

Senate Finance and Public Administration Committees  
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**SUBMISSION: administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA)**

I am an independent midwife working in partnership with women during their pregnancy, childbirth and early parenting experience. I am now in my fourth year of private practice. Prior to this, I worked as a hospital employed midwife, both within the public and private system. I have been a Registered Nurse since 1991. I am a woman, mother and grandmother.

I write in my capacity as a midwife and as a woman who supports a woman's right to self determination in her healthcare, reproductive and childbirth choices. I write to bring to your attention the untenable situation in which midwives around the country are being denied natural justice within the complaints/investigations process administered by AHPRA.

I am personally aware of the plight of several colleagues awaiting investigation by the Nurses and Midwives Board of allegedly vexatious complaints made against them, not by the families concerned, but by other health professionals who reportedly hold a bias against women who choose to homebirth and the midwives who support them. These midwives have been suspended indefinitely pending investigation are in limbo with no capacity to earn an income within their chosen vocation. Additional to the imposition on their livelihoods, they carry the anguish of having their professional reputation tarnished under the in practice presumption of guilt rather than of innocence and of knowing that the women they have developed a partnership based on trust with are then left without continued care. Such women may then feel forced to choose birth in hospital, an option they had chosen against, or in some circumstances, to birth unassisted. Continuity of care is one of the fundamental benefits of woman-centred homebirth care.

I am aware of independent midwives who have ceased to provide care to women choosing homebirth or who have severely restricted their practice in response to the fear generated by the threat of suspension or deregistration as a consequence of an unfair complaints process that has at its basis inferior and untimely investigative procedure.

As for midwives like myself who continue to practice woman centred care, we live every day with the possibility that we could be in the same situation as our

colleagues who have had their registrations restricted or suspended indefinitely simply through the action of supporting woman to birth safely at home or to transfer to hospital for obstetric consultation should it become necessary. The inherent danger of this situation may be to force women choosing homebirth and their midwives underground. This situation will become even more critical when the exemption for a midwife to obtain professional indemnity insurance for homebirth, which is not currently available, expires after June 2012.

An urgent review of these matters is essential to redress the disproportionate procedural and practical unfairness as it exists currently. This review would make recommendations to ensure a process that balances the professional rights of a midwife with the protection of the public interest and safety.

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