

23rd July 2009

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Thank you for the opportunity to comment further on this legislation.

**Inquiry into the National Registration and Accreditation Scheme for Doctors
and other Health Workers**

I wish to focus my comments on the impact of this bill, and related legislation, Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009, Midwife Professional Indemnity (Commonwealth Contribution) Scheme Bill 2009. and Midwife Professional Indemnity (Run-off Cover Support Payment) Bill 2009, on private midwifery practice and the women who employ midwives privately.

As a rural midwife working in private practice and at the local rural maternity unit, I provide a wide range of skills that covers: Prenatal health checks, Labour and birth support and education for both hospital and homebirth clients, Post birth check-ups for both the mother and her baby, I am a certified Lactation Consultant so I strongly support breastfeeding, Early parenting advice & support and I hold a peri-operative certificate and work in the operating suite of the local rural hospital.

Whilst some of the reforms proposed in the above Bills are long overdue there are also sections of these Bills that are unethical and discriminate against women and midwives, that support women who choose to birth outside a hospital.

I rely on my midwifery practice for income for myself and my family. If these Acts pass in their current form I will be prevented from doing most if not all of my chosen professional work.

1. This group of Bills is unfairly discriminatory against private midwives.

Since 2001 approx \$1billion of taxpayer funds has supported the medical profession with indemnity premiums and homebirth midwives have consistently been denied access to this insurance. This

unfairly discriminates against and midwives who practice privately.

Women who choose homebirth are the only health consumers without the protection of indemnity insurance.

2. The legislation is NOT in the public interest

Surely in our democratic society we all have the ability to decide, what we want and with whom we engage to acquire it. Be that health care, plumber or the food we consume. The choice is ours.

By denying midwives (the gate keeper of normal) to attend women who choose to birth at home do you think what will stop women from birth there? This legislations will only increase the incidences of “free births”, or BBA (Born Before Arrival at hospitals). What about the Ambulance, and Police officers that are involved in BBA's are they covered with indemnity insurance.

I have included Attachment 1, which is a summary of homebirth numbers and selected outcomes, over the past five years of reports made by the Victorian Government’s Perinatal Data Collection Unit. These data demonstrate from an epidemiological perspective, that the great majority of homebirths in this set are uncomplicated and uneventful.

3. The legislation denies a woman’s natural law right to give birth under natural physiological conditions, in the place of her choosing. The rights of women to make choices about their health care are being seriously eroded, and if the bills go ahead without amendments then Australia is about to head down a slippery slope of removing basic human rights. According to CEDAW and the United Nations Statement on the Rights of Women (1995), states that "Women have the right to have control over, and decide freely and responsibly on all matters relating to their sexual and reproductive health.

Section 116 of the constitution says that the parliament shall make no laws to restrict your religious belief, practice, and observance. By denying midwives the same insurance as the government provides for other maternity health professionals, and denying midwives the right to practise privately in any geographic location, the government would deny a right under section 116.

4. The legislation goes against Competition Policy and the Trade Practices Act as it is applied to provision of health services. These principles of fare trade have not been applied to Government funding for basic maternity care, which is the practice domain for which midwives are registered.

Consumers who choose to employ a midwife as their primary carer do so, in most cases at present, without any government support.

The medical profession's monopoly of maternity funding and maternity care provision is not in the public interest. There is no evidence that excluding midwives from practice improves outcomes for mothers and babies.

The current restrictions of the scope of practice of Australian midwives, and the further restriction that will be introduced if Bill B is enacted as it is, are regressive and anti-competitive when compared with contemporary standards in developed nations. The Australian consumer has a right, under Competition Policy, to be free to choose the primary maternity care provider, either a midwife or a doctor, with consideration of the ability to each one to provide the service required by the individual woman and her child.

I therefore sincerely recommend to you, members of the Senate Standing Committee that you advise the Health Minister that midwives must be provided with indemnity insurance, in the public interest, enabling all midwives to engage in the full scope of midwifery practice, including homebirth.

Yours Sincerely,
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**Attachment 1: summary of homebirth numbers and selected outcomes,
Victoria 2003-2007
Homebirths Victoria
2003-2007**

1	2	3	4	5	6	7	8	9
	No. of homebirths	G1P1	3rd/4 th degree tear	Apgar <7 @5/60	SCN NICU	% SCN NICU	CF% 100-399	
2003	153	58	1	1	4	2.6	7.1	
2004	181	58	1	2	3	1.7	8.4	
2005	186	51	2	2	1	0.5	Not Given	
2006	200	54	2	5	8	4	6.5	
2007	253	60	0	4	7	2.8	6	
TOTAL S	973	281	6	14	23	2.32	7	

Source: Annual Hospital Profile (Homebirth) Reports from the Victorian Perinatal Data Collection Unit.

Notes:

Column 2: The number of homebirths recorded for that year

Column 3: The number of primiparous mothers (G1P1)

Column 4: The number of serious perineal tears (3rd or 4th degree). The repair of such tears would usually be performed by obstetric specialists in hospital.

Column 5: The number of babies with Apgar score below 7 (0-6) at 5 minutes.

Column 6: The number of babies admitted to Special Care Nursery (SCN) or Neonatal Intensive Care Nursery (NICU) – ie babies requiring transport to hospital and specialist medical attention.

Column 7: The percentage of babies born at home admitted to SCN or NICU. The final value, 2.3%, in Column 7 is the average of the five.

Column 8: The percentage of babies in a comparison group, born at hospitals with 100-399 births annually, admitted to SCN or NICU. This would usually indicate transfer to a larger hospital. The final value, 7%, in Column 8, is the average of the four values available.