

17 Jul. 09

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VIC

RE: Exposure draft of Health Practitioner Regulation National Law 2009

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I am writing to congratulate the Federal government on introducing Medicare funding for midwifery care and extending Professional Indemnity Insurance to midwives. Unfortunately, the proposed professional indemnity (PI) premium support for midwives will not be extended to midwives providing care for women in a home (or non-clinical) setting.

The intersection of this legislation with the national registration and accreditation of health professionals will prevent homebirth midwives from registering. I believe this to be an unintended consequence and ask that you take steps to include childbirth IN ALL SETTINGS to be within the Health Legislation Amendment (Midwives and Nurse Practitioners) and related Bills.

I am extremely disappointed because, as one of the consumer advocates who has been strongly behind the reform of Maternity Services in the last eight years, it looks like I will not be able to utilize this benefit the way I had hoped – i.e. being entitled to choose my own midwife AND have the option to birth at home (or in a non-clinical setting).

In essentially excluding homebirth from registration in Australia is a backwards step in women's rights and ownership of her body and its natural processes. Essentially this exclusion will deny women the right to have a professional midwife of their choice attend their birth in the setting she chooses. My ability to choose a private midwife should not rely on the requirement for PII funding or be dependent upon the location of my birth. Neither should a midwife's ability to be registered.

There may be a number of unintended consequences of this legislation. If I had my midwife with me during my labour at home, and I happened to give birth on route to the hospital, would my midwife still face deregistration? Would the midwife have to stop attending me, and leave me to the much-less-trained paramedics?

Dismissing homebirthers as an outspoken minority of women is unfair. It may only be 2% of women in Australia, but this is confounded by the fact that very few women have access to homebirth services. PII has not been available for privately practicing midwives for most of this decade, not because of safety risk but product viability due to the low numbers. Publicly funded homebirth programs are rare and those programs which exist, like Western Australia's Community Midwifery Program, are always booked out. It is worth noting that where publicly funded homebirth is more readily available, the rates are much higher. Eg. Homebirths are 13% of births in the UK.

In US States where homebirth is banned, the practice has gone underground and women are known to deliberately give birth with no trained attendants present ("freebirth") and often do not register the births. We do not want to make freebirthing the only option to women who choose to avoid hospitals nor do we want unregistered midwives working as lay birth attendants.

I support a system where all consumers are treated equally, with the same access to funding and the same insurance protection.

Yours sincerely,

Kelley Stewart