

Maternity Coalition Darling Downs (MCDD)
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The Secretary
Senate Community Affairs Legislation Committee

By E-mail: community.affairs.sen@aph.gov.au

Dear Senate Community Affairs Committee,

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

Maternity Coalition Darling Downs (MCDD) is a branch of the national umbrella organisation, Maternity Coalition. Our branch MCDD is committed to the advancement of best practice maternity care in the Darling Downs region. As we are in a regional area of Queensland, our group and its members have a strong view on how the bills and the amendments will affect this region, specifically on a rural basis.

MCDD is extremely concerned about the proposed amendment in the above bills which will require midwives to have collaborative agreements with individual doctors. This will effectively mean that all midwifery care is under the control of doctors and will remove the rights of women to choose what kind of care they can have.

While we recognise that obstetric care is an important part of maternity services, there cannot be a situation which places the registration and insurance of midwives under the control of doctors. This degrades the profession of midwifery, relegating it to a second class standard and takes the fundamental right of choice, out of women's hands and into that of doctors.

Pregnancy and childbirth are normal physiological events which are best cared for by woman centred care providers. A recent study from the Netherlands¹ has shown that birth with midwives, produces better outcomes for mothers and babies. It further shows that Homebirth is even safer, citing the lower incidences of intervention which leads onto less trauma. It is progressive countries like these that are leading the globe in positive, health mothers, babies and families.

Unfortunately, Australia seems determined to head in the opposite direction by pandering to the AMA which has categorically denied and wilfully ignored the reality that homebirth is a safe option. Both the AMA and RANZCOG have published

¹ Outcome of planned home and planned hospital births in low risk pregnancies: prospective study in midwifery practices in the Netherlands. BMJ 1996;313:1309-1313 (23 November)
http://www.bmj.com/cgi/content/abstract/313/7068/1309?ijkey=0e470181cf01da0bb5e0218dd587153f2e91c32f&keytype=tf_ipsecsha

guidelines that are clearly in opposition of homebirth and ultimately of women's autonomy.

The recently released Australia's mothers and babies 2006² report clearly shows that homebirth is a safe option. There are fewer interventions for mothers and less adverse outcome for babies. It also clearly shows that women who are cared for by midwives receive a less medicalised and therefore a less injurious and traumatic birth as compared to those who are cared for in the medical model. The stats further show that of 708 homebirths, ALL were live births, clearly a fact that RANZCOG and the AMA are wilfully ignoring.

The consequences of forcing collaboration of midwives with individual doctors will give doctors the power to determine midwives access to insurance, and consequently their ability to maintain their licence to practice. As these collaborative arrangements do not include hospitals, but will require individual doctors is a further problem. In rural and remote areas there is a huge turnaround of practicing doctors. It will be difficult, if not impossible for a midwife to have such an agreement in this situation. This is highly concerning for people living in rural areas where the access to any maternity service is already difficult. It will make access to care more difficult and further remove women's choice for the type of care they wish for themselves. Further to this, private practicing midwives offering homebirth support will find it very difficult to find a doctor who will enter into such an agreement when their own guidelines are firmly against homebirth.

The amendments will only serve to create less access and choice for women. There are minimal incentives for doctors to enter into such arrangements. In fact, there are significant disincentives such as medico legal risks, and cultural resistance. Formalised arrangements will only undermine already existing professional relationships, creating power imbalances.

The amendments are clearly anti-competitive. It will allow one group of providers to control consumer access to another group of providers of the same service. What it also does is give doctors the ultimate control over a woman's choice to care. If the veto lies with doctors, it can safely be assumed that all approvals will go to benefit themselves directly.

As a consumer organisation, we are clearly alarmed about these amendments. With these amendments, the consumer has no choice and no say about what kind of care they can receive. And to put this into a clearer picture, these consumers are women, and this is clearly an attack of their reproductive autonomy, an attack which must not be allowed to occur.

The maternity services review was supposed to be the beginning of an improvement in maternity services for Australian women. What these bills and the amendments do is improve the bottom line for private practicing obstetricians and hand complete

² Laws PJ & Hilder L 2008. Australia's mothers and babies 2006. Perinatal statistics series no. 22. Cat. no. PER 46. Sydney: AIHW National Perinatal Statistics Unit. <http://www.aihw.gov.au/publications/per/amb06/amb06.pdf>

control to the AMA. The amendments do not improve safety, nor do they create any form of continuity of care for Australian women.

MCDD demands that the following be addressed before the Medicare for midwives Bills are passed:

- Remove any requirement for collaborative arrangements as a prerequisite for access to insurance, eligibility, or registration for private midwifery practice.
- Requirements for collaboration between midwives and doctors must not facilitate anti-competitive behaviour by giving one group veto or control power over another.
- Explicitly include and support collaborative relationships between midwives and hospitals, not limited to individual doctors.

As the consumer advocacy group for the Darling Downs region, we come across hundreds of women who have been traumatised in the hospital system, both physically and emotionally. Many of these women come through their experiences with a determination to heal and have their next birth be better. They seek out privately practicing midwives so that they can have continuity of care that was so lacking in both the private and public hospital systems. Some women will birth at home, some will return to hospital, but they are all better informed and better supported for the care of midwives in private practice. These amendments will take away that option. It will take away a woman's right to choose her own care giver, her rights to make decisions about her own body, it will take away her right to dignity and empowerment when her options are dictated to her from people who have no faith in her ability to birth.

We urge you to stand up for Australian women and do not allow these powerful lobby groups to gain control over our bodies and our lives.

MCDD looks forward to your response on this matter.

Yours Sincerely,

Jessica Krop
MCDD President