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Joyous Birth, the Australian homebirth network
<http://www.joyousbirth.info/>

Ms Claire Moore
Chair
Senate Community Affairs Legislation Committee

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

Dear Senator Moore

Inquiry into Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 and two related Bills

We are opposed to the amendments that have been introduced to the above bills which would require midwives to enter into formal “collaborative” arrangements with medical practitioners. To implement a situation where a medical practitioner has veto over the actions of a midwife, and consumer, is anything but collaborative. It is a nonsense to refer to such methods as collaboration when they are clearly in direct opposition to the reasonable person’s understanding of such a term. Appropriate accessing of obstetric services when, and as required, by consumers and/or midwives already exists in demonstrable forms so there is no need to force this unworkable model onto unwilling participants.

It is an accepted fact worldwide that midwives are the best and most appropriate careproviders for women. The World Health Organisation has made it clear that routine obstetric care for healthy women is damaging to women.

WHO’s *Care in normal birth: a practical guide* (Geneva, 1996) states:

Women and their babies can be harmed by unnecessary practices. Staff in referral facilities can become dysfunctional if their capacity to care for very sick women who need all their attention and expertise is swamped by the sheer number of normal births which present themselves. In their turn, such normal births are frequently managed with "standardised protocols" which only find their justification in the care of women with childbirth complications.

Midwifery is a specialised profession which provides a distinctly different model of care to birthing women from that of obstetrics. It is not a branch of nursing but a separate profession. Nursing is the care of sick people and midwifery is the care and support of pregnant women within a social and community framework, not a medical or surgical framework. This

misunderstanding is an historical confusion peculiar to Australia which has not occurred in other countries, where superior care and outcomes are plain to see.

The AMA website reads in total defiance of international example, stating that ‘Obstetricians are the most appropriate care providers for women.’ Obstetrics is the care and management of pregnancy and birth where abnormality, illness or complications have been detected. As with other specialist or surgical branches of healthcare in Australia, there should be no reason for obstetricians to be the first port of call for healthy pregnant women. As demonstrated time and again internationally, to do so only increases surgical rates and iatrogenic complications, and reduces consumer satisfaction and overall safety. For obstetricians to claim they are appropriate healthcare resources for most women is an outrageous claim unsupported by evidence or logic and clearly driven by profit.

Across Australia, the existing medical monopoly has resulted in the overwhelming majority of women undergoing routine, institutionalised obstetric services. The result has been rising rates of intervention and rising rates of infant and maternal mortality and morbidity. Australia’s perinatal data bears witness to this.

What has not been accurately measured is the rate of psycho-social trauma to women and their families as a result of this medicalised approach to maternity services, and the repercussions throughout society as a result. Trauma as a result of unnecessarily managed births and no right of informed refusal is a common experience for birthing women.

Let us be reminded that the leading cause of maternal death in Australia is suicide.

This legislation seeks to remove consumer-driven homebirth from Australia and force women to birth in hospitals. Many women choose homebirth because of previous experiences of the hospital system and the negative effect it has had on them, their children and their families and communities. Some women choose to avoid this by birthing their first and subsequent children at home. In any case, the drive to remove this right can only be viewed as a major insult to women and families who choose homebirth as well as those citizens who value women’s reproductive freedoms as human rights.

In New Zealand and the UK, around 80% of women choose the Midwifery model of care. It is patently obvious that when the vast majority of normal births are attended by midwives there is a reduction of infant and maternal morbidity and mortality in comparison with Australia.

The AMA’s propagandist methods seek to pose a false debate around safety and manufacture a way for the community to be distracted from the real issues here – the right of women to autonomy around basic healthcare decisions. Neither obstetricians, nor politicians, should be permitted to dictate how consumers birth their babies. Australia’s signature to the 1995 Beijing declaration makes us accountable on a world stage for this proposed removal of women’s reproductive freedoms.

The proposed amendments, if passed into law, will create a restriction of practice for midwives and will curtail the freedom of consumers to choose an appropriate model of care.

As countless surveys and reviews have found, midwifery care is what Australian women want. It is holistic, inexpensive and with benefits to communities at every level. It is clearly inappropriate for midwifery in Australia to be manipulated by doctors.

The 2008 report, *Improving Maternity Services in Australia - A Discussion Paper from the Australian Government* (Canberra, 2008) states:

All facilities should offer women choice of carer and place of birth, more education and should promote midwife-led care across the continuum. An enormous obstacle is private obstetric charges, as obstetricians may be hesitant to forgo lucrative incomes of up to \$9,000 per pregnancy, with some Sydney doctors reported to be charging up to \$12,000 and earning collectively up to \$1.4 billion per year.

It also recommends the following:

The state and national governments must shift the emphasis from a medical model of care to a social model of care in childbirth that encompasses women's needs holistically rather than focussing on the clinical aspects of pregnancy and labour.

and

Women and families should be actively encouraged to take control of their pregnancies and be supported in their decision making.

The implementation of this pernicious and dangerous legislation would completely contradict the findings of the government's own report in order to pander to what is in essence a trade union. Surely the provision of healthcare is to attend to the needs of the consumers not the political desires of the AMA.

Similarly, the *Review of Homebirths in Western Australia* (Subiaco, 2008), undertaken for the Department of Health WA, states:

It seems apparent that the maternity systems are, for some women, too medicalised and restrictive, and do not meet their needs. It is our impression that some women, who in other models and systems would not be 'eligible' or recommended for homebirth, seem to be choosing this option as a surrogate means to access midwifery continuity of care and waterbirth. This issue was apparent in both metropolitan and rural areas. The reviewers believe that the choice to give birth at home or in water will continue, as will the choice to have a vaginal birth after a caesarean section. Therefore, developing systems to support safe and satisfying systems of care that provide childbearing women with a diversity of options is essential.

This lack of choice, echoed as it is within hospitals, traumatises women, leaving them shattered and brutalised after experiencing conveyor belt maternity policies. It would be a grave error indeed to force this upon women.

The birthing women and families which are represented by this submission wish to let the government know that we will not back down from challenging and protesting this attack on our human rights.

Women would be pleased to speak to this committee about their experiences of both birth trauma and homebirth. Consumers should be the bulk of those consulted in this process since it is on our bodies that the outcome will be written.

Yours sincerely,

Janet Fraser
National Convenor, Joyous Birth
Australian homebirth network

On behalf of the women and families of the Joyous Birth communities nationally.