HOMEBIRTH AUSTRALIA SUBMISSION TO THE DEPARTMENT OF HEALTH AND AGED CARE CONSULTATION ON LOW RISK HOMEBIRTH

Homebirth Australia is the peak body for homebirth in Australia. We are a not-for-profit organisation that has represented homebirth midwives and families for over 45 years. The issue of Professional Indemnity Insurance (PII) for homebirth has been ongoing since 2009, and Homebirth Australia has maintained strong community engagement throughout. In July 2024, in the lead up to this consultation process, we conducted a survey of our community members and received an overwhelming 5,917 responses in 2 weeks. A copy of the first report from our survey findings can be found attached to this email.

The results of this survey speak loud and clear – Australian women and families do **not** accept conditions being placed on their ability to birth at home. They do **not** accept having to meet the neat description of 'low risk' as outlined in this consultation document.

Privately Practising Midwives (PPMs) have been safely providing care to women birthing at home for years, following the ACM National Midwifery Guidelines for Consultation and Referral ('the ACM Guidelines'), with minimal negative outcomes for mothers and babies and very few insurance claims. There is a wealth of evidence supporting the safety of homebirth, which is readily available on our website.

Our responses to the consultation questions reflect the views of our organisation and the 5,917 people who responded to our recent survey.

Proposals and questions for stakeholder feedback

1. Introducing a homebirth product into the MPIS

- It is proposed that homebirth intrapartum care insurance product be introduced into the MPIS when the current exemption for PPMs expires on 30 June 2025, with the following criteria for suitability:
  - Singleton pregnancy (not multiple e.g., twins)
  - Head is down (cephalic presentation)
  - Pregnancy term is between 37 and 42 weeks
  - Midwife has a documented plan for safe and timely transfer to a hospital with maternity services
  - Midwife has documented no concerns that make homebirth unsafe for the midwife, woman or baby.
  - Where the woman has Category B conditions as listed in the ACM National Midwifery Guidelines for Consultation and Referral, evidence the midwife has consulted with other qualified, competent health care providers with the knowledge and skills to make decisions about the woman's care to determine if homebirth is safe and appropriate
  - Where the woman has Category C conditions as listed in the ACM National Midwifery Guidelines for Consultation and Referral, evidence the midwife has referred and transferred primary responsibility of care to another qualified health service provider or professional who can determine if homebirth is safe and appropriate
  - Comply with the Nursing and Midwifery Board of Australia Safety and Quality Guidelines for privately practicing midwives.

No.	*Questions*
1.a)	Do you think this is an appropriate definition for low-risk homebirth?
1.b)	Would you suggest any changes to the criteria listed above, and if so, why (provide evidence where possible)?
1.c)	Do you have any other comments regarding the inclusion of a low-risk homebirth PII product within the MPIS?

1.a) Do you think this is an appropriate definition for low-risk homebirth?

No - for several reasons outlined below:

- The ACM guidelines were not designed to be used as a tool to determine a woman's place of birth.
- It is inappropriate to suggest that midwives are not qualified to determine if homebirth is safe and appropriate for the women in their care.
- There is no mention of the birthing woman's wishes in this definition, it is based purely on pathology and not the woman's individual circumstances and preferences. Risk is subjective and it should be up to the birthing woman to decide what level of risk she is comfortable with when choosing to birth at home.
- Midwives should have the freedom to decide which level of risk they are willing to take on, based on the individual circumstances of the woman and the midwife's own skill level, without the fear of losing their registration.

The ACM Guidelines, when used as intended, work perfectly well for most women and midwives. Women are given the option of a referral to another health professional but they do not have to consent to this. The midwife is protected and able to continue providing care to women who decline a referral or recommended care, by asking the woman to sign a record of understanding.

According to our survey results, most homebirth clients seen by PPMs are categorised as B or C, according to the ACM Guidelines. 97% of the PPMs who completed our survey (all of which attend homebirths) stated that they do **not** agree with the ACM Guidelines being used as a tool to determine whether women should be able to give birth at home. 99% of PPMs surveyed said they believe women should be the main decision makers when it comes to place of birth.

1.b) Would you suggest any changes to the criteria listed above, and if so, why (provide evidence where possible)?

Any insurance product that does not have a clear pathway for women who decline referral or recommended care to continue to birth at home, as well as protection for midwives to continue providing care to these women, **is not fit for purpose**. The government must disclose how they plan to support midwives to continue to provide intrapartum care at home for women who decline recommended care, whether it be with an exemption for PII in those situations, or whether the woman is required to sign a waiver that states she is not entitled to any insurance claims for that portion of her care. This should form part of the wider consultation process that we urge the government to undertake.

The ACM guidelines state: *"The woman is free to accept or decline any advice, procedures and/or interventions offered by any health care professional. When a woman exercises a choice that is contrary to professional advice or care outlined in the Guidelines, the health care professional should carefully document the woman's concerns and decision as well as any advice and/or information provided in the woman's clinical record by following local policy and protocol. Refer to Appendices A and B and the ACM position statement about caring for women who make choices outside professional advice. It is also recommended that where midwives are unsure about whether or not to continue to provide care, they seek appropriate professional advice (legal or otherwise)."*

If the government intends to use the ACM Guidelines as a tool to determine eligibility for homebirth, they must use the guidelines IN FULL. The woman's right to choose her place of birth and her care provider is paramount.

This definition outlined in the proposal also leaves out the pathway back to the midwife's care for those women who consent to a referral and transfer of their care to another health professional. Midwives currently work collaboratively with other health professionals as required to ensure their client maintains continuity of care throughout their pregnancy and birth, regardless of their final place of birth. Any proposal made by the government must include a pathway for midwives to remain a part of the care team in the event of referral to another health provider for Category B or C conditions.

If the government cannot provide a sufficient level of detail in this proposal to ensure that women who can currently choose to give birth at home with a midwife may continue to do so in the future, the only acceptable solution is an all-risk no-fault insurance product. The government has a moral responsibility to ensure that no woman is left behind.

1.c) Do you have any other comments regarding the inclusion of a low-risk homebirth PII product within the MPIS?

We call on the government to extend the current exemption for PII for PPMs providing intrapartum care at home to allow time to explore this option and conduct a more thorough consultation with consumers and key stakeholders.

This proposal leaves many of our questions unanswered, such as:

- What happens if category C conditions arise during labour (e.g. unidentified breech birth, labour continues past 42 weeks)?
- Does the second midwife attending the homebirth also require PII?
- What will be the additional cost of this product? Will it be subsidised by the Government as with PII for obstetricians?

It is critical that the government gets this right. We urge the government to take into consideration the voices of the thousands of women who will be affected by these changes.

If this does not happen, freebirth rates **will** rise. More than half (56%) of our survey respondents who identified as 'future homebirth parents' said they would choose freebirth (to birth at home without a qualified health professional) if they were risked out of homebirth because they didn't meet the government's definition of low risk.

When asked about the impacts of limiting homebirth on women, one midwife responded in our survey:
"I am very concerned about the future for women, their babies, families and communities across Australia. I want to be positive about the senates budget plan for maternity care and homebirth, however I do not wish to be complacent that the government insurance providers are going to stand and speak for every woman's best interests. Women need to be the decision makers in their healthcare and determine their own healthcare

choices. If we do not do this then the impact I foresee are; even higher rates of maternal and perinatal mental illness, perinatal morbidity and mortality rates will rise. Women and babies will die".
More than 40% of our survey respondents said they would lie about their medical history in order to secure a midwife for their homebirth, if they did not meet the criteria for low risk homebirth.
Relationship based care is the foundation of a trusting partnership between the midwife and the woman. This is the most important aspect of midwife attended homebirth - a relationship based on trust. If trust is fractured because the woman does not feel safe being honest with her midwife, this will undoubtedly reduce the likelihood of a positive outcome for mother and baby.
This is not safe care for women, nor is it safe practice for midwives. If there are conditions or health issues the midwife is unaware of, it would be impossible for her to give appropriate clinical care.

In response to the question **'Why should homebirth remain a choice for everyone, regardless of any medical conditions or ' risk factors'?'**, we received more than 5,770 comments. We will end our submission with just a few of the responses:

"Birth is a rite of passage that no governing body should have a say in. Every woman should have the right to birth where she feels safest, and if she wants midwives to support her then she should have that right. As a midwife myself I also feel ethically and morally obligated to support any and ALL women's choices when it comes to their bodily autonomy"

"Women deserve to give birth wherever they feel safest. For women like myself that is at home, because we have had traumatic experiences at hospital where our physical and emotional needs were blatantly ignored. More women will freebirth without easy access to homebirth under the care of midwives. This surely will lead to worse outcomes for mother and baby. I worry for the future if homebirth becomes illegal for those that aren't 'low risk"

"All Women deserve bodily autonomy, freedom to choose their maternity care provider and place of birth. Each woman should be able to make the choice that is right for her."

"My body. My choice. End of story."

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