

13th April 2011

To whom it may concern, re AHRPA Inquiry. I am writing two separate submissions for this inquiry into administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA). This present letter pertains to midwifery, particularly home-birth and/or 'independent' midwifery, in Australia.

As a mother of three children all born at home, I would like to have a say in the present inquiry, with special respect to midwifery.

Home-birth midwives are especially valued by birthing women. Without access to their services, many women will choose, for personal, political, environmental, spiritual, philosophical, cultural, traditional or health or other reasons, to give birth at home without a midwife or other professional person present. It cannot be said, by any stretch of the imagination, to be a responsible choice on the part of the Australian government to regulate midwifery and midwives in such a way as to prevent independent midwives from providing services for home-births, or to sanction attempts by any other 'agency' to control the practices of midwives so that they cannot practice to the best of their ability. It is a complex personal and political choice to decide where to have one's children born, and also is a basic human right, which women should not be denied, to choose to give birth at home, and to access appropriately experienced supports for that birthing process, if they decide to.

At present it appears that hospital staff are adopting a policy unnecessarily often of 'reporting on' or 'formally complaining' about midwives, especially, it seems, home-birth midwives, and particularly at times when a labouring woman and her midwife have decided to transfer to hospital from a home-birth (which, last I read, happens in about 12% of Australian home-births, although only a few percent of the total culminate in caesarean section). According to information from 'Homebirth Australia', these hospital 'complaints' have seen a number of midwives in Australia having conditions and restrictions inappropriately placed on their registration and ability to practice. This is problematic, and compromises their service-provision to their clients.

As I understand, it is totally unacceptable, unfair, unjust, unethical, and distinctly unnecessary for conditions to be placed on any midwife, limiting her practice, before any investigation has taken place. It is definitely not legal, in Australia's constitutional legal system or in the field of international law pertaining to human rights, either to find midwives guilty before being proven innocent and to punish them as such prior even to an investigation, or to deny women the right to access their midwives' services or to choose home-birth.

It is certainly rare that obstetricians face complaints, pressure, and practice sanctions against them, even when a baby or mother has died as a result of the nature of the care they have provided, or through negligence or failure to fully inform mothers/parents or to provide an appropriate level of care. This would most likely only take place if the obstetrician was accused, for instance, of raping several women, or of purposefully drugging women to cause their deaths, or something as extreme. Most birthing women, both in hospitals or birth centres, or at home, prefer midwifery care to obstetrician care, for a number of good reasons. Midwives attend more consistently to women's needs;

they develop a stronger and closer relationship with birthing mothers; they spend more time with the woman during labour and birth. It is blatantly discriminatory for hospitals to conduct business in such a way as to compromise the practice of midwives.

It seems that most of the restrictions placed take the form of an expectation that independent midwives can only practice their midwifery within a hospital birthing unit, but not at home. As home-birth midwives then, their practices are halted, their incomes are terminated, and their clients are left without a provider.

It may seem that this relates to 'practitioner registration' and 'regulation' whereas in actual fact, as a number of government ministers will already be well enough aware, it relates mainly to the dictates of the medical profession, which in Australia in recent decades, is very heavy-handed in attempting to railroad many or most women in the direction of surgical birth (mainly caesarean section).

Australia has a very high and rapidly growing rate of caesarean section, over half of which are 'elective' or non-emergency procedures. Young women, Indigenous women, migrant women, older women, primiparas, women with a history of previous caesarean section, overweight women, thin women, smokers, and many others are (mainly inappropriately and inaccurately) labelled as 'high risk' cases, and then 'scared' and bullied into surgical births. This policy is racist, ageist, and effectively misogynist, as well as being very medically oriented. Women having 'instrumental' or surgical births including caesarean sections, and their babies, suffer higher rates of morbidity and long-term problems following births. Women choosing natural births, especially home-births, have higher rates of happiness and satisfaction with the birth outcomes, greater satisfaction with and trust in their midwife providers, lower rates of morbidity, much faster post-birth recovery times, an enormous sense of self-empowerment, greater social enhancement of relationships with supporting persons including family members, better mother-child bonding, enhanced breast-feeding outcomes and scores for infant wellbeing, and a maternal and child mortality rate which is very equivalent to that of hospital births – in fact almost the same – at this time in Australian history, according to a considerable amount of recent research.

I wrote my masters thesis on the topic of natural birth. I am willing for all or part of this thesis (although not all of it would be relevant) to be accessed for the purpose of the inquiry if this is deemed suitable – in that case please do contact me and request a copy or excerpt.

Essentially, what my research discovered was that the more birth interventions that take place, the worse birth experiences and health outcomes a woman and her baby have. All birth interventions tend to feed into a 'cascade of intervention' which culminates in more surgical outcomes and worse morbidity statistics. Women are better off, in all kinds of ways, having a natural birth in almost all cases, and not being encouraged or 'forced' or intimidated into accepting a caesarean section.

From my own personal home-birth experiences, and from helping at several friend's home and hospital births, I must say that I can verify that a natural birth is one of the most empowering and wonderful experiences of a woman's life. It is denigrating to women's sense of 'power', personal strength, self-realisation, being fully 'in' and in charge of her own body, and of being well informed about birth processes, for a government to sanction increasing medical control over this beautiful and natural process.

It is absurd for doctors to validate their campaign to make lots of money by cutting

women open en masse through a reliance on the contention that they are doing this because they may possibly be more likely to face legal problems if they don't do so. It makes them appear to have very few skills. Perhaps they should learn more carefully and thoroughly how to orchestrate happy and fulfilling natural birth experiences – which are possible and satisfying for about 90 to 98 percent of birthing women (depending on the source of statistics) – rather than simply funnelling women towards surgical births due to their own fear of litigation.

I am not happy with proposed legislation (or similar hospital policies) which would force women to birth in the hospital system against their will or else to choose unsupported home-birth. Concepts of 'informed consent', the right to make decisions based on being fully informed, and the 'right to refuse medical treatment' are very well established legal precepts within the health field.

I think Australia's government must recognise women's right to choose where to birth their babies, a right that is essentially enshrined in international human rights documents, both as part of cultural or spiritual belief systems, or health rights, and as evidenced in recent legal decisions. For instance, a recent decision in December 2010 in the European Court of Human Rights in Strasbourg, found that a state (Hungary, in the specific case: *Ternovsky vs. Hungary*) should uphold a 'right to respect for private life' and that human rights include 'the right to choose the circumstances of birth'.

In the UK, a woman has a legislated right to choose to give birth at home, and to be supported by a NHS registered midwife. Canadian and New Zealand women also have a right to state-funded home-birth, with the NZ system providing strong emphasis on consumer rights. When will Australia's government prepare a maternity policy that even aims to inform women of their rights with regards to birth choices? When will Australia's government make provision for independent midwives to obtain professional indemnity insurance so that current and proposed legal structures are not working against them? When will Australia's government – which massively funds surgical birth, even when this is not medically indicated, and also IVF for instance – provide Medicare funding support for women who choose to birth, relatively cheaply, at home, and for their midwives?

I would like to join with other home-birth mothers, their partners and families, and of course their midwives, in calling for an urgent review of this 'complaints' and 'sanctions' process immediately. It is not appropriate that hospital staff attempt to enact the dictates of the medical profession in such a way as to compromise midwifery services or to attempt to reinstate a situation where home-birth midwifery is rendered illegal and where midwives may be jailed for attending women.

Neither midwifery or home-birth is a crime. It is a free choice, and a woman's right. Stop the 'legal' and medical/hospital-sourced abuse of midwives! Support our midwives and their practices. Sincerely,

Ms Tass Holmes.

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