



Midwifery reborn in birth review

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Medical Editor

MIDWIVES would be allowed to prescribe medicines and their services could for the first time attract a Medicare rebate under reforms to maternity provisions proposed in a national review of birth services.

The review was conducted amid rising caesarean rates and widespread closures of small birth units. Its recommendations would allow midwives to open private group practices, or contract their services to hospitals – improving choice for women and easing a shortage of people trained to deliver babies.

But the report, authored by the Commonwealth's chief nurse and midwifery officer, Rosemary Bryant, and set for publication today, says midwives should undertake advanced education and accreditation before being eligible for such funding. And it stops short of recommending Medicare funding for home-births attended by midwives.

The report seeks to ease friction between midwives and obstetricians, with concessions to both groups. Specialist doctors have pointed to Australia's excellent safety record for mothers and babies as evidence in favour of the status quo, and have strenuously resisted moves towards

home birth. Midwives have accused obstetricians of hijacking normal birth and being responsible for a surgical delivery rate that has soared to one in three.

Ms Bryant said there was "a lack of unanimity within and between some groups of the medical and midwifery professions on the issue of how to deal with risk and consumer preferences". Safety was paramount, she wrote in the report's preface, but most pregnancies and births were uneventful, and safety concerns should not "prevent us from acting on evidence that supports change to practice".

Midwifery-led birth has consistently been proven safe and preferred by women – particularly if they build a rapport during pregnancy with a midwife who assists them during the birth and afterwards.

The Government should examine expanding dedicated birth services for indigenous women and instituting a national telephone support line for pregnant women, Ms Bryant said. A solution should also be sought to the inability of independent midwives to acquire indemnity insurance – which prevents them attending private clients in hospitals. But she said that many of

the initiatives would need support from states and territories, which run public hospitals and community health services.

Ms Bryant said she had been struck by the volume of responses to the review: 407 submissions from individual women, many of whom had been dissatisfied by their hospital birth experience.

Chloe Coulthard's third son, Galileo, was delivered at her Dundas home last Friday by midwife Sonja MacGregor. This was her only option for a vaginal birth after the caesarean deliveries of Orlando, 4, and Fox, 2. Ms Coulthard, 26, said the first operation could have been avoided.

"When I read my medical notes it became clear it was not a failure of my labour to progress. It was a failure of the hospital to wait for my labour to progress. It's pretty upsetting."

She was happy to pay Ms MacGregor's full \$4000 fee, which includes multiple home visits during pregnancy and afterwards, as well as the birth.

The Health Minister, Nicola Roxon, said: "I'm determined that our kids are given the best start in life. That means giving women the choices they need, wherever they live."



Happy to pay \$4000 for services ... Chloe Coulthard with her newborn, Galileo, and the midwife at her home birth, Sonja MacGregor. Photo: Ben Rushton