



**LEGISLATIVE ASSEMBLY**  
**FOR THE AUSTRALIAN CAPITAL TERRITORY**

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STANDING COMMITTEE ON HEALTH, AGEING AND COMMUNITY  
SERVICES Ms Bec Cody MLA (Chair), Mrs Vicki Dunne MLA (Deputy Chair)  
Ms Caroline Le Couteur MLA

## Submission Cover Sheet

Inquiry into Maternity Services in the ACT

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The Committee Secretary,

Standing Committee on Health, Ageing and Community Services,

Legislative Assembly for the ACT, GPO Box 1020, CANBERRA ACT 2601.

Via Email: [LACommitteeHACS@parliament.act.gov.au](mailto:LACommitteeHACS@parliament.act.gov.au)

To the Committee Secretary,

Thank you for inviting submissions into the Maternity Services in the ACT. We as a collective of primary home birth midwives working within the Publicly Funded Home Birth Trial, thought it pertinent to raise our concerns with the current design of the trial as it could represent a gap in care. We feel that the current offering is not adequate based on our understanding of the research evidence, practical evidence from other jurisdictions and our interactions with women accessing or trying to access the home birth service at our hospital.

There are a few criteria that we ask women to adhere to that are restrictive compared to other home birth services that are offered. Where a clear, long standing precedent exists in other home birth programs that primiparae are eligible, that women living within 30 minutes from the hospital are eligible and that women are able to have water births, it doesn't not seem logical that we have designed a homebirth program that differs from this, so as to restrict the option to a smaller cohort of women.

A retrospective study undertaken in 2013 examining outcomes from 9 of the 12 publicly funded homebirth programs in Australia over the 5 year period 2005 to 2010, demonstrated excellent outcomes, but stated it was underpowered to provide data on safety. The data that was available would make it appear to be a safe option. When this data is considered alongside data from the UK, a country with a long standing history of home birth program, homebirth would indeed appear to be a safe option. We would not be offering the service if it were not safe.

Of note, the review provided information that primiparae were able to access homebirth as an option elsewhere in Australia (32% were primiparae) and over half of the women had a water birth (52%).

We should be careful with over restricting a service. When women cannot access care that meets their needs, they are more likely to look at alternative options, which may include disengaging from services altogether and free birthing. The other alternative is that we force women to seek private midwifery

services which can cost them thousands of dollars out of pocket. That said, we are not advocating that home birth is the right choice for all women and we do believe that it should be reserved for women at low risk of complications.

When we consider the restriction that we have placed on women in that trial, that they need to consent to active management of third stage, we have had a number of women in the trial consent antenatally and then withdraw their consent at the time of birth. This may be suggestive that this restriction is not allowing women to have care that meets their needs.

We have also had a number of women who have registered interest in having a home birth, but due to the restrictions on water birth, have decided the birth in the birth centre instead, as a water birth was more important to them than a home birth. It is unfortunate that we forced these women to make that choice and to give-up on a birth experience that they were really hoping for.

We have had one rather unfortunate case, during the trial period, where a woman was in the situation listed above. She withdrew from the home birth trial to have care through the birth centre and have a water birth. She then had an unplanned, unattended home birth because her labour progressed very quickly.

Our homebirth catchment area is also smaller than most other Australian homebirth services (if not all, but we could not find it documented for all). The interpretation of a 30 minute catchment is restrictive to women that are a 30 minute round trip, or only 15 minutes from the hospital. In a city where we have excellent road infrastructure, and rarely suffer with traffic concerns, underpinned by an Ambulance Service with excellent response times, this does not appear to be necessary.

We acknowledge that numbers of women that have access the homebirth service are small, but we also need to acknowledge that we have had more interest from women that were not eligible due to the restrictions on the service. It will be difficult to prove the safety of the home birth program through the trial phase with such low numbers of women, but we do not need to prove it in our setting specifically. There is a plethora of evidence in Australia and when this evidence is considered alongside the evidence from the UK, it would seem that we are unnecessarily restricting women, who are at low risk of complications in their birth, from access to their choice in a birth service and birth space.

Attached below is a link to a new article discussing the recently commenced Royal Hospital (Randwick) home birth service in Sydney. It highlights the evidence around home birth discussing home birth outcomes for Australia, New Zealand, the UK and the Netherlands.

Whilst we respect that any new process does require a period of trial and evaluation, we feel that the ACT approach to implementing a home birth service has been undertaken in an isolated manner. We need not look far to find evidence that is highly relevant to our context which can be used to inform how we provide care to women in the ACT.

Thank - you,

The Primary Home Birth Midwives at Centenary Hospital for Women and Children.

**References:**

Christine Catling-Paull, Rebecca L Coddington, Maralyn J Foureur and Caroline S E Homer, on behalf of the Birthplace in Australia Study and the National Publicly-funded Homebirth Consortium: Publicly funded homebirth in Australia: a review of maternal and neonatal outcomes over 6 years. Med J Aust 2013; 198 (11): 616-620. || doi: 10.5694/mja12.11665

<https://www.smh.com.au/national/nsw/the-sydney-public-hospital-offering-pregnant-women-home-births-20190118-p50s75.html>.