

Exposure Draft

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to:
NRAIP
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Response to the Exposure Draft of the HEALTH PRACTITIONER REGULATION NATIONAL LAW 2009

I am writing to express my concern over the proposed Bill. Requiring health practitioners to have suitable professional indemnity insurance during the period of their registration is laudable and makes considerable sense. It does so, however, only to the extent that such insurance is universally available. As it currently stands, indemnity insurance is not available to homebirth midwives in Australia. Thus, if the Bill is passed in its current form, homebirth midwifery will effectively become illegal.

This is an abhorrent set of circumstances that would stand Australia aside from what has become international best practice and mark us as a country that does not place priority on caring for its women and children. The reasons are simple and straightforward: There is not one shred of reliable evidence demonstrating midwife-assisted homebirth as more dangerous or risky than hospital-based birth – to the contrary, there is mounting evidence that it is safer for women having healthy pregnancies and their babies; for many families much importance is placed on having continuity of care, on having someone throughout a pregnancy with whom trust and reliance can be built – something that is not regularly available in the hospital system; and as birthing in hospital is more commonly associated with medical intervention than homebirths, the costs incurred, both personally and publicly, are markedly higher.

Removing the option of homebirth removes a viable and safe option for women and their families. This is an inalienable right and passing a bill that explicitly denies it would be deplorable. There is a darker side to this issue: Disenabling the rights of homebirth midwives to practice will effectively mean many women will be forced into having what is known as a 'free-birth' (ie., birth without professional assistance). This, we know, is inherently more dangerous and more likely to result in negative outcomes for both mother and baby.

The options are obvious:

1. Provide homebirth midwives exemption from having to have professional indemnity insurance; or
2. Ensure that professional indemnity insurance is available to homebirth midwives.

To continue down the path taken by this Bill, which will effectively criminalise homebirth midwifery, will be a shameful blight on our nation. Now is an opportunity to show that ours is a parliament not swayed by petty squabbles or grabs for power, but a caring and progressive one that respects the rights of all families. This Bill, in its current state, should not be allowed to pass.

Dr. Mark Nielsen