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VIC

RE:

**EXPOSURE DRAFT OF HEALTH PRACTITIONER REGULATION NATIONAL LAW (BILL B) – SENATE INQUIRY INTO HEALTH LEGISLATION AMENDMENT (MIDWIVES AND NURSES PRACTITIONERS) BILL 2009 + 2 RELATED BILLS**

I am writing to express my concerns regarding the above proposed Bill B, and add comments to my prior submission on the Bill. Issues and concerns raised in my earlier submission have not been adequately addressed, and I understand, through comments I have received via professional acquaintances who attended Stakeholder Forums in Melbourne, that said issues and concerns were either not addressed or were considered in a derisory or off-hand manner during the course of the Forums.

I feel compelled to point out that issues surrounding access to homebirth services and independent midwifery services after July 2010 have been neither clarified nor appropriately dealt with. If there is no amendment to the proposed legislation, independent midwives who are currently unable to obtain insurance will not be able to register as health care providers. If they continue to practice unregistered they will be criminally liable, and the women who seek to access their services for homebirth (or birth in their preferred venue outside a clinical setting) will be unable to do so. This effectively makes homebirth illegal in this country after July 2010. This is an unacceptable outcome.

There has been no explanation from the government as to why homebirth and independent midwifery has been singled out for criminalisation in this way. There has been no explanation as to why Commonwealth-supported indemnity insurance for eligible midwives cannot be extended to independent midwives offering homebirth services – there seems to have been no examination of costings or any attempt to explore for other potential insurance providers. Instead, the government seems to consider the rights and interests of homebirthing women, and the independent midwives who care for them, to be so minor as to have no relevance at all.

The reasons for allowing homebirth and independent midwifery to continue to have a place in Australian maternity care are as follows:

- Homebirth is a safe, evidence-based model of maternity care for normal pregnancy and birth. The International Journal of Obstetrics and Gynaecology this year released the results of a study of 530,000 low risk births over seven years in the Netherlands, which showed conclusively that there was no difference in death or serious illness among mothers or babies if they gave birth at home rather than in hospital. Just as many countries are becoming more supportive of homebirth, we in Australia are about to make it illegal. Why?
- Women in Australia can choose their own dentist, mechanic, hairdresser...but after next year, they will be unable to choose where and with whom they birth their baby. Is this really acceptable? Shouldn't every woman have the right to decide what sort of maternity care she wants?

- Birthing is a very intimate personal experience, and has significant impacts on a woman's life and her role as a parent – shouldn't women be allowed to choose for themselves how their baby's birth is managed?
- Women who live in rural areas often have more difficulties accessing mainstream maternity care, and homebirth is a viable option. Rural maternity care is already over-stretched – it makes no sense to ban an independent midwifery service for women in these areas.
- Homebirth is important for indigenous women who wish to have their babies 'on country'. Many women in outback areas have to travel far from family and friends to deliver their babies in a conventional hospital – and many indigenous women avoid pre-natal services if they know pressure will be put on them to leave their home country and birth elsewhere. Banning homebirth and independent midwifery for these women is discriminatory, impractical and insensitive.
- Homebirth may be a minority choice, but has anyone questioned why? Accessing information and midwifery services can be difficult in this country, where homebirth isn't normalised in the same way as countries like The Netherlands. Women often face considerable pressure to conform to conventional maternity models. Now they will be shoe-horned into accepting mainstream models, whether they like it or not.
- Many women believe that hospital is not the ideal place to give birth. Time limitations imposed, and routine interventions administered in hospitals (the 'intervention cascade') can lead to poor outcomes for women who wish to birth naturally (hence the massive rise in caesarean section in this country). Hospitals do not necessarily provide the dark, quiet atmosphere that is a requirement of normal physiological birth. And hospital birthing care is often so rigidly risk-managed for liability purposes that the rights of the individual to determine their own direction are lost.
- Homebirth is a minority choice, but so is elective caesarean. And no one is talking about banning that as an option. A minority choice is still a choice.
- Independent midwives have practiced professionally and safely for many years. Much of what is now considered an improvement on standard practice in hospitals – the end of routine enemas and shaving, allowing women to move around during labour, the use of water in labour – was originally introduced by independent midwives. Without their continuing expertise, many beneficial changes to birthing care will be lost.
- Women will continue to choose homebirth, for any number of reasons – previous experience of hospital trauma, phobia of hospital, fear of routine intervention... Women who choose to homebirth without the care of a professional trained midwife (freebirthing) will be placed at terrible risk. The Australian College of Midwives has released a statement expressing its concerns that the rise in unattended homebirths will only increase unless the government allows independent midwives to continue to practice.
- If homebirth is banned, it will become an underground activity. There will be no monitoring of outcomes, and in fact, the lack of information to perinatal data collection units will make it impossible to scientifically examine outcomes. Babies born 'underground' will have to be independently registered with Births, Deaths and Marriages, and may not be registered at all.
- Women who homebirth with an 'underground' midwife will face greater risks and anxieties – they will have to ask family and friends to 'keep quiet', and conceal what they

are doing from medical authorities. Accessing routine pre-natal testing will become difficult in this situation. And if complications arise during labour, there will be less inclination to transfer to hospital. People who withhold information about an independent midwife who is continuing to practice unregistered may face legal repercussions. None of this contributes to a relaxed, comfortable environment for pregnancy and birth.

I live in a rural area of north-central Victoria, where the small local hospital deals with approximately sixty births per year. Our local homebirth midwife is contracted for approximately twenty-five births per year. One of the likely repercussions of the proposed legislation will be that our local hospital will soon be required to take on an additional 30% more births annually, for which it is in no way adequately prepared, insofar as staffing, space, and resources are concerned. Birthing women will consequently have to transfer to the regional hospital (a considerably further distance away, and also largely understaffed) where they will face the inevitable 'up-scaling' of treatment that admittance to a tertiary medical setting seems to involve, including a greater risk of intervention in the normal physiological process of birth.

This is only one example of how the proposed legislation will disadvantage women locally. My other concern is that, with a large percentage of women in this district currently preferring to birth in non-clinical settings, there will be an increase in the number of women choosing to 'freebirth' – i.e. birthing at home without a trained professional caregiver in attendance. This greatly increases the risks to both mother and baby, and an increase in freebirthing would seem to be an inevitable and unforgiveable outcome of the proposed legislation. The Australian College of Midwives has already released a statement expressing their fears that an increase in unattended births will eventuate in this country if women are unable to access professional midwifery services in their preferred venue, and it would appear, from my discussions with women locally, that such a situation would certainly eventuate in this district.

The proposed legislation appears to be ill-thought-out and illogical, seemingly prepared to push ahead with restricting midwifery practice against scientific evidence, against the principles of women's informed choice, and against the safety of determined homebirthing women. I ask the Legislation Committee to consider carefully, and amend the current proposed Bill B that would make independent midwifery and homebirth services an illegal and 'underground' activity. Please keep homebirth and independent midwifery a safe, legal option for the women of Australia.

Yours sincerely

Eleanor Marney