



Speech by

**CARRYN SULLIVAN**

**MEMBER FOR PUMICESTONE**



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#### **MIDWIFERY**

**Mrs CARRYN SULLIVAN** (Pumicestone—ALP) (11.14 p.m.): I had the privilege of addressing and officially opening the Australian College of Midwifery Conference on Bribie Island earlier this year. I would like to place on record my admiration to the midwives in this country and to all of those women who choose to give birth naturally with little medical intervention.

Traditionally doctors have dominated policy in public health and, whilst I will not bore members with statistics, it is important to highlight the high rate of obstetric intervention births in Australian hospitals, as it has been a newsworthy topic lately. I draw members' attention to three articles. The first is titled 'Public hospitals admit patient care problems' and stated that the state health department had acknowledged it had a problem with too many mums having caesareans. The percentage was six per cent higher than the national average, yet there is only one natural birthing suite to serve the whole of south-east Queensland.

The second, titled 'Why mums choose caesars', said that Australia has almost double the World Health Organisation's recommended caesarean rate. A doctor's comment was that women choose caesars over natural childbirth because of the complications with natural childbirth and/or because it is convenient. Who would it be more convenient for? What the article failed to highlight was whether these women were given a choice and whether they were given all of the information. Or was this simply an example of doctors talking through their hip pocket?

We need to look at investing our health dollars for the very best outcomes. Providing women with one-to-one midwifery care which has proven to be safe is a lot more cost-effective than doctors. The third article, titled 'More power to midwives in bid to cut caesareans', suggests midwives at Sydney hospitals are working on a program to reduce the high rates of caesareans and other interventions during birth. The writer said that the new model of care, expected to be trialled in northern Sydney hospitals, involves a woman having the same midwife throughout pregnancy and birth.

As part of the changes, doctors are not required to be on duty, but midwives and expectant mothers can still request their assistance when necessary. There is evidence to suggest that midwife-only birthing practices are far more cost-effective for the health system. A recent study in a New South Wales hospital found continuity of midwifery care cost around \$1,000 less per woman than standard maternity care with the same or better outcomes from women and their babies. With 250,000 women giving birth in Australia every year, that could result in savings of at least \$250 million.

Vanessa Owen, past President of the Australian College of Midwives, says that scientific evidence consistently shows that women who are cared for by a skilled midwife are far less likely to need inductions or caesars and their babies are better off. Midwives are also expert at identifying when pregnancy or birth is not normal and involving doctors in the care of the small minority of women who develop complications. Ms Owen also states that it is time that the federal and state governments got serious about fixing the crisis in maternity services by offering Australian women the choice of knowing their midwife and not just their doctor. This would benefit women and taxpayers in one hit.