woman in her choice of homebirth.

Just today I was talking to a woman who is pregnant with her second child and was considering a homebirth. She was told by her doctor that homebirth is "a bad idea" and "very dangerous". This woman has opted to book in to the Mullumbimby Community Birthing Service, but the scenario is quite possible, especially in our local community, where this woman, now unable to access the services of a midwife experienced in attending safe homebirths, as this is unsupported by her doctor, would choose to birth unassisted by a professional.

The Northern Rivers has an incredibly high rate of unassisted homebirths and the NRMAG is committed to reducing this. The central reason for unassisted homebirth in our area is the out of pocket expense that engaging a private midwife for homebirth entails.

Another clear scenario of the manner in which this amendment would limit women's choices can be seen when we look at discrepancies between RANZCOG guidelines for safety and those of the ACMI.

A simple example is the categorization of risk according to age. RANZCOG believes that a woman over 35 years immediately be considered as 'high risk' but according to the ACMI guidelines a woman may be considered normal risk up to the age of 45 years.

If a medical practitioner alone was to decide a woman's level of 'risk', a woman over 35 would not be eligible for a midwife as her primary carer as that woman's choice of primary carer would be vetoed by her doctor or obstetrician. It has been shown however that if a woman is fit and healthy, it is usual that she can go on to have a normal pregnancy and birth and this is what the ACMI guidelines are based on.

In our area, as I believe is consistent with the rest of Australia, many women only start their families in their mid to late 30s and many of these women are extremely health conscious. This group of women would be totally excluded from accessing a privately practicing midwife for their pregnancy and birth.

I am 36 years old and have 3 children, my first child was born in a hospital and the other 2 were born at home, assisted by 2 midwives). If we were to choose to have another child (which we aren't I can assure you!!!!) I would not be eligible to have a privately practicing midwife as my primary carer, even though I am fit and well with no health complaints.

As I understand it, not being a midwife or a GP myself, the ACMI guidelines have been developed to assist midwives to practice in the safest way and makes clear to them the boundaries of their professional practice. If this amendment is upheld it will effectively force midwives in private practice to work according to RANZCOG guidelines and not the ones that have been specifically developed for their own profession.

I acknowledge that the Federal Government is doing their very best to bring about positive change to our maternity care system, but do however feel that information provided to them has not been with the best interest of women and midwives at the core. I would like to see equal consideration given to all stakeholders involved in this contentious but vital issue.

As the President of an organization whose function is to represent consumers of maternity care (ie women and their families) I would like to request that a greater voice be given to women when decisions are made on a legislative level and that due consideration is awarded to the ground level effects of policy on the people who give birth to our future generations.

As a member of your electorate I would also like to acknowledge the responsibility that your job entails and commend you as an individual for being willing to carry the positive functioning of our country on your shoulders.

Yours sincerely  
Vicki-lee McAllister