Homebirth Australia

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Addressing concerns of homebirth safety

We are devastated to hear of the recent passing of a baby who was born at home during a freebirth in Western Australia. We send our deepest condolences to the family, the doula and the emergency services involved. The death of a baby is always tragic, and we send all our love to the parents of this baby.

There is a very clear distinction between homebirth and freebirth, which we feel needs to be pointed out in this instance due to the alarming headlines and narrative that is circulating in the current media.

Homebirth is intentionally giving birth to your baby in a home environment under the care of an eligible midwife. Midwives who attend homebirths are experts in physiological birth and are trained to deal with common complications that may arise. They know how to identify early when things are deviating from normal and are equipped to manage things like post-partum haemorrhage and neonatal resuscitation.

Freebirth is when a woman gives birth without the attendance of a qualified midwife. Women who freebirth will often hire the services of a doula to provide emotional support during labour and practical post-partum support after the birth, although women who birth at home with a PPM and in hospital also hire doulas for the same reasons.

The reasons that women have for choosing homebirth or freebirth are theirs alone and should not be judged. It is a woman's right to choose where and with whom she gives birth.
Rather than seeking to label women who birth outside the system as 'misinformed' or 'dangerous', we should be asking ourselves "why?". Why do these women feel less safe in hospital than they do at home?

Homebirth and freebirth have been on the rise for many years. This is largely due to the medicalised, fragmented maternity system that often leaves women traumatised from their birth experience. The latest birth trauma statistics in Australia are that 1 in 3 women who give birth will feel traumatised by their birth experience, and 60% of those relate it to the way they were treated during birth by their care providers. Women report feeling ignored, bullied, disrespected, and having procedures performed on them without their consent. Obstetric violence is rife in our maternity system, and we predict that this number will increase as we begin to see the impacts of COVID on women's birth experiences.

There has been a noticeable increase in demand for homebirth since the onset of COVID. Maternity services have been heavily impacted during COVID, with many birth centres around the country closing or temporarily 'on pause' with no estimated date of return. Unfair visitor restrictions meant that some women were forced to give birth without even their partner in attendance, leaving them traumatised from the experience. Partners have been locked out of labour rooms, unable to offer

support to their partner or witness the birth of their child. Women are still being forced to attend antenatal appointments alone, even though restrictions across the board have been lifted.

It is no surprise that more and more women are returning to homebirth.

Women who choose homebirth are educated in the benefits of physiological birth. They are aware that birth, no matter where it takes place, carries an element of risk. These women have weighed up all the pros and cons and feel safest birthing at home with their known midwife and support team. The evidence around homebirth safety is undeniable – for low-risk pregnancies, it is as safe as birthing at hospital, with significantly less unwarranted interventions and higher rates of maternal satisfaction. If you truly value health, you need to factor in psychological and emotional safety and wellbeing as well as physical safety, and homebirth ticks all these boxes.

However, it is not enough to simply encourage women to choose homebirth when there are not enough PPMs (privately practicing midwives who attend homebirths) to meet the current demand. This is largely due to the barriers that midwives face entering private practice, and the never-ending assault of obstacles they face once they are in private practice. Many women who are unable to access homebirth with a PPM will find themselves considering freebirth as an option – some feel that it is their only option. A recent study, 'Birthing Outside the System: Perceptions of Risk amongst Australian women who have freebirths and high risk homebirths' offers some important insights on this topic.

Of course, it is a woman's right to choose where and with whom she gives birth, and some women choose freebirth for reasons other than those mentioned above.

Barriers for women and midwives

To become an eligible midwife and therefore be able to provide intra-partum care at a woman's home, a midwife first needs to complete 5000 hours (roughly 3.5 years) working in a maternity hospital setting. This prospect is often seen as soul-crushing by midwives who truly want to provide woman centred care, knowing full well that home is the best place to do so.

Midwives in the maternity system face a daily battle of being understaffed and under resourced, a hierarchical medical system which subjects them to bullying from senior doctors and management, hospital policies that are often not evidence-based and not conducive to woman-centred care – leaving midwives feeling that they are unable to truly provide the care that women need and deserve or risk losing their jobs. Many midwives working in maternity hospital settings report feeling traumatised from things they have witnessed and feel complicit in the trauma that the women in their care sometimes feel. Many midwives report leaving the profession for these reasons.

This is why it's so important for us to continue advocating for the removal of these barriers:

- Remove the need for midwives to complete 5000 hours in the hospital system before entering private practice
- Remove the need for collaborative arrangements (the requirement for a PPM to have an arrangement with an OB or institution for women to gain Medicare rebate for their

antenatal and postnatal care) – which leaves many women unable to obtain a referral to a PPM from their GP and adds unnecessary stress and work to an already busy PPM workload

We currently have 17 publicly funded homebirth (PFHB) models in Australia, but this is not enough. Many women turn to freebirth because they are unable to homebirth with a PPM due to affordability, accessibility and availability.

We need an immediate expansion of PFHB programs around Australia so that more women can access their preferred model of care. PFHB programs have strict criteria, ruling out women who do not have the lowest of low-risk pregnancies and women who don't wish to undergo all the routine hospital tests, so we also call for Medicare rebates for homebirth to make hiring a PPM more affordable.

We have resources on our website for those who wish to become involved in our advocacy efforts to increase the accessibility and affordability of homebirth in Australia, please head to www.homebirthaustralia.org to get involved.