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Ms Claire Moore (Chair)

Senate Community Affairs Legislation Committee

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Dear Senator Moore

Re: Inquiry into Collaborative Arrangements to be included in Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 and two related Bills

I write on behalf of the Home Midwifery Association (Queensland) Incorporated (HMA). The HMA is a group of mothers, midwives and their families working towards real choice in childbirth. We run Brisbane, Gold Coast and Sunshine Coast based homebirth [support groups](#) for pregnant women and families, particularly those considering or planning a birth at home. We publish a magazine, "[Down To Birth](#)", and maintain a website which lists homebirth midwives, birth attendants and doulas in Queensland and Northern New South Wales. All activities are carried out by pregnant women, parenting mothers with young children, and midwives, on a voluntary basis. We do not receive funding, and carry out our activities through community fundraising and the contributions of members. Our membership varies between 150 and 200 members, with many women (up to 30 at some support groups) accessing our support groups on a fortnightly basis.

The collaborative arrangements (which we understand to mean that midwives will need to demonstrate collaboration with a GP or Obstetrician to be able to access insurance, Medicare and registration) will ensure that homebirth becomes even more inaccessible than it is now.

As it currently stands, if women want to birth at home, the first obstacle is finding a midwife – someone registered and experienced who practices near you, has availability to attend you, is affordable by you, and who you feel a connection with.

The second obstacle is finding a sympathetic GP to order blood tests and ultrasounds, and get prescriptions of syntocin and blood antigens. In many cases women have been refused this service by their doctors who cite advice given to them by their medico-legal insurer, who in turn cite RANZCOG's unsupportive statement on homebirth as reason for recommended non-involvement.

The third obstacle is to get through the pregnancy without "complications" and "risks" such as twins, breech positioning, having had a previous caesarean section, gestational diabetes, being too heavy, not gaining enough weight, having a huge baby, having a small baby, being ahead of your dates, being behind your dates, high blood pressure, low blood pressure, the list goes on. These complications may not be viewed as such by the woman or her midwife, but rather as things to be investigated further and considered along the way if they prove to be problematic. However, this third obstacle can become even greater when the woman books into hospital in case of transfer. This is when there may be respectful understanding of the woman and her informed choices, or this is when there are scare tactics and bullying used to undermine choices.

These three obstacles are what women currently overcome to be able to birth their babies at home with supportive (and at times unsupportive) safety nets around them. Currently, homebirth midwives collaborate – with women and their families, with GPs, and with hospitals and obstetricians. They are professionals in what they do and when things fall outside their scope of practice, they consult and/or refer and/or transfer.

Women who are members of our organisation, and women I have spoken to in the course of organising yet another rally (this time in November at Kevin Rudd's office), have expressed to me their outrage, their concern, their devastation, their incredulousness, and their despair that this fight for the right to choose goes on. They look at me with wide and disbelieving eyes and ask "how can they do that?", "didn't they read the submissions last time?", "weren't they watching us in the rain in Canberra?".

I speak for many when I say we are tired. We want to be heard this time. We want to birth our babies in the setting of our choice, with the people that we choose, in safety and in support. We want our midwives caring for us and not looking over their shoulder or changing their practice out of fear. We want respect, support, understanding, transparency, accountability and team work if we need to transfer to hospital for ourselves or our babies.

If these changes go ahead, women will miss out on the option of homebirth. The obstacles will be too great.

If these changes go ahead, women will have less choice in childbirth.

If these changes go ahead, women who choose to birth at home will be a very select few, carefully scrutinized for absolute low-risk status or will be completely unsupported in their choice, birthing unassisted without really wanting to.

Perhaps a simple solution would be to ask midwives to demonstrate a working relationship with the local hospital, or the hospital that the woman would transfer to if the need arose. A very simple process which already happens in most homebirth midwives' practice is the "booking in" visit. Woman and midwife visit the hospital together to share relevant information so that in the event of transfer, information is available and relationships have been established.

The HMA and its members ask the Senate Committee to be thorough and decisive and strong in finding solutions that keep women and their families at the centre of this legislation.

Sincerely

Kirsten Adams

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