

Exposure Draft – National Registration

Sonja MacGregor
To NRAIP 17/7/09 08:13AM

Dear Sir/Madam,

Previous Practice

My previous practice was within a hospital as well as a coexisting birth centre and as a caseload midwife attending normal, low risk births within an obstetric oriented hospital. Within all these areas "lip service" is paid to women centred care and informed choice. However, in reality both woman centred care and informed choice are both only acceptable if the woman abides by hospital or obstetric protocols. Further to this, many women are excluded from utilising midwifery care due to so-called risk factors, and are therefore given a medicalised birth with no choice being offered in how they would like to birth and with whom.

Current Practice

I currently attend homebirths as a Midwife in Private Practice. My service encompasses the whole scope of midwifery offering all antenatal, labour, birth and postnatal care up to 6 weeks following the birth, a true continuity of care service. The women are fully informed of all routine tests offered in the hospital system and make their own choice whether to have these tests. Should they choose to have these tests the woman needs to see a GP to order the pathology, therefore, doubling up on their antenatal care. They also need to see the GP to get a script for Syntocinon, local anaesthetic, and or Vitamin K for their baby, should they choose these options.

The women that choose my services are empowered to make their own choices throughout their pregnancy with guidance from me should they require it. They find the service I offer to be comprehensive and empowering as I work fully in conjunction with them, building a relationship of trust throughout the pregnancy so that any concerns by either them or myself can be addressed prior to the birth. The women have the ability to contact me any time, day or night, with any concerns at any stage from the moment they undertake my service.

For labour and birth I attend their home from the moment they need me. My service is of a no to low intervention service. Postnatally the women are visited daily by myself for the first week, then weekly to fortnightly up to six weeks, with more visits if required.

My practice currently has only a 15 percent transfer rate which therefore falls within the World Health Organisation guidelines. I also have a 100% breastfeeding rate with all women still breastfeeding when their baby is 6 months of age. I have only received positive responses from women using my service, and often they feel confident in their ability to birth which inturn positively reflects on their mothering experience.

The only downfall of this option is that women need to pay for this service out of their own pockets, with the majority having used their baby bonus.

Benefits

Women who choose to birth with an Independent Midwife are able to build a relationship with their midwife. This relationship enables the woman and her midwife to work together throughout the pregnancy, labour, birth and postnatally for the optimum outcome for their baby.

The benefits of Independent practice for women are an increase in breastfeeding rates and for a longer period of time. This is due to support that is tailored to the individual woman's needs, with some women requiring visits daily for 2 weeks or more and others only daily visits for the first few days and then every second day for a couple of weeks.

The rates of intervention are minimal as there are no set time restrictions for labour and birth, which is a major cause of intervention in the hospital system. Women are also empowered to make informed choices during their pregnancy and are supported in their choices. Women are also able to freely move around their home, eat, drink and rest as required in labour, which in turn assists them to birth and not require unnecessary interventions often suggested in hospital for failure to progress, or maternal exhaustion.

Women who choose to birth at home with an independent midwife are not offered pharmacological pain relief and therefore their babies are more alert at birth, feed better and they are less likely to be a burden on the health system down the track with drug dependency issues.

Women who choose to birth at home with an independent midwife are confident in their body's ability to birth and are not coerced by the hospital system to have avoidable interventions that often have a lasting effect on the birthing woman and her birth experience. I am sure you have received letters of women that have been traumatised by their birth experience. This too has a cause and effect on the health care system as many of these women see counsellors which is a further cost to the health care budget. Furthermore, obstetricians and medicalised midwives have never had the experience of attending a truly normal birth where the woman is supported and nurtured in her labour and birth, and thus practice scared of this normal process that women are perfectly designed to do, birth their baby.

The women who choose to birth with an independent midwife also have the choice in how to birth their baby, the making of a birth plan together with the midwife and are able to have as many or few people at their birth as they choose.

Negatives

The negatives are the cost, which is solely the responsibility of the birthing woman, and her family, as no funding is available to support their choice.

The other negative is that should a woman require a transfer to hospital her midwife is disregarded and is unable to continue her care in that environment. Whilst most hospitals will tolerate the midwife acting as the woman's support person on transfer, I have been informed by at least one obstetrician that she will not listen to one word I say as I have no rights in the hospital. However, I have had the most wonderful transfer to a private hospital that encouraged the continuity of care relationship I had with the woman in that I was supported to provide all her care, under the supervision of the hospital staff. This should be routine for all women who require transfer to hospital.

I urge you and your committee to review the National registration and find some way to continue to allow women to birth at home with an independent midwife.

I also implore you to evaluate the options currently on the table and should insurance still not be available to midwives come July 2010, that you provide us with an exemption until such a time that insurance is available, such as it is in the UK.

Yours truly,

Sonja MacGregor
Independent Midwife