

The Secretary
Senate Community Affairs Committee
PO Box 6100
Parliament House
Canberra ACT 2600

30 April 2009

RE: Inquiry into National Registration and Accreditation Scheme for Doctors and Other Health Workers

To the Senate Community Affairs Committee

I wish to comment on the proposal to require health workers around Australia to be accredited under a national scheme. In particular, I am concerned that the requirement for health professionals to have public indemnity insurance before they will be accepted for registration will result in private homebirth midwives being unable to practise.

As you would be aware, private homebirth midwives are currently unable to obtain insurance as the insurance companies say the pool of people requiring the cover is too small. However, committed midwives around Australia have continued to serve women by choosing to work without the protection of indemnity insurance cover.

However, once the new scheme is introduced they will be unable to continue working. This is because the indemnity insurance requirements of the scheme mean private homebirth midwives will be unable to obtain national registration. State laws make it illegal for unregistered health professionals to attend a birth: this will make homebirth with a private midwife illegal under the proposed national registration scheme.

This will remove the right of women to be supported by a health professional in birthing at home. Choosing where to give birth is a fundamental human right: the World Health Organisation recommends every woman should be given the opportunity to birth 'in a place she feels is safe'. (*Care in Normal Birth: A Practical Guide*, World Health Organisation, 1997).

Large scientific studies have shown homebirth to be as safe as hospital birth for low-risk women ('Perinatal Mortality & Morbidity in a Nationwide Cohort of 529,688 Low-Risk Planned Home & Hospital Births', A de Jonge, BY van der Goes, ACJ Ravelli, MP Amelink-Verburg, BW Mol, JG Nijhuis, J Bennebroek Gravenhorst SE Buitendijk, *BJOG: An International Journal of Obstetrics and Gynaecology*, April 2009). The studies also show that there is higher maternal satisfaction and a fraction of the medical interventions in homebirths ('Outcomes of Planned Home Births with Certified Professional Midwives: Large Prospective Study in North America', Johnson KC and Daviss B, *BMJ* 2005; 330:1416, 18 June).

Not allowing private homebirth midwives to practice will impact negatively on patient care and safety as birthing mothers will be exposed to a higher risk of intervention in hospital: this has the potential to negatively impact breastfeeding success and in increasing rates of post-natal depression. It also has the potential to increase the cost of birth. There is also a very real likelihood that women not wanting to enter the hospital system will choose to birth at home, unsupported.

I urge you to consider an alternative model of registration, or to ensure that homebirth midwives are given access to indemnity insurance subsidised by the government. The federal

government already offers this service to other birth professionals, spending an estimated \$900 million since 2003 in subsidising indemnity insurance for GPs and obstetricians under various schemes including the Premium Support Scheme, the High Cost of Claims scheme, the Run-off Cover Scheme, the Exceptional Claims Scheme and the IBNR scheme.

Australian women have the right to choose where to birth, and to be allowed to access medical support for that choice.

Kind regards

Sally Dillon