ACM MEDIA RELEASE – Midwives question why women choose not to birth in hospital - June 19th 2015

The Australian College of Midwives (ACM) believes that the WA Coroner Ms Linton has missed an opportunity to require hospitals to provide a more flexible, woman centred approach for women with risk factors. The report missed the opportunity to make comment on the reasons that these women chose to give birth at home.

Women want the best for their babies and they make decisions about place of birth depending on their views on where they will receive the care that meets their needs. Women want access to midwifery continuity of care, access to waterbirth, be able to have a vaginal birth after a previous caesarean section and give birth to twins naturally. Not all hospitals will provide women with access to these practices and this means women sometimes are forced outside the usual health system.

Hospitals need to be more flexible and supportive of women’s choices.

Homebirth is safe for the right women (low risk women who are healthy and informed), with the right midwives (those who are registered, regulated and networked in to the larger hospital network) and in the right systems (with effective consultation and referral systems with obstetricians and other providers, in a respectful collaborative model).

Professor Caroline Homer, President of the Australian College of Midwives said “Calling women selfish for choosing homebirth as some have done in the media since the Coroner’s Report was released is completely unhelpful.” She said it fails to recognise the underlying problem – hospitals are not providing access to evidence-based maternity care options and it is not surprising women are choosing to go outside the system. “Instead of calling women selfish, the system should be listening to women and making sure we are meeting their needs more effectively” Professor Homer said.

The Australian College of Midwives supports women’s choice and calls on the Western Australian Government to take steps to improve the flexibility in the hospital system and facilitate access for private practising midwives to hospital to accommodate women’s needs and to improve access for women with their known midwife.

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