

10 December 2009

Community Affairs Legislation Committee

**RE: Senate Inquiry into "collaborative arrangements" amendment to the Health Legislation (Midwives and Nurse Practitioners) Bill 2009, the Midwife Professional Indemnity (Commonwealth Contribution) Scheme Bill 2009 and the Midwife Professional Indemnity (Run-off Cover Support Payment) Bill 2009.**

Please accept this submission as part of your considerations and report on the impact of the proposed amendments to the above Bills.

We have had the privilege of engaging a homebirth midwife for three pregnancies and births. Our decision to do so was based upon my (Lisa's) desire to birth in my home environment, and to have the wonderful care that homebirth midwives provide during pregnancy, and then daily for up to 2 weeks after the birth. Prior to making this decision we did our research, and our desires were supported by strong statistical evidence of the efficacy and safety of birth (with low rates of intervention) for healthy women supported by an ongoing midwife at home.

As the time approached for our first child to be born, we felt confident with the nurturing, informed expertise and care that I (Lisa) was receiving from my homebirth midwife. This bond that I had with her and my back-up midwife was to become a priceless asset as our world was about to be turned upside down. Our beautiful 9 lb son was born at home after 21 hours of labour, with members of our immediate family close by to greet him. Our midwives provided impeccable care, our son had good apgar ratings and all appeared well. However to our great distress he died unexpectedly during the night 12 hours after he was born. An autopsy identified lethal hydrocephaly (which had developed post our 18 week ultrasound) of unknown origin as the cause of death, which was unexpected as he had not had an enlarged skull at birth. We sought the help of genetic counsellors but there was no reason to suspect a genetic cause for the condition. Our midwives became our dearest friends - to all our family - as we grieved. And we were still supported by them daily for 2 weeks after our sons' birth, and they provided information, advice and loving guidance as we prepared for our son's funeral.

Two years later we chose to have the same midwives during the pregnancy and birth of our second son, who was born weighing 10lb 5oz, at home, after 4.5 hours of labour. A late pregnancy ultrasound had confirmed that our baby did not have the lethal condition that his brother had had, even though we had no reason at that time to expect the condition in one of our children again. Once again we received wonderful care and expertise, and personal support, which was invaluable and reassuring after our previous son's death. We received two weeks of daily care after our second son's birth - as I (Lisa) learned the art of breast-feeding, nappy folding and generally adjusting to life as a parent. Our second son is now a healthy, gorgeous 8 year old.

Four years later I (Lisa) was pregnant with our third child and we had yet again engaged the services of a homebirth midwife (who had been our midwife previously,

with a new back-up midwife). Once again we were supported with nurturing prenatal care and expertise on a regular basis during the pregnancy. Sadly, at 32 weeks during an ultrasound we discovered that our baby (another son) had lethal hydrocephaly that was similar to our first child. We were faced with a decision to birth our baby now, or we could continue with the pregnancy and birth our baby when he chose to come. Either choice did not change the outcome - that he would not survive for very long. We found ourselves accompanied by grief once more, and once again our homebirth midwives became our grief companions and guardians, as we waded through the quagmire of letting people know and getting as much information as we could in order to make decisions about our third son's birth, life and death. **I cannot state clearly enough that my (Lisa's) resilience, ability to cope, and well-being today is as a direct result of being lovingly and expertly supported by my homebirth midwives at this time.**

We received wonderful support from all the care providers who helped us, but our midwives were in our home with us because we wanted them to be - helping us deal with and cope with the journey we were on. They provided an expert sounding board, supported our choices, and helped us to base them on sound practice. We chose to continue with my pregnancy, and to let the timing of our son's birth and death occur without any interference from us. This decision was the right one for us at the time, and would not necessarily be everyone's choice, or even our own choice again at some other time. It was the right thing for us to do then, and because we had experienced midwives who were willing to continue to support us with the birth, palliative care (if required) and death of our son, we decided to birth at home and remain at home with our son for his short life. Our obstetrician supported our choice also. Our son was born in the 42nd week of pregnancy. After 12 hours of labour at home my contractions had stopped, and so we calmly transferred to hospital where our main midwife became my (Lisa's) doula, while I also received the care of a hospital midwife. I was induced so that my contractions would begin again. It was my dearest wish to birth this son naturally, as it was part of our journey together. We knew that his head size was large, but thought that it would probably mould to the birth canal (and my second son had been a large baby who I had birthed relatively easily). After 6 more hours of labour my third son had not descended into the birth canal. We chose to have a caesarean and he was born weighing 11 lb. The hospital staff were very supportive of our choice to have our third son die at home, and knew that we were receiving expert care from two homebirth midwives, and so allowed us to return home with our third son 36 hours later. He lived for 8 days. His short life took place in our home, surrounded by familiar noises, his energetic 4 year old brother and extended family. Our wonderful homebirth midwives visited us daily, providing care for us, and assisting us to provide care for our son (our GP also supported us with three home visits). Our main midwife was with us when he died, and helped us with the preparations which were required at that time.

We later had confirmation that our first and third sons' hydrocephaly had a genetic cause. It had been caused by a sex-linked abnormality, as a result of a presumably spontaneous mutation which occurred on one of my (Lisa's) x-chromosomes during my own conception. Thankfully, no one else in my family is a carrier of this condition.

This story is so long because it cannot be told quickly. But what we wish to convey is that we feel privileged to have been so supported by homebirth midwives with our pregnancy and birth choices. We are so grateful to live in a country where this support could take place legally - that we live in an enlightened society which allows healthy women to choose where to birth their babies and receive pre- and post- natal care from an independent midwife if they wish. The right to these choices are the rights of all women, and their partners also.

Please do not allow Australia to become a country where the choice of an independent birth with the care of an experienced midwife for healthy women is no longer possible, or becomes more difficult to achieve. Please support the independence of homebirth midwives so that Australian women can continue to make informed choices about where and how they will birth, and choose an independent homebirth if they wish to do so. Most women do not need doctors and obstetricians to help birth their babies (although extended care from these professionals is of course required for some pregnancies and births) - they do need experienced midwives to support them.

Thankyou for your consideration of this submission.

Yours faithfully,

Dr Lisa Nicholson (PhD, B.Sc. (Hons), B.A.)

and

Dr Chris Surman (PhD., B.Sc. (Hons))