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State Sponsored Homebirth in Australia: 
Public Health inclusion, illusion, or intrusion?
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Birth is transformational for individuals, families, communities and society
Being born is one of the most important transformational experiences of our lives. As a human organism we are each of us much more than just a physical body. Our consciousness is present whilst we are in our mother’s womb; consciousness is present at the time of birth; and as babies who enter into the worlds of established relationships of families, communities and cultures, consciousness is certainly present and developing. This fact in itself has profound implications for what an individual experiences; it has profound implications for who and what an individual will become. It therefore also has profound implications for society as a collective whole, and for the web of relationships within a community.

Children learn what they live. As Wilhelm Reich, the great sexologist of the 20’tth Century has observed,

“Civilization will commence on the day when the well being of the new born baby prevails over any other consideration,” (Reich, 1953).

A similar reflection has been made by Karl Menninger in the statement,

“What’s done to children, they will do to society,” (Menninger, 2005).

Similarly, the act of giving birth is transformational in a woman’s life, and therefore, through connection and interrelationship to the life of her child. How she is able to give birth, how she is treated, how she feels about herself as a woman, as a human being, and as a mother has profound implications for who and what that person will become. Women and mothers are integral to social cohesion and to the short and long term wellbeing of any society, whether that society is classified as ‘advanced’ or ‘primitive,’ ‘industrial’ or ‘pre-technologic.’ In our own society, Johnston believes,

“The culture of birth will change only when women reclaim their authority for their own bodies,” (Joy Johnston, Maternity Coalition, 2007).

The act of birth giving also entails human rights, as articulated during the United Nations Fourth World Conference on Women,

“ The human rights of women include their right to have control over and decide freely and responsibly on all matters related to their sexuality, including sexual and reproductive health free of coercion, discrimination and violence,” (United Nation’s Fourth World Conference on Women, Beijing, 1995).

And of course it doesn’t stop there. It is well accepted that inclusion and family is integral to social cohesion. How men, fathers, siblings, grandparents and other members of families and human communities are included or excluded in relation to
birth is of immense significance and ultimately influences us all profoundly, despite the difficulties our policy makers and governments have in currently recognizing these very obvious facts, and in taking firm actions that are supportive and enabling in relation to cultural birth reform and services that enfranchise all Australian families. The so-called 'eccentrics' of today's age are very often realized as the visionaries of tomorrow. Odent observes,

"The emotional desert in man creates the desert in nature," (Odent, 1990), and further,

"The capacity to love is determined to a great extent by early experiences during fetal life and in the period surrounding birth. A baby is more likely to be breastfed easily if the mother was able and given opportunity to birth without drugs and without intervention."

"The scientification of love, (the nature of love and how it develops), has vital lessons for the general public," (Odent, 2001).

It is true that childbirth policy and practice across the ages is influenced by cultural, economic and political values and ideologies, and in Western industrialised societies over the last 2 centuries, increasingly by scientific values that promote institutionalised medicalization of developmental life events – natural and desired – across the human life span. This now includes artifice and interventions in the realms of conception, childbirth, sexuality, medical gender reassignment, surgical manipulation and medical transplantation in relation to desirable body image and body parts for both men and women, and no doubt into the future babies and children, interference in menopause, ageing, death and dying. Increasingly so – called advanced or civilization cultures appear characterized by the dehumanisation of birth and by deep neuroses that afflict and paralyse social institutions with concerns of risk and fear, and where the people in those societies are obsessed with values and behaviour that favour convenience, individualism and control. In commentary on the divide between science and nature post Second World War, Camus observed,

"Our reason has driven all away. We turn our backs on nature; we are ashamed of beauty. Nature is still there however. She contrasts her calm skies and her reasons with the madness of men," (Camus 1948).

However, Camus also astutely observed that,

"Man cannot do without beauty. All those who are struggling for freedom today are ultimately fighting for beauty ....," (Albert Camus, 1948).

It is not unreasonable to assert, and I do, that the values and behaviours of artifice, intervention and dehumanization are self limiting and impoverish human potential for growth, damaging individuals, families and societies in their process. For a parallel just consider climate change. Such values and behaviour is predominantly a legacy of the scientific and rational age, whose influence indicates no sign of immediate decline in mainstream culture. However, like all other cycles in nature, including human thought and culture, this time will wane and pass and alternate cycles will reassert
themselves. Shinichi Suzuki asserts the human potential for positive growth in his observation that just as

“A living tree brings forth buds; on each branch blooms lovely flowers. It is the splendid course of nature. What is man’s ultimate direction in life? It is to look for love, truth, virtue, beauty,” (Suzuki, 1983).

In reflecting on this and on the best way forward its instructive to consider the thinking of John Stuart Mill, a ‘philosophical radical’, a utilitarian (the greatest good for the greatest number), a social reformer, and a champion of women’s suffrage, observed that,

“He who knows only his own position knows little of that. Take particular care to understand the position of your adversary — and to understand it not in a caricature or superficial form but at its strongest, for until you have rebutted it at its strongest you have not rebutted it at all,” (quoted in Shaw, 1944).

Enabling equity and access to homebirth services in Australia requires more of us than mere rhetoric or representations of the beauty of birth. Camus, in writing on the Myth of Sisyphus (1955) reflected,

“By itself art cannot produce the renaissance which implies justice and liberty ……”

More recently, Tracy Taitoko (2004) has stated,

“If we are brave enough to choose to be responsible for another life, we must be brave enough to do it in the best way we can.”


My presentation today addresses the topical issue of access to State Sponsored Homebirth in Australia, that is, homebirth as a public health initiative that promotes and enables universal access and equity to government funded services for every Australian family.

When I say the “State” I mean the body politic, the civil community that has its own system of government and law. In the federation of Australia this includes both state and territory and federal governments.

By “Sponsored” I mean that these governments undertake responsibility and accountability for service provision in public sector health services.

By “Public Health” I’m referring to the affairs and health services of the people, the community & its members, and that those services are open to the use and enjoyment of all and not restricted to any class. In defining ‘public,’ its here that some tensions and incongruence may arise in future relationships when one considers the definitions of home. Some define ‘public’ as the opposite to personal or private, that it is open and not concealed or clandestine.
In contrast “Homebirth” or ‘Birth At Home’ refers to the domestic, personal, private realm of closed, intimate space that is one’s own and one’s families’ own domain; it is not public space.

There is an old Persian saying that “The oasis of faith is never reached by the caravan of thinking,” (Gibran), however, this is a rhetorical presentation after the tradition of the ancient Greeks who used language in encouraging their audiences to consider alternative points of view. Polemic, by nature reflects a synthesis of the views and collective consciousness of many others & this presentation is no exception. I don’t have a raft of Randomised Controlled Trials or other scientific evidence base to prove that Birth At Home is superior to institutional, medicalised birth culture, although there is certainly plenty of material to support such a view and our current services aren’t applying this evidence to reform service delivery in any systematic way at the present time. As a mother and a midwife I believe and am influenced by what I’ve experienced, both in my own reality and empirical practice over the past 18 years in supporting birthing families both in their homes and in institutions, Birthing Centres and hospitals, public and private.

Neither do I have a stunning audio visual presentation to convince this audience of the artistic power and beauty of birth at home, although I suspect many if not most in this audience have already had the privilege of experiencing that reality for themselves. Consequently there are many presentations at this conference affirming the power & beauty of birth at home.

What I rely on today is simple and accessible to all: Centuries of inherited common sense that I have consciously available to me as a living descendent of other women and men who have conceived and birthed babies and raised children as part of the ongoing survival of the human species. I believe that each of us has conscious access to this collective memory if we choose to accept it, both through the rational intellect and subconscious and emotions, and through heart knowledge and our deepest instincts, which include intuition and embodied knowing and wisdom, where these processes are trusted and enabled through positive human engagement.

Congruent with this is my belief that public debate about the type of society we really want to be is of vital public and social importance to every generation and the type of birthing services families do or do not have access to in this country, is a fundamental consideration in this. As a midwife who does work in both the public and private provision of midwifery services, the issue of universal access to state sponsored homebirth service is a conscious debate I’ve been conducting with my own conscience over the past decade or more in relation to 3 particular issues, all of which I’m only touching on today:

1. The moral / ethical arguments to support access to service provision for all families, regardless of their personal wealth, resources, and health insurance status, particularly individuals and groups disenfranchised and dispossessed by current health services;
2. The policy & actions necessary to best harness individual and collective agency, including the political will to establish such access;
3. The possible effects and consequences, (both intended and unintended, desirable and undesirable), of establishing state access to homebirth.
I need to make it clear that I am certainly not advocating the ‘State’ as I’ve defined it as the sole supplier, nor controller of homebirth services – pigs might fly – however, I do believe there is an important role for the ‘State’ in terms of access and equity, standards, transparency, and accountability, as far as the ‘public,’ as defined, is concerned, and I know these are all contentious issues in themselves in different circles.

Last month I attended the 10th Annual Oration of the Hawke Centre, at the Adelaide Town Hall. The guest speaker was Justice Michael Kirby, of the High Court of Australia, and he was speaking about the importance of both consensus and dissent in the Australian community. Specifically, he asked:

“When is it appropriate to seek agreement or compromise?
When should we stand up and robustly disagree?
When is dissent a proper response?
Is consensus in practice, merely an attempt of those with power to cloak their use of power in the garments of agreement?”

He added that:

“Majoritarian consensus is pressed on us all the time, and for good reason. In a sense our political system forces elected representatives to accept compromises and to work to discover the middle ground across a range of policy areas,” (Kirby 2007).

This is certainly true of many areas in health. Now Kirby didn’t speak directly about health or birthing services in his advocacy for the need to develop an Australian Statute of Basic Rights that would apply to all persons in this country. He gave a variety of other diverse examples, all of which ultimately affect health anyway, and are topical for a High Court Justice to be commenting on, including: sexuality, Work Choices, reconciliation and pay equity for women, but I could easily draw parallels between his proposed Australian Statute of Basic Rights, the Beijing Statement on the Reproductive Freedom on Women, and public access to homebirth services!

People may be unsurprised to learn that Justice Kirby is a great friend of breastfeeding women, and has been a longstanding advocate for the right of women to breastfeed their babies in public places. I will return to Kirby’s oration later.

We’re in Australia & we’ve got to move onto “Sheila’s” as is only appropriate in this country. And even though she’s not Australian aren’t we lucky to have the “Sheila of all sheilas” with us at this 25th Birthday Celebration! A prevailing feature of publications by Sheila Kitzinger over her lifetime is how language mirrors and defines experience: it reveals our values, thought processes and feelings. It gives an insight and allows a reflection on the type of society we live in. Certainly her most recent publication ‘Birth Crisis’ (2006) highlights this.

Language and the culture of mainstream birth
So what is the predominant language and culture of mainstream birthing services in Australia. I’ve already mentioned: RISK, FEAR, CONVENIENCE, INDIVIDUALISM, CONTROL, DEHUMANISATION and INDUSTRIALIZATION
at the level of the personal, social and institutional. At the level of the political and economic, official commentary is more conservative. Consider this statement on the Australian Institute of Health & Welfare data collection from 2002:

"Whilst Australian women generally enjoy a high standard of maternity care, evidence suggests medical interventions are higher than they need to be to save life."

The Confidential Report into Maternal Deaths in Australia 1994 – 1998, was a little more salutary, noting,

"Increasing co-morbidities arise for women and infants, when routine, unnecessary intervention such as caesarean section is employed."

The Australian College of Midwives were quite a bit blunter in the position papers and critical issues they identified in their briefing to major political parties for the forthcoming election, which included the following comments on birth culture in Australia:

- Escalating rates of induction and caesarean section, (half the birthing population now have labour either kick started or sped up and another third are having emergency or elective caesarean section
- Unacceptable and disproportionate morbidity & mortality rates for indigenous women and babies, when compared to data for the rest of the community
- Increasing physical & mental health morbidities for all mothers & babies
- Lack of access to funded primary care by midwives, despite significant health benefits & recommendations by WHO that midwives are the most appropriate & cost effective provider for the majority of women experiencing health pregnancy & birth
- An ageing workforce with recruitment and retention issues because many midwives are sick of seeing women and their babies brutalized, and choose not to continue working in models where this occurs on a systemic basis.
- Millions of dollars of federal funding & taxpayer monies supporting & subsidising inefficient medicalized maternity service provision.

Perversely, in Australia there is a government sponsored funding monopoly for so called public medicine in birthing services via the Commonwealth Medicare Rebate and an anti-competitive oligopoly for privatised obstetrics in the private health sector where nearly a third of all Australian families now hold private health insurance, and rightly expect value for their investment. As formal statistics show, these families are certainly getting a lot of unnecessary birth intervention, and are disproportionately represented in the mortality & morbidity data given they are some of the healthiest & most affluent in the Australian population, so the value and indeed the safety of some of the services they are receiving, is questionable.

As Gregory Melleuish, Associate Professor in History & Politics at the University of Wollongong so eloquently puts it:

"Any monopoly tends to confuse the general interest with its own particular interest, thereby giving much greater weight to the truth claims of those interests. It also tends to impose its particular mode of truth on everyone else, and to discredit competing modes of truth," (2007).
I think those comments would ring true for many in this crowd!

If I apply the ‘Common Sense’ principle in relation to birth in Australia at an economic and political level, our current reality seems preposterous and is clearly unsustainable when we know maternity care accounts annually for the largest (and most expensive) number of bed days in Australian hospitals. Yet we have no national government policy on maternity care. What sort of society is it where women and families who live in rural and isolated communities can’t access any maternity care services in their local community, and what does all this collectively say about the real status of women in Australian society – a country boasting it has the world’s thirteenth largest economy, and ranking eighth in the world in terms of income per head. It says we either don’t give a damn, or, as a society we have neglected the real causation of many of our deepest social ills. At a National Primary Health Conference yesterday I was reminded that 2 million Australians currently live in poverty, and that one quarter of those people are children. Half a million children living in poverty is unacceptable in a rich country like Australia. Programs and schemes targeting “Early Childhood Intervention” are misguided when fundamental systemic inequity such as this is not addressed.

Juxtapose this reality with that of grassroots homebirth cultures that have evolved in many western industrialised societies, including Australia, and the difference is stark. Homebirth principles encompass beliefs, values, and actions based within strong foundations of liberal democracy, which include equal rights, free speech, and respect for all faiths.

Additionally there is an expectation that principles, the rule of law, and public policy will reflect the rights and responsibilities of the individual balanced against the rights and responsibilities of the state and other citizens, encompassing respect for an individual woman’s right to both bodily autonomy and place of birth, as articulated in The Pregnant Woman’s Homebirth Bill of Rights & Responsibilities, Homebirth Australia. Uncannily the Pregnant Woman’s Homebirth Bill of Rights & Responsibilities looks a bit like a very specific Australian Statute of Basic Rights for Mothers & Babies!

If “free markets and fiscal rectitude now occupy the moral and policy high ground in Australia,” as claimed last month by Tom Switzer, opinion page editor of the Australian Newspaper, why is market competition regarding choice of maternity service provider and place of birth artificially restricted in both the public and private health sectors through current anti-competitive funding arrangements? I’d suggest its because ‘birthing is BIG BUSINESS’ and I’m sure we’ll here more about that this evening in the Australian Film Premier, “The Business of Being Born: The Inconvenient Truth of Childbirth,” (Lake & Epstein, 2007). At the National Primary Health Care Forum yesterday in Adelaide there was again much focus on state funding for GP PLUS and federal funding for GP CONNECT services. Many of us here today understand that midwifery is a primary health initiative and that funding reforms in the shape of ‘Midwifery Plus’ and ‘Midwife CONNECT’ could make significant contributions to the health status of Australian families!
Definitions: 'Inclusion' 'Illusion' 'Intrusion'
An underlying historical and ongoing feature of political lobbying for maternity reform in Australia is the argument for equitable access to homebirth in the form of publicly funded caseload midwifery services. In the absence of any recent Commonwealth initiative in this area, some State & Territory health authorities have responded to the challenge through the development of public health policy & clinical guidelines to underpin the implementation of publicly funded homebirth services in their jurisdictions. Specifically WA, NT, NSW and SA are jurisdictions all now offering some forms of publicly funded birth at home services with midwives, although on the whole access is controlled and restricted by geography, resources, and services predominantly operating in metropolitan, or immediately outlying regional areas, all with exemplary outcomes for women and their babies, all oversUBSCRIBED and with demand that is not being met.

Time is getting away as usual, and the final issue I want to raise today is:

Are the interests of individual women and homebirth access the same as the interests of the state? And what happens when these interests conflict?

It's specifically this consideration that stimulated the title for this presentation, because this is probably currently the most contentious issue in some established homebirth circles.

Ie: Is State Sponsored Homebirth about Public Health
INCLUSION
ILLUSION or
INTRUSION

So we go back to language. The act of INCLUDING I see as aspirational and optimistic. On the positive front it comprehends and encompasses the whole community; when it is accompanied by integrity it has the potential influence and capacity to socially empower individuals, groups and society expansively, and to utilize a utilitarian term, “for the good of all.” However, to include can also mean to ‘contain,’ ‘to hold,’ to ‘enclose,’ and to ‘confine,’ and it is acknowledged that this can be problematic for both the individual in specific circumstances, and for the state, whom by definition assumes governance and is responsible for the common good.

ILLUSION is the act of deceiving; it is a false show and / or a delusion; it can be a wrong interpretation of what is perceived through the senses; it can also be deceptive appearances, statements or beliefs. I acknowledge there are those who consider the mainstreaming of homebirth services as culturally undesirable, (both within the mainstream and outside of it!). Critique often focuses on a view that mainstreaming is ‘tampering,” “threatening,” or “contaminating” established homebirth grassroots culture and morphing it into an undesirable mutated hybrid. I personally reject this view and believe that primary health care initiatives should be accessible to all in the community. There is also potential for disagreement and conflict around the boundaries negotiated for state access and equity, service standards, requirements for transparency and accountability where different benchmarks may be applied by the state than by an individual. Certainly these painful realities have been part of my experience in 3 years of participation on a Department of Health Committee to
establish state wide public policy guidelines for SA Birth At Home Policy (2007). Compromise and consensus have been an important part of this process. Policy and Guidelines are just that, “guides.” It is people and systems in relationship that implement them, and where they are applied with integrity and goodwill in the real world, this can have beneficial outcomes for all in a society.

INTRUSION At worst & most extremely, State Sponsored Homebirth has been branded as governmental assault, encroachment and usurpation of the realm of the personal and private; as unlawful entry by strangers, or even in more unsavoury terms as “big brother” entering without invitation or welcome to provide ‘surveillance’ and ‘standardisation’ of what is a unique experience that should be self determining. I remember the very visceral description of a woman recalling her experience and feelings about her womb and her baby at caesarean surgery with her first birth after experiencing HBAC: Home Birth After Caesarean. She described the sensation as, “strangers rummaging around in my sacred space violating everything I held precious.” As one close friend and colleague has announced: ‘I don’t want the state in my bedroom,’ and I acknowledge that neither do many others!

Australia’s current blended mix of public and privatised health services will continue long into the future. This seems to be the trend in health care in a liberal democracy, a trend that will continue to enable a certain level of choice and diversity in services provision. However, Australian women and their families have been asking for birth reform in the public sector loudly and clearly for some 3 decades now. In an editorial back in 2004, Justine Caines, then national President of Maternity Coalition observed that state and territory jurisdictions in Australia were approaching their 32nd review and inquiry into birthing services since 1985 .......

Australia has a dearth of inquiries, recommendations and evidence in relation to birthing services. What is required is widespread, national, systemic reform in public health services and funding, and appropriate workforce reform to support this.

**Birthing rights and responsibilities in a democratic society**

And so I return to Justice Kirby’s notion of ‘Consensus Revisited?’ In concluding his oration on consensus he noted,

“The right to disagree or to dissent from the majority view when things seem wrong or unjust is one of the most important freedoms that exists in a democracy. On such questions our institutions need strong concurrences but also sometimes strong dissenting voices. Australian society should value its dissenting citizens. Today’s dissent may become the basis of tomorrows consensus. The time has come in Australia to strive for a new consensus on one subject – the rights and fundamental freedoms that belong to all Australians. Truly this is a subject worthy of an attempted national consensus,”

(Annual Hawke Oration: ‘Consensus Revisited?’ Justice Michael Kirby, Adelaide 2007)

Bearing in mind Sheila Kitzingers view, expressed here again today, that,

“Home birth is the standard and will remain the standard against which all birth
quality should be measured," (2007),

surely means that striving for universal public homebirth access is a subject also
worthy of a national consensus.

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