A Submission from Birthtalk.org

We are the co-founders of Birthtalk.org, a Brisbane-based organization specialising in supporting women traumatised by their births, and also in preparing for an empowering birth experience.

We are writing in response to the proposed requirement for midwives to have "collaborative arrangements" with "one or more medical practitioners" before being eligible for professional indemnity insurance or Medicare rebates.

We deeply oppose this Amendment to the Nurses and Midwives Bill. It will have a profound effect on birthing women and their families…especially those who are planning births after previous traumatic births.

We have been running since 2002, and offer free 'Healing From Birth' support groups, as well as Australia's only 8-session VBAC (Vaginal Birth After Caesarean) Course, and an antenatal course called "The Path to a Better Birth", designed to support & educate those working towards an empowering experience in any setting.

People who attend Birthtalk are from many different socio-economic brackets & sections of society : very young mothers-to-be, couples with English as a second language, couples on social security, professional couples (lawyers, IT, advertising, town planning, marketing, accounting, etc), midwives and doctors and doulas (for antenatal education in their own pregnancies and birth trauma support).

We also have student midwives, practicing midwives, and doulas attend to increase their understanding in the areas of empowered birth, birth grief and birth trauma.

It is important to stress that a traumatic birth does not have to have any obvious dramatic situations in it. To look at what makes a birth traumatic, we need to look at a definition of a traumatic event, and what response warrants a diagnosis of PTSD, according to the Diagnostic and Statistical Manual of Mental Disorders.

The stressor or event that causes PTSD should involve actual or threatened death or serious injury, or damage to self or others. And the person's response should involve intense fear, helplessness or horror.

So even if everything seems completely ok to an outsider during the birth, if a woman perceives that she or her baby is threatened with damage; or feels horror, fear and helplessness at a procedure that is routine to medical staff; she can experience that as a traumatic event. This is regardless of her level of pain relief at the time. It is regardless of the fact that she and her baby leave the hospital alive and physically healthy.

Health Professionals need education in the area of Birth Trauma. There is a great lack of emotional support for women and their partners as they negotiate the path to their child's birth, and, from our experiences with women, many traumatic situations may be avoidable, with the necessary education and support in place.

To explain : A well-supported woman who is feeling horror or fear can voice this, and have her fears acknowledged and processed with real information about what is happening. A supported woman perceiving danger can ask for more information, if she feels she is in a trusting relationship with the person supporting her. An aware support person can also watch for any concerns and, if she knows the couple, more easily identify these concerns if they arise, knowing what the woman is like outside of labour. This person needs to be someone other than her partner, as he himself may find he is in need of support too.

A woman in labour is extremely vulnerable, and reliant to a great part on those around her to keep her safe. It is not as if women can easily just get up and say, 'No thanks, I am not happy with this situation. I think I'll come back another day.'

Once a woman is in labour, she is exposed, open and vulnerable. And unable to remove herself from the situation. She may feel unable to ask questions, and, as a result, helpless and voiceless. Many women express their birth trauma as akin to being raped, and you can see why, when put in this context. Feeling high levels of fear, feeling unacknowledged and disempowered, feeling as though things are being 'done to' her...and in some cases having things being done to her body without her consent..., and being unable to leave the situation...many women report to feeling 'violated' in their births.

Understanding this possible interpretation of the events unfolding is really important for us as women, partners, health professionals & policy makers.

While the majority of Birthtalk families choose hospital birth, some of them choose independent midwifery care, and many of them choose midwifery models of care. What is important that is that they have CHOICE. Especially after a traumatic birth where their autonomy may have been compromised, it is vitally important that there are options surrounding their setting and health carer in subsequent births.

- The amendments remove choice for women and will make it impossible for a woman to choose private practice midwife-led care in Australia;
- The amendments put doctors rather than women at the centre of maternity care;
- The amendments put the ability of midwives to practice in the hands of doctors rather than an independent registration and licensing body;
- The AMA and Royal Australian and New Zealand College of Obstetricians and Gynaecologists do not support homebirth and it is unrealistic to expect that members of these organisations will readily enter into collaborative arrangements with midwives providing women with this choice;
- The amendments will have a greater impact on women living in rural areas

The amendments do not improve "safety" or "continuity" for Australian mothers: Midwifery is a regulated profession with standards, codes and guidelines which require appropriate collaboration.

Birthtalk, along with the Maternity Coalition, propose 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.

We ask that women's right to choose self-employed midwives for maternity care be respected and not restricted by this amendment.

Through Birthtalk, over the past 7 years we have met some amazing, strong, courageous women and their partners. We have laughed, cried and shared with them as they planned a new way to meet their babies, processed trauma, or grieved over previous challenging and difficult paths to birth. And along the way we have found a new awe and respect for women, as they rise to the tremendous challenges birth and motherhood can present, face some difficult and heart-breaking truths, and take on the task of digesting new information, all for the sake of their babies and families.

Please enable them to have the opportunity to choose a midwife.

Regards,

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