BIRTH IN TASMANIA

Subject: Submission on Maternity Services

Dear Secretary and Committee Members,

We are a volunteer consumer birth advocacy group in Tasmania, with goals of improving the delivery of maternity services and reducing birth trauma for Tasmanian women. We aim to give women, the consumers, a voice in the design, implementation and delivery of maternity services in Tasmania.

We welcome the inquiry into Reproductive, Maternal and Paediatric health services in Tasmania and commend the investigation of such an important issue. We hope that this inquiry can bring positive changes for the future. Our submission will focus on the terms of reference relating to maternity services and birth trauma.

I Continuity of Care

'You cannot have a referral to a known midwife until you have a transvaginal ultrasound and bloodwork done.'

Labour and birth are highly sensitive physiological processes that can be affected by external environmental and psychosocial factors.[1] It is critical that a women's birth environment is perceived as secure and protected to enable the release of hormones to mediate labour, reduce stress and pain levels, as well as facilitate maternal bonding with her baby. Therefore, it is important for women to give birth at a place they recognise as safe, this includes both the environment and the people within the birth space.

Both in Australia and across the world, it has been well established that continuity of care by a primary midwife increases women's satisfaction during the antenatal, intrapartum and postpartum periods.[2] This includes both women at low risk and high risk of medical complications.[3] Further, a recent Australian study demonstrated midwifery continuity of care as being beneficial in reducing anxiety and depression in pregnant women during the antenatal

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[1] Ibone Olza et al, 'Birth as a neuro-psycho-social event: an integrative model of maternal experiences and their relation to neurohormonal events during childbirth' (2020) 15(7) *PLoS One* 1.

[2] Della Forster et al, 'Continuity of care by a primary midwife (caseload midwifery) increases women's satisfaction with antenatal, intrapartum and postpartum care: results from the COSMOS randomised controlled trial' (2016) 16(28) *BMC Pregnancy Childbirth* 1.

[3] Deborah Fox et al, 'Midwifery continuity of care for women with complex pregnancies in Australia: An integrative review' (2023) 36(2) *Women Birth* 187.

period, with some experts suggesting that midwifery continuity of care may have a preventative intervention to reduce maternal anxiety and depression during the perinatal period.[4]

As members of the community, and from our own experiences, we can confidently express our views that the current delivery of maternity services in Tasmania is not woman centred. In fact, the majority of Tasmanian women receive inadequate information, inadequate antenatal classes and fragmented care which prevents them from building a trusted relationship with their care providers. In everyday life, people return to the same hairdresser, the same GP and the same coffee shop, because not only does it make life more enjoyable and create a sense of belonging or community, but they have established a level of trust and subsequently a safe environment through their continuous and consistent positive relationships which improves the delivery and quality of these services tailored to the clients needs.

The evidence is well established, women want continuity of care, which is demonstrated to have the lowest rates of intervention and the highest rates of patient satisfaction.[5] However, most Tasmanian women do not have access to continuity of care. In 2023 only 17.4% of women were able to access Midwifery Group Practice ('MGP') caseload care,[6] while another 13% of women had some form of continuity with a private obstetrician.[7] For a life event as transformative and as important as growing and birthing a child, it goes against the evidence that a woman should be forced to see a different care provider at every appointment, not knowing which person will be there to support and guide her through labour and birth.

II Homebirth

'I tried to hire an independent midwife. I only found out that I was pregnant at 7 weeks, I called the midwife the very next week, but they were already booked out. There's no way I would give birth in a hospital here, so it looks like I'll be free birthing instead.'
Tasmanian woman

Tasmania does not have a publicly funded birth centre and is now the only state and territory that does not have a publicly funded homebirth program. Homebirth provides women

[4] Sara Cibralic et al, 'The impact of midwifery continuity of care on maternal mental health: A narrative systematic review. Midwifery' (2023) 116 *Midwifery* 1.
[5] Yvette Miller et al, 'A direct comparison of patient-reported outcomes and experiences in alternative models of maternity care in Queensland, Australia' (2022) 17(7) *Public Library of Science* 1.
[6] Australian Institute of Health and Welfare, Mothers and Babies 'Maternal models of care in Australia (Report, 2023) 27.
[7] Ibid.

continuity of care with an autonomous midwife, in the comfort and safety of their own homes. Homebirth can be a safe option for both mother and baby and is often considered the gold standard of woman centred maternity care.[8] Home birthing mothers report the highest rates of satisfaction, high rates of autonomous decision making and low rates of intervention.[9] However, homebirth is often inaccessible to many women, due to private midwife shortages and high out of pocket costs.

We have had many reports of women struggling to access private midwifery care. Due to the shortage of private midwives, we hear that midwives have already been booked out, or that women need to drive for hours in labour, whilst attempting to attend a birth centre. Other women that we have spoken to have said that they would love to choose homebirth, but simply cannot afford it.

III Data and Statistics

'I had timelines put on me over and over again. It was a public holiday! I was apparently having a big baby, so they were putting shoulder dystocia scare tactics on me. I ended up in theatre for an episiotomy and forceps or possible caesarean section. I felt so unsafe.'

Tasmanian hospitals currently do not have adequate or transparent methods of reporting data. As consumers, women should be able to access current information about the rates of intervention and birth trauma reported from the hospital that they wish to birth in. Statistics such as the caesarean section, episiotomy, instrumental birth, inductions and augmentation of labour rates should be collected and made available to consumers from each individual hospital, so that women can make an informed decision about which model of care they wish to access. Women often feel like their bodies failed them, when they don't achieve the birth they had hoped for, however, research shows that provider preferences can influence birth outcomes.[10] Women need to have an understanding of what their providers preferences are, before birth so they are able to make an informed decision.

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[8] Jennifer Fenwick, Hazel Brittain and Jenny Gamble, 'Australian private midwives with hospital visiting rights in Queensland: Structures and processes impacting clinical outcomes' (2017) 30 (6) *Women and Birth* 497.
[9] Ibid.
[10] Ingela Lundgren et al, 'Cultural perspectives on vaginal birth after previous caesarean section in countries with high and low rates - A hermeneutic study' (2019) 33(4) *Women Birth* 339; Lily McCarthy et al, 'Examining provider practice-level disparities in delivery outcomes among patients with a history of Caesarean Delivery' (2024) 24(243) *BMC Pregnancy Childbirth* 1.

IV Informed Consent

'He told me that I would not be able to consent in labour, as I would be in too much pain, so he would be making the decisions for me anyway. This obviously terrified me, what do you mean I can't make decisions about my own body.' *Tasmanian woman*

We have heard extremely worrying stories from women, who have experienced care from providers who do not seem to have been provided with adequate consent training. Informed consent is a pivotal facet of Australian medical law, where providers must provide patients with adequate information to make an informed decision.[11] Pregnancy and birth stories from Tasmanian women consistently depict themes of coercion and inadequate provision of information. We hear from women that providers have told them 'They aren't allowed to leave the hospital', 'they cannot decline an induction', 'they must submit to a vaginal exam', or that 'they cannot refuse testing in pregnancy'. This type of language does not represent informed consent. Not only does this breach well established rights to bodily autonomy,[12] it also paints a picture where providers do not respect women as the key decision makers of their care, which is known to contribute to and cause birth trauma.[13]

V Recommendations

(a) Expand MGP programs, so that every woman in Tasmania, of all 'risk categories', has the option of continuity of midwifery led care.
(b) Implement the national Woman Centred Care strategy, so that Tasmania is on par with the other states and territories by ensuring that maternity services are delivered in a way that prioritises a woman's right to safety, respect, choice and access.
(c) Provide publicly funded homebirth programs through the major hospitals and provide publicly funded birth centres for the regional areas.
(d) Collect adequate data about intervention rates, patient experiences of autonomous decision making and birth trauma. Collate this data annually, so that women can make informed decisions about their care providers.
(e) Provide independent consent training to all maternity sector staff.

Sincerely,

Birth in Tasmania

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[11] *Rogers v Whitaker* (1992) 175 CLR 479.
[12] Ibid.
[13] Hazel Keedle, Warren Keedle and Hannah Dahlen, 'Dehumanized, Violated, and Powerless: An Australian Survey of Women's Experiences of Obstetric Violence in the Past 5 Years' (2022) 30(9) *Violence Against Women* 2320.