



Homebirth
Australia



TASMANIAN INQUIRY INTO
REPRODUCTIVE, MATERNAL
AND PAEDIATRIC HEALTH

Homebirth Australia submission

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Who we are

Homebirth Australia is the national peak body for homebirth in Australia. We represent women and families who choose to give birth at home, as well as midwives in private practice who attend homebirths, and advocate for improved access for homebirth throughout Australia.

Birth trauma is something our organisation has been very aware of for over 40 years, and is a topic widely discussed in homebirth groups.

Homebirth in Tasmania

According to that latest data from the Australia's Mothers and Babies report from the Australian Institute of Health and Welfare, 6081 babies were born in Tasmania in 2021. 98.5% of those babies were born in hospital, 0.4% were born in birth centres and 0.9% were born at home.

Tasmania has one of the highest rates of homebirths in Australia, exceeded only by the Northern Territory, which has a homebirth rate of 1.2%. The homebirth rate for Tasmania has remained steady from 2019 to 2021 (more recent data has not yet been made available).

It is estimated that there are currently 4 Privately Practising Midwives (PPMs) providing homebirth services in Tasmania and there are no Publicly Funded Homebirth (PFHB) programs. PPMs have reported to us that this year in particular, the number of enquiries they've received has increased significantly.

In Tasmania, as in other states and territories around Australia, the demand for homebirth services far outweighs the supply. Women who live in rural and remote areas are particularly impacted by lack of services.

Women in Tasmania deserve to have access to their preferred model of care, regardless of their financial situation or where they live.

Feedback from our community

Midwives who attend homebirths have reported a drastic increase in enquiries over the past few years, many of those from women who were terrified to give birth in a hospital due to previous trauma.

The restrictions placed on visitors and support people during COVID in some states only exacerbated this issue and drove more women to seek birth support 'outside the system'. There simply are not enough homebirth midwives to meet the demand, and many women reported to us that they chose to freebirth (give birth at home with no medical assistance) rather than birth in hospital. Many women choose this option over birthing with a midwife in attendance at their home, so they can have full autonomy of this sacred physiological process.

It is no surprise to us that homebirth is more common with women who have given birth previously than with first time mothers. Our current culture around birth tells us that birth is inherently dangerous, and women are discouraged from listening to their intuition and having confidence in their ability to give birth naturally. Lack of unbiased, evidence-based information and birthplace options given to women during pregnancy can be viewed as contributing factors.

We recently conducted a poll of our social media followers (5,500 on Instagram), and the results are alarming.

When asked **'have you experienced disrespectful or abusive treatment before, during or after birth?'**, 77% responded 'Yes'.

When asked **'if you experienced birth interventions (such as induction, instrumental birth, assisted delivery of placenta), would you attribute this towards your birth trauma?'**, 86% responded 'Yes'.

When asked **'do you feel like you were able to make informed choices about your care?'**, 66% responded 'No'.

When asked **'If you received fragmented care (not with the same midwife, but a different midwife each visit), do you feel that contributed towards your birth trauma?'**, 89% responded 'Yes'.

When asked to share key points of their birth experience, we received the following responses:

- 'Being treated like dirt after hospital transfer (from homebirth) and midwives abused by staff! Being separated from my baby'
- 'Obstetrician told me she needed to perform VE, didn't ask if she could, then rushed & shoved hand inside me'.
- 'Induction – posterior baby, nuchal band, 2L blood loss and surgery. Lifelong pelvic floor issues'
- 'Non consented anal exams by training dr during assessment/repair and undoing stitches'
- 'Not being listened to and feeling like I'm just a pin cushion and a student testing dummy as I was 19.'
- 'At 25 years old I was made to labour in a waiting room as I was not believed to be in labour. I was undervalued, made to feel I didn't know my body and no consent when rupturing my waters. My past experiences in birth and how I was treated led me to freebirth, not wanting to be treated as I had been and undermined as I knew my body was capable, yet the system didn't'.
- 'It was only when I had a homebirth that I had a respectful and safe birth.'
- 'Staff would just do things without explanation, to me and my baby'.
- 'Postpartum care is a slap dash, sets women up for postnatal depression. Teach things other than baby baths. No transparency around likely adverse outcomes of hospital birth vs homebirth.'
- 'Unnecessary induction, cascade of interventions, c-section, GA, haemorrhage.'
- 'I was coerced, bullied and assaulted during labour. Interventions without my consent and against my requests'.
- 'Doctor would not accept my no 4 times for an episiotomy and threatened me with a c-section'.
- 'I encountered trauma within MGP. Birth trauma happens in every model, not just OB/hospital'.
- 'I can't put a finger on what it was, but I felt really let down by my private midwife'.

- 'Induced, hyper reaction to the hormone, baby's heart rate dropped below 30bpm'.

When asked '**What do you think needs to change in order to reduce birth trauma?**', we received over 50 responses and the main themes were around:

AVAILABILITY: more PFHB models, more MGP models, enforce ratios so that midwives can adequately support women in hospital.

ACCESSIBILITY: less red tape for midwives in private practice, funding reform to allow all women to access the model of their choice, more funding for homebirth.

EDUCATION: educate women on their rights and birth options, educate health providers on informed consent and woman centred care.

ACCOUNTABILITY: repercussions for health providers who violate women's rights, obstetric violence to be recognised as a crime.

As an organisation, we agree that these main themes are the key to preventing birth trauma in the future. The entire maternity system needs reform, the culture needs to change, and evidence-based care made a priority. Hospital policy is designed to protect the individuals within it and the health system is not designed to provide women with respectful, culturally and emotionally safe care.

Individual responses to this question are listed below:

- 'Education for staff re: why people choose homebirth'.
- 'Education around misogyny within medicalised birthing world (especially with doctors)'.
- 'Unpack the hundreds of years of oppression of birthing people'.
- 'Obstetric violence be recognised as a legitimate issue/crime'.
- 'CONSENT, respect, better antenatal education'.
- 'Note home birth. Less hospital tick boxes. Consent'.
- 'Less coercion, stop telling women their baby will die if xyz and give her actual evidence'.
- 'Informed consent training. Being held accountable for lying and manipulating'.
- 'Health professionals acknowledge that mothers are the experts when birthing their baby'.
- 'Students to learn about woman centred care models'.
- 'Hands off approach toward birth unless medically necessary'.
- 'Midwifery led care in hospitals'.
- 'Walk away from the system altogether, it and the people in it are never going to change'.
- 'Transparency re: stats on vaginal birth in hospital vs at home'.
- 'Sit back and leave women to birth and step in if needed. Stop interventions. More birth centres'.
- 'Stories we tell our children about birth need to be empowering and positive so they can make better decisions around their care'.
- 'Trust in physiology'.
- 'Education and the opportunity to make informed decisions rather than be told "it's policy"'.
- 'As someone who is having their first baby, I am shocked by how little women know about their rights'.
- 'For continuity of midwifery care models to be available to every woman'.
- 'Enforce ratios in maternity services so midwives can adequately support women'.
- 'For hospital obstetricians in maternity services to practice evidence-based care'.

- 'More independent midwives. Less protocols. More support of physiological birth'.
- 'Affordability of third-party birth education'.
- 'Continuity of care'.
- 'Proper informed consent and evidence-based care. Not an OB's opinion'.
- 'More funding for homebirth'.
- 'Birth being given back to women. Undoing hundreds of years of patriarchy and control from obstetrics'.
- 'More homebirth program funding and red tape removed for midwives in the homebirth field'.
- 'Knowledge/empowerment'.
- 'More MGP spots available so ALL women have access to gold standard continuity of care'.
- 'We need to be better educated and told our options'.
- 'Education. Education. Education.'
- Stop rushing the birthing process! More funding for homebirth'.
- 'Better education and services need to be provided to people who are from a low-income bracket'.
- 'Allow women to choose their care providers with funding'.
- 'Midwifery led continuity of care programs to be the norm and available to women of all risk levels'.

Breastfeeding trauma is something that 57% of our respondents experienced. It is common for women in postnatal wards to receive conflicting advice regarding breastfeeding, and despite hospitals seeming to encourage breastfeeding, many women still report being bullied into feeding formula to their babies. More breastfeeding education is required on a national level in public hospitals, with increased access for women to International Board-Certified Lactation Consultants (IBCLC's).

Publicly Funded Homebirth

Tasmania is the only state in Australia that does not provide publicly funded homebirth. Due to the costs of running a private midwifery practice, a homebirth with a PPM can cost between \$6000 and \$7500, with limited access to Medicare rebates. This leaves many women unable to access their preferred model of care due to financial constraints. Publicly funded homebirth is more accessible to migrant women, women from low socio-economic demographics and those who are unable to secure a PPM due to the high demand of their services.

We strongly urge the Tasmanian Government to look to the NSW Health report following the NSW Birth Trauma Inquiry. They have recommended an increase in publicly funded homebirth programs across the state.

We recommend that the first location for PFHB in Tasmania should be Hobart Public Hospital. Hobart has an established Midwifery Group Practice program, which has great outcomes for mothers and babies.

Professional Indemnity Insurance for Privately Practising Midwives

PII for PPMs is an issue receiving a lot of attention now. Homebirth Australia are campaigning for the Federal Government to listen to the women and families who will be directly impacted by these proposed changes.

For more background on this issue, we refer the Select Committee to our website:

<https://www.homebirthaustralia.org/professional-indemnity-insurance.html>

We have also provided supplementary information attached with this submission:

- ‘Our Body, Our Choice’ results from the July 2024 survey of homebirth midwives and families across Australia regarding the Federal Governments proposed changes to PII for PPMs, which received 5,917 responses.
- Homebirth Australia’s submission to the Federal Government consultation process, which closed on the 12th of August 2024.

Recommendations

We recommend that the Select Committee listen closely to the voices of the women who have bravely shared their experiences through their submissions to this inquiry. We ask that the Select Committee look to the NSW Birth Trauma Inquiry for an example of how to run an inquiry in a trauma informed, respectful and emotionally safe way. Women are at risk of being re-traumatised when they share their experiences, particularly in such a public forum, yet they do so because they want their experiences to help future women and families.

If you listen to the women with lived experience of reproductive, maternal and paediatric health in Tasmania, they will tell you exactly what needs to change to ensure better care and outcomes for future Tasmanian women and their families.