Go through this letter and adjust to suit. Replace the red XXXXX with the appropriate wording and delete this text box.

Then send this off to Azure Rigney (Maternity Choices Australia) and Amanda Banks (Homebirth Queensland) to check before compiling all of your documents to send off.

If you’re not sure which Health Service area your hospital is in, please refer to the map on [THIS PAGE HERE.](https://www.maternitychoices.org/qldhomebirthfunding)

Dear XXXXXXXXXX,

Thank you for taking the time to read my formal complaint around homebirth service provision at my local hospital, XXXXXXXXXXXXX Hospital. I’m sure you are aware XXXXXXXXXX Hospital is classified as a Public Entity, funded and providing services on behalf of the Qld government to meet the needs of the local community and human rights legislation.

Like most women, I have an unplanned pregnancy and under the Charter of Healthcare Rights and the National Maternity Strategy; Woman centred care, I am entitled to maternity care throughout the pregnancy continuum up to 12 months with my choice in primary care provider, such as a known midwife, in a setting of my choice, such as homebirth. This is further outlined in attached letter from the Federal and State Health Minister, ACM CEO and RANZCOG President. Having to write this complaint while pregnant makes me feel anxious, frustrated and even angry that such a basic, cost effective and evidence-based option isn’t presented as standard care (Homer 2019, Tuck-Davies 2018, Sandal 2018, Reitsma 2020).

My family has become low income due to covid impacts on the industry. Section 15.4 of the Qld Human Rights Act 2019 - equity before the law protects me as a low-income family unable to afford private care to facilitate all models of care and places of birth publicly. Failure to provide this service publicly or to pay the out-of-pocket Private Midwifery cost would fall under section 17.c Medical or scientific experimentation without full free and informed consent, given the overwhelming evidence showing in home continuity of midwifery carer has the best physical and emotional outcomes. Section 37.2 sets out provisions for public entities to provide (through service delivery or funding outsourcing) the highest attainable standard of healthcare, which XXXXXXXXXX Health Service is not currently providing as homebirth pathways are not listed on the website. I feel very stressed having to jump through these hoops to have respectful maternity care funded. I feel worthless that my local health service is not investing in my success to reduce physical and emotional birth trauma from hospital acquired infections and complications (Gamble, Creedy 2016). This will save money short and long term as you are aware the average pregnancy birth and postnatal care cost amount to a whopping $25,000, given most women are over serviced (Callander, Toohill 2021).

I am asking for XXXXXXXX Health Service to fund my Privately Practicing Midwife (homebirth suitability letter and estimated schedule of fees attached) given the omission of publicly funded homebirth program current service delivery. Precedent has been set at RBWH. Due to Covid-19 staffing issues, GCUH is currently outsourcing planned c-sections and IOL to the local private hospital, so there should be no reason why in your response letter agreement to pay the $4500 out of pocket cost for PPM and homebirth is not finalised. Thank you in advance for not dragging this out and creating extra stress on me and causing hormonal fluctuations and changes to amniotic fluid flavour as a result of prolonged cortisol, which can have life-long impacts on my unborn baby.

Kind regards,

XXX Your name XXX

XXXX Address XXXX

XXXX Contact details XXXX

**Attached Documents:**

Midwife’s Letter

Midwifes Schedule of Fees/Invoice

Supporting documents (includes Federal Health Minister letter, State Health Minister letter, RANZCOG letter and ACM letter)