

14 April 2011

Submission to the Inquiry into the Administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA)

To Whom it May Concern,

I am deeply concerned by the current situation whereby spurious complaints are being lodged by hospital staff against independent midwives, who then have conditions placed on them *prior to being investigated*, preventing them from offering their services to women who have chosen to have a homebirth. This has left women in late stages of pregnancy without the support of their chosen primary carer.

These complaints against independent midwives are being made when labouring women who chose to commence their labour at home with the assistance of an independent midwife have transferred to birth in hospital. I ask this: if a complaint is lodged against any other medical practitioner, are conditions placed on them *prior* to an investigation? **No conditions should be placed on any midwife prior to an investigation.**

I consider this situation to be extremely unjust and unethical. It essentially denies women (what should be) their basic human right to choose where they wish to give birth. It is an unconscionable and direct attack on the practice of homebirth and inevitably on pregnant women and their babies.

I have a very healthy six year old boy, born safely at home in 2004 with the assistance of independent midwives. I chose independent midwives as my primary carers after much consideration and research. I wish to inform you that women intending to have a homebirth:

- normally engage two qualified independent midwives to assist: a primary midwife for prenatal care and labour/birth, and a second midwife to assist during labour/birth;
- experience a much lower rate of intervention such as caesarean section: which means better outcomes for baby and mother;
- labour at home then birth at home *if safe to do so* or birth in hospital if hospital care is needed; and
- book into a hospital well before their due date so that if, during labour, the midwives perceive a need for hospital care, transfer to hospital is as quick as it takes to drive to the hospital (usually up to half an hour).
- In particular, I wish to point out that if a woman has chosen a hospital birth and during labour it is agreed she needs an emergency caesarean, it can still take up to 2 ½ hours for the procedure to be organised. Therefore, commencing labour at home is no more dangerous to the baby or mother than if she had commenced her labour at home.

Please review the current complaint process against independent midwives and support Australian women's right to choose where, how and with whom they wish to birth.

Yours Sincerely
Laura Russo