



14 April 2010

The Secretary  
Senate Finance and Public Administration Committee  
PO Box 6100  
Parliament House  
Canberra ACT 2600  
Australia

By email: [fpa.sen@aph.gov.au](mailto:fpa.sen@aph.gov.au)

Dear committee

**Inquiry into the administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA)**

This submission will focus on

(h) AHPRA's complaints handling processes

Please find Homebirth Australia's submission following. We would be happy to provide oral evidence to the committee.

Yours Sincerely

Renee Adair  
National Convenor  
Homebirth Australia

Homebirth Australia ABN – 57 416 702 216  
P.O Box 105, Macquarie Fields NSW 2564  
Phone – 02 9569 8020



## **Who Are We?**

Homebirth Australia (HBA) is the peak body for Homebirth awareness and promotion. HBA was established in 1980. HBA has midwife and consumer members with an executive of equal representation.

## **Our Aims**

- To support the rights of homebirth parents to choose how, where and with whom they give birth
- To increase public awareness and acceptance of homebirth.
- To provide communication and support to members of Homebirth Australia.
- To provide information to parents planning a homebirth.
- To provide information, support and networking to service providers.
- To convene an annual national conference.

## **AHPRA's complaints handling processes (term of reference (h))**

Homebirth Australia (HBA) is the peak organisation for homebirth in Australia and as such we are in communication with homebirth consumers and midwives around the country.

Homebirth Australia supports a fair and sound complaints handling process to ensure high level of safety within the maternity field, however we have serious concerns about the current process. There are two specific areas of concern:

1. Midwives who have a complaint brought against them are considered guilty until proven innocent, leaving many women without their caregiver
2. The types of complaints brought against privately practicing midwives needs review and consideration.

The recent volume of complaints against privately practicing midwives and the handling of those complaints by AHPRA are of grave concern to HBA. Recently we have been contacted by concerned consumers who are alarmed by the complaints handling process by AHPRA. These women have either been left without a midwife (some at 39 weeks pregnant) to continue to provide them with intrapartum care and they have no other choice than to birth in hospital, with caregivers they have never met, or to birth at home without a care provider in attendance, or they are anxious that their midwife may have conditions placed on her registration should transfer to hospital become necessary.

The complaints handling process needs urgent review. It is unacceptable that any midwife have conditions placed on her registration before she/he is afforded a fair hearing and investigation. It appears that homebirth consumers and the midwives who support them are once again being marginalised. In no other profession or situation is a person assumed guilty before proven innocent. HBA considers this punitive process intolerable to the extreme and completely unworkable.

HBA believes that the current process in which complaints against midwives is being handled has the capacity to seriously impact on the safety of mothers and babies. The committed reform to enable women access to continuity of midwifery care is seriously impacted.

Without access to midwives, due to strict conditions imposed on their registration, women will continue to give birth at home without a registered midwife in attendance. HBA considers this abhorrent. In NSW alone the number of unassisted homebirths doubles that of those attended by a registered midwife. Is this what the Government, AHPRA and the NMBA are trying to achieve?

Women choose to birth at home for a variety of reasons. Mostly because it is where they feel the safest, there are many studies that prove that when women feel safe during labour and birth they are more likely to achieve physiological birth. Sometimes women choose homebirth to avoid unnecessary interventions and many choose it for continuity of midwifery care. We are hearing from a growing number of women who are refugees from the hospital system. These women are traumatised and damaged from past birth experiences, they research and educate themselves and go to tremendous lengths both personally and financially to avoid the same sort of abusive care as their previous experience. By placing strict conditions on midwives' registrations whilst investigation takes place leaves these women with no choice but to birth at home without a care provider.

It appears that all recent complaints against privately practising midwives have been made by hospital staff or other health care providers after transfer to hospital is deemed necessary. These complaints are NOT coming from the consumers whose care is under investigation. In many cases the consumer is dissatisfied with the care provided by hospital staff once transfer has occurred. Why is it that when a labour is no longer considered physiological at home, a smooth and timely transfer is not supported by hospital staff? Why is it not considered that the midwife is simply moving the woman to the next level of care, much like a transfer from a Birth Centre to a labour ward? Why is it that when transfer from a planned homebirth to hospital is necessary, midwives and consumers are placed under a microscope in a way that doesn't happen in the hospital.

HBA is also aware that many of the complaints against privately practising midwives are due to the midwife allegedly not following the National Midwifery Guidelines on Consultation and Referral (the Guidelines). Women have a legal right to bodily autonomy and a legal right to make informed decisions regarding their care. They also have a right to refuse suggested interventions, transfer to hospital and recommended treatment. The guidelines recognise that sometimes women will choose care that is considered outside them and Appendix A has been created for this purpose. It would appear that midwives are being punished for continuing to support women's choice. Would the Government, AHPRA and NMBA prefer it if the

midwife abandoned all women who choose care that is considered outside the guidelines and leave them to birth without a care provider?

This process is failing to acknowledge women as intelligent human beings who are the experts of their own bodies. It is failing to recognise that women want what is best for their babies and that they have the right choose a care provider who reflects their philosophy and who respects their right to choose.

Ultimately this process is once again, punishing women and the midwives who support them for choosing homebirth. It is once again, failing to place women at the centre of their own care and once again, failing to acknowledge them as the most important participant.