

# Medicare for Homebirth Advocacy Project Position Statement

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## Background and importance

Homebirth is a viable, safe option for low risk women and babies, leading to similar neonatal and maternal outcomes in terms of mortality, and significantly better outcomes for maternal morbidity ([Homer et al., 2019](#); [Hutton et al., 2019](#); [Scarf et al., 2018](#); [Davies-Tuck, 2018](#)). The reason for these similar outcomes yet improved maternal morbidity is due to a lower intervention rate in the homebirth setting ([Homer et al., 2019](#); [Davies-Tuck, 2018](#)), supported by continuity of care with a known midwife ([Sandall et al., 2016](#)). However, birth at home with a Privately Practising Midwife (PPM) in attendance is not currently an affordable option for the majority of Australian women, leaving them out of pocket upwards of \$4000 per birth. Medicare currently provides limited rebates for the antenatal and postnatal care provided by PPMs to women, yet there remains a significant gap in intrapartum (labour and birth) care; the part of their care that tends to cost the most. Intrapartum Medicare rebatable care for homebirth would reduce out of pocket costs by at least \$700 per birth, with the potential for up to \$2500 savings for the combined antenatal, birth and postnatal care.

## Why is it important? The problems...

**Women should be able to choose their mode of birth and care provider without financial repercussion, but in Australia, they are currently unable to do so.** By broadening the rebatable birth options for Australian women, Privately Practising Midwives can be supported in providing a gold standard of continuous care to mothers and babies antenatally, throughout the birth and postnatally, regardless of where the woman chooses to give birth. This will maintain safety for mothers and babies and will lead to a reduction in unnecessary interventions currently experienced during labour and birth. Currently, women can receive a \$565 rebate for intrapartum care if they choose to birth in a hospital setting, which coerces women into birthing in an establishment they may not otherwise choose.

**'High Risk' (Category C) women are to be refused rebatable care, further reducing security and stability in care provider and financial situation for these women.** In 2019 the Medicare Review Taskforce recommended that intrapartum care for homebirth be covered by Medicare, but then added the stipulation that this only be the case for category a and category b women, as per the [Australian College of Midwives National Midwifery Guidelines for Consultation and Referral](#). A woman can change from Category A/B ( 'low risk') to Category C ('high risk') at any point in their pregnancy, birth or postnatal period. By refusing to cover intrapartum care for those women classed as category C women are again left in an unstable situation, where they would either have to forgo medical care with their PPM, pay thousands of dollars more than they were planning or previously

expecting, or birth without their chosen care provider in a different setting if they suddenly were classed as high risk. This not only creates instability for the woman and midwife, but also reduces safety as the known midwife providing continuous care is no longer able to provide that care in a different setting.

**PPMs are expected to ‘collaborate’ with a GP, health service or Obstetrician in order to provide Medicare rebatable care, yet this collaboration is one-way, is often refused and consequently leaves women and midwives in compromising situations.** PPMs are some of Australia’s most highly qualified and up to date birth professionals, having undertaken a Bachelor’s degree and at minimum three years in a hospital setting and numerous professional development activities to practice independently. Additionally, PPMs are subjected to frequent audits and must continue to undertake professional development to maintain their registration status. To suggest that a GP, who has had significantly less training in the physiology of pregnancy, labour and birth, should be required to provide a referral is disrespectful and completely denounces the abilities, qualifications and capacity of our professional PPMs.

## **Our aims**

- Obtain Medicare Rebatable Intrapartum care for Australian women choosing to birth at home with a PPM
- Obtain this care for ALL women, regardless of categorisation, to enable financial, emotional and physical stability throughout the pregnancy, birth and postnatal period
- Remove the mandatory requirement for one-way collaboration by PPMs, enabling midwives to provide the care they are trained to provide

## **How will we do this?**

We continue to collaborate with other maternity and homebirth organisations, including [Maternity Choices Australia](#) and [Homebirth Australia](#), to lobby and work towards securing an agreement for Medicare rebatable intrapartum care to be included in an upcoming budget.

## **Where are we now?**

The most recent update from the Honourable Greg Hunt has advised that the budget due out in May, 2020 will include Medicare rebates for homebirth.