



Submission: Select Committee on Reproductive, Maternal and Paediatric Health Services in Tasmania

Better Births Illawarra

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Contact: Sharon Settecasse, President.

Thank you to the Select Committee on Reproductive, Maternal and Paediatric Health Services in Tasmania for providing individuals, groups and organisations to make a submission to improve reproductive, maternal and paediatric services in Tasmania. Mothers, babies and families deserve high quality care and it is positive to see the importance placed on hearing from the public and consumers of the services.

Better Births Illawarra will focus on the following Terms of Reference in this submission;

- (a) to assess the adequacy, accessibility and safety of the following services for Tasmanian parents and their children in relation to:
 - (i) maternal health services;
 - (iii) birth trauma;
 - (v) midwife professional Indemnity Insurance;

We will refer to NSW services and outcomes as well as Illawarra Shoalhaven as a case study for what is possible.

- (b) to examine disparities in the availability of services, staffing and outcomes between:
 - (i) Tasmania and other Australian states and territories;
- (c) to make recommendations on actions that can be taken by the State Government to ensure reproductive, maternal and paediatric health and perinatal mental health services meet the needs of Tasmanian parents, families and children.



Who we are

Better Births Illawarra is a community-led maternity consumer advocacy organisation committed to ensuring all women have access to empowered births. A necessary part of that is to see preventable birth trauma eliminated, access to birth choices and respectful maternity care.

BBI's focus is to ensure woman's right to access gold standard maternity care through continuity of midwifery carer models both through the Midwifery Group Practice in the public healthcare system or with a private practicing midwife (PPM).

Better Births Illawarra works to influence policy and practice in maternal health at local, statewide and national levels. We work in alliance with national organisations and are a core member of the consumer committee for the Parliamentary Friends of Maternal Health.

(a)(i) Maternal Health Services: A fragmented system failing mothers and babies

Women and birthing parents in Tasmania deserve to have access to an empowered birth.

The current healthcare systems across Australia that leaves 1 in 3 women with birth trauma needs to be urgently improved. The NSW Health Minister, in his official response¹ to the NSW Parliamentary Birth Trauma Report² chaired by Hon. Emma Hurst was an apology to women across NSW. This apology is an important acknowledgement that the harm caused is institutional. It recognises that the cause of birth trauma is systemic, and responsibility lies with the government and NSW Health – not with individual women.

The NSW Government's commitment to funding and implementing the 42 of 43 Recommendations from the comprehensive and robust final Report. The key initiatives that were highlighted to improve the maternal health system in NSW could be used in all States and Territories as a starting point. The five initiatives to be accelerated are:

- Increasing access to maternity continuity of care models
- Embedding trauma-informed maternity care
- Improving the way information is provided to women
- Improving consent processes in maternity care and:
- Supporting women who experience pregnancy complications

¹ [NSW Government response](#)

² [Report \(nsw.gov.au\)](#)



It is important to note that the improving access to the gold standard maternity care through continuity of midwifery care was publicly supported by the NSW Health Minister during the NSW Health Budget Estimates on September 10th 2024.

This will see more women have a right to access this model of care regardless of their financial situation, age, cultural background, if they are First Nations, LGBTIQ status, if they live in remote, rural or urban areas.

What is MGP?³

Midwifery Group Practice (MGP), is when a woman or birthing parent is cared for by a known primary midwife and a back-up midwife throughout pregnancy, birth and up to six weeks postpartum. It is a caseload or continuity of midwifery care model in the public health system.

Midwifery-led continuity-of-care is proven to reduce birth trauma, improve outcomes for mothers and babies, save money, increase midwives' job satisfaction and improve culturally responsive care for Aboriginal and Torres Strait Island women. International studies have linked midwifery continuity-of-care with a 16 per cent reduction in pregnancy loss and neonatal death; 24 percent less chance of preterm birth; mothers are 16% less likely to be given an episiotomy and breastfeeding rates are higher at both 6 weeks and 6 months.⁴

MGP and Birth Trauma prevention

The Select Committee on the NSW Parliamentary Inquiry into Birth Trauma acknowledged in the final report that midwifery-led continuity-of-care was “overwhelmingly favoured” by stakeholders and “hailed as the gold standard.”⁵

Currently, 9 out of 10 women miss out on this gold standard of care across NSW and 7.5 out of 10 in QLD. With birth trauma affecting 1 in 3 women, it is a public health concern that can be immediately addressed with all women having access to an MGP.

Currently, the demand for MGP far outweighs the supply. Unless Tasmania is bucking the national trend, then it is not adequately providing access to women to the gold standard maternity care that has proven strong outcomes for mothers and babies.

Continuity of care for First Nations communities

³ [Continuity of Care Handbook.pdf \(midwives.org.au\)](https://midwives.org.au/midwifery-care-handbook/)

⁴ [Benefits from continuity of midwifery models](#), Queensland Health, Version 3.0 February 2019.

⁵ Page 82.



As a non-Indigenous organisation, we defer our knowledge to that of Aboriginal Community Controlled Health Organisations we work with such as *Waminda South Coast Women's Health and Wellbeing Aboriginal Corporation*⁶ on Yuin Country in NSW.

We strongly recommend to the committee to engage with ACCHOs in Luruwita to explore Birthing on Country and culturally-specific Aboriginal and Torres Strait Islander maternal health care.

Publicly Funded home births through MGP

Publicly funded home births operate through MGP models in public healthcare systems. Tasmania is the only state in Australia that does not provide publicly funded homebirth. The financial cost of being supported by a PPM makes homebirth as a birth choice untenable for many women especially low income, migrant and refugee women with out of pocket costs ranging \$6000 - \$7,500 due to limited Medicare rebates.

(a) (ii) Birth trauma - a national problem

The recent historic NSW Parliamentary Legislative Council Select Committee into Birth Trauma, exposed the heart-wrenchingly high rates of birth trauma in NSW and a healthcare system failing mothers and babies. An unprecedented number of submissions saw 4,200 courageous women, birthing people, partners, midwives and healthcare practitioners give evidence of their lived experience of birth trauma or witnessing birth trauma. It highlighted that birth trauma is widespread and not isolated to one hospital, one health district, only rural and remote areas or with one demographic.

Birth trauma is not isolated to NSW alone. Across Australia, 1 in 3 women and birthing parents experience birth trauma. Birth trauma is a nationwide problem that must be addressed urgently by the Commonwealth government and each State and Territory government.

Many of the individual submissions made to the NSW Inquiry came from interstate. The BEST study that had more than 8,000 survey responses across Australia.

The NSW Birth Trauma Report is a comprehensive and important source document. The Select Committee made 43 Recommendations of which 42 were supported in full or in principle by the NSW Government. Whilst it prioritised five initiatives that will be accelerated as detailed above. Whilst the details of this is unknown, it is clear the Government listened to the thousands of brave women who shared their often harrowing and deeply personal experience and must now act urgently to address this widespread issue.

⁶ [Maternity - Waminda](#)



We urge the Select Committee of this Inquiry to review the final Birth Trauma Report to understand and read women's testimonies, evidence presented and solutions developed.

We encourage you to engage with our webpage dedicated to the consumer perspective of the Birth Trauma Inquiry including the Key Recommendations⁷ we made to the NSW Health Minister and the NSW Government.

(a)(v) Midwife Professional Indemnity Insurance

All women must have access to safe, planned home birth with a privately practicing midwife (PPM). It is vital that State and Federal Governments uphold the fundamental right that it is a woman's choice to determine when and how to give birth. Women making an informed decision to give birth at home should be supported to do so as safely as possible.

We are part of a national strategic alliance led by Homebirth Australia, of consumer organisations seeking to support the community demands regarding homebirth. We contributed to the survey asking community members across Australia how the proposed changes will impact them. The findings of the survey are found in this Report⁸.

The Federal Labor Government has made proposed changes to Professional Indemnity Insurance for PPMs. Whilst it is positive to see more investment by the Federal Government in maternity services and midwifery services, the commitment to cover 100% of claim costs for PPMs providing "low risk" homebirth and intrapartum care outside of the hospital (the proposed changes) is flawed.

The proposed changes which will only provide cover for a PPM to support "low risk" women will result in many women in Australia (who do not fall neatly in the low-risk category) such as women over 40 years, IVF pregnancies, women with a 35 + BMI etc will be denied the option to birth safely at home with a PPM. It is highly concerning that the *ACM's National Midwifery Guidelines for Consultation and Referral* are being used entirely out of context to develop an insurance product and should not be used to determine a woman's ability to birth at home with the support of a PPM.

The proposed changes will curtail women's reproductive health rights, and result in negative unintended consequences. These proposed changes will:

- Restrict women and birthing people's bodily autonomy and freedom of choice;
- limit women's access to birth safely at home; and

⁷ [Aug2024LetterNSW Health Minister \(squarespace.com\)](https://www.squarespace.com)

⁸ [Homebirth Australia survey report \(actionnetwork.org\)](https://www.actionnetwork.org)



- result in more women who would choose a homebirth with a PPM to opt for freebirth without trained and registered midwives present to avoid birthing in a hospital setting.

Our alliance is asking for the Federal Government to:

1. Extend the existing exemption that allows PPMs to attend births at home without intrapartum insurance - from July 2025 to July 2026 – to allow sufficient time to conduct a proper public consultation process and liaise with all the relevant key stakeholders on these proposed changes.
2. Undertake a more robust and comprehensive public consultation process, with the voices and needs of affected women at the center of that consultation process and at the center of any proposed changes.
3. Commit to ensuring that any proposed changes will:
 - a. Promote and protect women's reproductive rights, their bodily autonomy and freedom of informed choice; and
 - b. Ensure all Australian women, regardless of their race, age, sexual orientation or disability, can make the informed choice to birth safely at home with PPMs present.

(b) Illawarra Shoalhaven Local Health District (NSW) a case study

Improving maternity services is possible when consumers are listened to and their needs are respected. The collaborative approach between ourselves and the Local Health District means we have a health service that is putting women's needs at the center of decision making.

Recently the Illawarra Shoalhaven Local Health District made two announcements that have a direct, positive impact on outcomes for mothers and babies. These significant changes have come as a result of consumers being listened to by the health service, the NSW Birth Trauma Inquiry and close engagement with the NSW Health Minister. The two key announcements were

1. a reduction in unnecessary medical interventions over a 12 month period seeing most notably a reduction in induction rates by 15%, reduced episiotomies, lower Cesarean rates.
2. the expansion of the MGP, an outcome that Better Births Illawarra have advocated for for eight years. See below for the details:

From NSW Health:

“Commencing in August, the additional four-midwife Shoalhaven MGP team will have capacity to care for up to 134 women a year.



In Wollongong, the expansion of MGP with the creation of a new MGP team of five midwives, will significantly increase the number of women able to access the program each year. In addition, Wollongong MGP will be further bolstered by the rotation of two new-graduate midwife positions into the model.

A review of the criteria for MGP is also enabling more women with higher-level care needs to access the service, where clinically appropriate, or to stay in the program if they develop risk factors during pregnancy.

From NSW Health Minister Ryan Park:

“We have listened to the feedback that women want greater access to midwifery continuity of care, and I am really proud of the work Illawarra Shoalhaven Local Health District has undertaken to enable the expansion of its Midwifery Group Practice service.”

“The collaboration between the Local Health District, local maternity consumer groups and the community ensures we can deliver the best possible care for women, their babies and their families.”

We highlight this case study as an example of what is possible. We cannot emphasise enough the need for Government and health authorities to listen to the voices of women and birthing parents when it comes to creating change in maternal health services, to end birth trauma and address perinatal mental health.

(c) Recommendations

We recommend the following:

- That the Select Committee ensure any testifying witnesses with lived experience are given appropriate trauma-informed and emotionally safe support before, during and after the hearings.
- The stories of women and parents are centered and prioritised in the hearing. The public health system is a service consumed by the community and therefore their voices, stories and experiences are listened to and acted upon with supported evidence from health professionals. This will acknowledge and address unconscious bias and power imbalances.
- A systemic, sustainable approach to addressing the root causes of issues related to maternal, reproductive and paediatric health using the NSW Parliamentary Inquiry



Report as a basis to address maternal health services, birth trauma, perinatal health services and workforce shortages.

- Commit to the most preventable solution to end birth trauma and improve outcomes for mothers and babies by scaling up continuity of midwifery carer models.

ENDS