

Politics of birth

New laws passed days before the election was announced could change the way babies are delivered forever. **Louise Pascale** investigates.

After five hours of active labour Kate gave birth to her second, healthy baby boy. Holding him tenderly she is oblivious to the drama unfolding. An alarm has been raised and the registrar and midwives are rushing to her room. Looking down she sees blood everywhere. She is hemorrhaging.

Her uterus has failed to contract after the birth causing massive blood loss. She is given a shot of ergometrine to stem the flow while the registrar tugs at her umbilical cord in an attempt to remove her placenta. Unable to do so he proceeds manually. There is no explanation, sedation or consent as he plunges into her uterus.

Meanwhile a midwife has been instructed to 'wring out' her uterus by gripping her hands deep around Kate's stomach. Kate is screaming in pain and her partner begs them to stop. Instead he is removed from the room and their baby is taken away. The registrar only stops probing when another midwife enters the room and alerts them to the intact placenta in a silver dish by his side. What happens next is hazy for Kate as she passes in and out of consciousness. But what is clear is since that day, four years ago, Kate has been managing posttraumatic stress. Unable to go back to hospital her following two births are at home with no medical practitioners present.

"I know it sounds reckless but it would be more reckless for us to go in. We just can't fathom going in to the hospital because that previous experience had been so bad," she says.

"We're informed and we are not going to make choices that endanger ourselves and our babies. That's why I felt an unassisted homebirth was safer for me than going back to hospital to let them do the things to me that they did that time."

Kate is now planning her fifth pregnancy and wants an independent midwife to attend her birth at home. She has been advised to seek a collaborative agreement between her midwife and the Women's and Children's Hospital (WCH) as per new Federal laws governing homebirths.

Called the National Health (Collaborative arrangements for midwives) Determination 2010, they were passed by Federal Health Minister Nicola Roxon days before the election was called. They state that for an independent midwife to access Medicare and insurance they must have an obstetrician agree to care plans created for clients.

However when Kate contacted the WCH she was told that they "do not participate in collaborative agreements". In a statement to *The Adelaide Review* the hospital says: "The public-funded Homebirth strategy from the Commonwealth is part of the broader National Maternity Services



Plan which is yet to be endorsed by the Health Ministers of Australia."

It reads like a straightforward strategy for insurance purposes, yet it has been met with confusion and anger. Firstly, insurance providers are yet to create a product that allows independent midwives indemnity while attending a homebirth.

The Royal Australian and New Zealand College of Obstetricians and Gynecologists (RANZCOG) does not support homebirths and believes women who choose them are putting the birth experience above that of risk. RANZCOG President Dr Edward Weaver welcomes the new legislation and hopes it will curtail the number of high-risk cases that do birth at home.

He believes: "Virtually every obstetrician would have had an experience where he's been called in to a situation where a woman has been brought in to hospital by an independent midwife and has had difficulties dealing with that situation."

In 2008 there were 115 planned homebirths or 0.5 percent of births in South Australia. While 94 of those occurred at home, 21 women transferred to hospital for care before they could birth.

RANZCOG advocated for collaborative agreements in submissions to the Maternity Services Review, which informed the legislation. However they concede they cannot make their members adhere to them. Australian College of Midwives Vice President Hannah Dahlen has found obstetricians will not enter into these agreements because they do not want to take responsibility for a midwives' practice.

"If our most moderate and collaborative obstetricians are telling us that they are not going to be entering in to signed agreements," she says. "Then we are potentially stymieing the reform that is going to be rolled out from November."

Yet one of Dahlen's greatest concerns is that the reforms go against the World Health Organisation (WHO) definition of a midwife. The WHO states a midwife promotes a natural birth, can detect complications and is able to carry out emergency procedures if required. Hannah is concerned these new laws will end up seeing "one practice of medicine veto and regulate another".

Christine is an independent midwife with close to two decades of experience in the maternity sector. She has birthed hundreds of babies both within a hospital setting and independently. More than 20 women who want to birth at home have employed her until April 2011.

"I'm happy to work alongside a doctor when it is required but I do not agree, and no midwife will agree, that it is ok for them to sanction our practice," she claims. If this does not get resolved she is adamant homebirths will go underground with women birthing with unregistered midwives.

"The truth is, no matter what they do they can not take from someone like me my skills, my knowledge, my ability, from years and years and years of birthing with women."

RANZCOG and the Australian Medical Association deem homebirth a high-risk proposition. Of the 202 perinatal deaths in 2008, one was in a homebirth setting. In June the State



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