Dear [redacted],

Thank you for taking the time to read my formal complaint around homebirth service provision at my local hospital, Logan Hospital. I'm sure you are aware Logan 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 centered 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 MSHHS 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 a victim of child abuse at the hands of my mother which has left me with trauma and without motherly guidance and support. So it's of vital importance that I begin my own mothering journey with positivity to break the cycle of abuse. Thank you in advance for being invested in my goals.

I am asking for MSHHS 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 causing extra stress on me and 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,

[redacted]

Attached Documents:
1) Midwife's letter
2) Schedule of Fees
3) Federal Health Minister letter
4) State Health Minister letter
5) RANZCOG letter of support
6) ACM letter of support

Attachment #1 Midwife's letter

20th January 2022

To Whom it May Concern

This is to confirm that [redacted] is 32+4 weeks pregnant with her first baby and is having her care with me at [redacted]. [redacted] is planning a homebirth and is currently healthy and well and it would be beneficial to her psychosocial situation to have this funded. Please see attached schedule of fees.

Please contact the clinic on [redacted] if you have any further questions.

Kind regards,

[redacted]

Attachment #2 Schedule of Fees

[redacted] - Summary of COC Services 1st November 2021

Fees are correct at time of printing but may change without notice.

Services marked * are minimum requirements for clients requesting individualized continuity of midwifery care.

Service description	Continuity fee (One named midwife & back-up if required)	Medicare Rebate (minimum)**
Initial Antenatal Consultation (Information visit) (45 - 60 mins) Includes explanation of options of care, costs involved, antenatal health check, referrals for blood tests /scans as required.	$75	$47.25
***Booking Appointment** (90 – 120 mins) Includes antenatal check, full medical history, referrals for blood tests/scans, individual needs assessment, collaborative letters and hospital booking, hospital case conference meeting if required.	$600	$47.25
***Standard Antenatal Consultation** (45 – 60 mins) Antenatal check, individual birth preparation, referrals as required. Up to 10 midwife antenatal appointments are usual in full term pregnancy.	$120	$47.25
Extended Antenatal Consultation (> 120 mins) If clinically required only. Includes consultation and referral with hospital team if required.	$200	$47.25
***Pregnancy care plan appointment** (90 - 120mins) 22-25 weeks in clinic, extensive discussion and individualized planning for pregnancy progress and preliminary birth preparation discussion.	$800	$282.15
Birth Preparation Group *(Optional)* (90 mins) Fortnightly group session [redacted] COC clients only – 10-11:30am Wednesday	No additional fee	N/A
***Birth planning and on call – 34 to 36 wks** (90 – 120 mins) Individual detailed planning for your labour and birth with your midwife and birth team. Birth deposit of $800 is paid at this appointment please.	$920	$47.25
***Late pregnancy home visit – 37 to 38 wks** (60 – 90 mins) Strategies for early labour, preparing your labour/birth space with your midwife.	$120	$47.25
***1st Midwife Labour & Birth Fee - Hospital** (Up to 12 hrs) Includes on call support, home visit as required in early labour, hospital transfer, primary midwife support in hospital, in collaboration with hospital midwife and obstetricians as required. (Admission to hospital as public patient.)	$2000 **	No Medicare rebate.
2nd Midwife Labour & Birth support – Hospital (Up to 12 hrs) **(Maximum fee charged for 2nd midwife is $900)** Continuous midwifery support and advice in hospital with 2nd [redacted] midwife if required. (Admission to hospital as public patient.)	$120 per hour	No Medicare rebate.
***Labour and Birth Care at Home** On-call primary midwife for labour and birth care at home and 2nd on call midwife attends for birth. Transfers arranged if required. Includes midwifery clinical supplies and immediate postnatal care of mother and baby in your home for at least 3 hours.	$2200 **	No Medicare rebate.
***Postnatal Consultation** (45 - 60 mins) Midwife on call, home or hospital visits in first 7 days after birth. Postnatal checks for mother and baby, breast feeding support, medical referrals as required.	$120	$69.45
***Postnatal Consultation in Clinic** (45 - 60 mins) Mother and baby postnatal checks, parenting, feeding support, referrals as required until 6 weeks postnatal.	$120	$69.45
New Parents Group *(Optional)* (90 mins) Fortnightly group session for [redacted] COC clients - 10-11:30am Wednesday	No additional fee	N/A
Additional Travel - For home visits –when distance > 25 km from Ipswich CBD	$0.75 per km > 25km	N/A
Birth Pool Hire *(Optional)* includes purchase of 1 disposable liner.	$100	N/A

N.B. Payment is expected at time of service. Invoices which remain unpaid 4 weeks after the date of service will attract an additional fee of 5% of the outstanding amount per week.

Medicare card holders are able to claim rebates for many private midwifery services.

**The total amount of your birth invoice will be discounted by $150 if planned birth fees are paid in full prior to birth.

Attachment #3 Federal Health Minister letter

The Hon Greg Hunt MP
Minister for Health

Ref No: [redacted]

[redacted]

3 APR 2019

Dear [redacted]

I refer to your letters of 5 and 9 March 2019 co-signed by Ms Alecia Staines and Ms Grace Sweeney, concerning the exemption for privately practising midwives (PPMs) to hold professional indemnity insurance (PII).

The Australian Government's view is that women should have access to a wide range of birthing choices. In Australia, the planning and delivery of maternity services is a state and territory responsibility. This includes consideration of arrangements that allow PPMs to access hospital environments as well as expanding the availability of public homebirth services. The Government supports infant and maternal health through initiatives such as the Pregnancy Care Guidelines and Pregnancy, Birth and Baby Service. On 5 December 2018, the Government announced the Infant Health Package where I also announced $7.2 million to reduce stillbirths.

As you are aware, under the *Health Practitioner Regulation National Law Act 2009*, all registered practitioners, including midwives are required to hold PII for the services they provide. As a financially viable PII product remains unavailable for PPMs who provide homebirth and with the paramount concern being the safety of mothers and babies, health ministers have agreed to extend an exemption until 31 December 2021.

Health ministers have also requested that the Australian Health Ministers Advisory Council complete additional work by June 2020, to inform future decisions on a way forward.

Thank you for writing on this matter.

Yours sincerely

Greg Hunt

Parliament House, Canberra ACT 2600 Telephone (02) 6277 7220

Attachment #4 State Health Minister's letter

Hon Yvette D'Ath MP
Minister for Health and Ambulance Services
Leader of the House

1 William Street Brisbane Qld 4000
GPO Box 48 Brisbane
Queensland 4001 Australia
Telephone +61 7 3035 6100

[redacted]

E-MAILED
8 DEC 2021

[redacted]
Email: [redacted]

Dear Ms [redacted]

Thank you for your emails dated 23 April 2021 and 15 October 2021, in relation to maternity services, access to Midwifery Continuity of Care and Queensland Health obligations under the *Queensland Human Rights Act 2019*.

I appreciate you taking the time to write to me to highlight the need to investigate women's preferences for birthing options and thank you for your support of the *Growing Deadly Families Strategy*.

I am advised by the Department of Health (the Department) that 32 of Queensland Health's maternity services offer a Midwifery Group Practice model of care, where mothers and their babies receive continuity of midwifery carer.

I am advised that the Department is convening a working group to discuss ways by which women's birth preferences (including homebirth) and experiences can be provided or optimised through improved funding mechanisms by Queensland Health. I assure you that the Department and Hospital and Health Services (HHSs) are working collaboratively to ensure every woman in Queensland has access to high quality, clinical and culturally capable maternity services.

The Rural Maternity Recommendations Implementation plan, which articulates actions aligned to the six recommendations made by the Rural Maternity Taskforce has been endorsed, actioned, and published online (https://clinicalexcellence.qld.gov.au/priority-areas/patient-experience/maternity-service-improvement/rural-maternity). A completion report, including transition to business as usual for on-going activities will be progressed to the Queensland Health Executive Leadership Team for endorsement in late 2021, and will be published online in early 2022.

The wider review of rural and remote maternity services using the Planning Framework has been impacted by the COVID-19 pandemic response, which is affecting HHSs workforce and resources. Work is continuing with HHSs to prioritise services for review using the Planning Framework, with reviews of identified services to be undertaken in the next 18 months.

Queensland Health is committed to a culture that places respect for human rights at the centre of everything we do. All Public Service employees are bound to the QHRA 2019. I would encourage you to raise any concerns regarding staff obligations under the QHRA 2019, individually with the relevant HHS, as each HHS is responsible for the education of their employees.

In relation to your query about the Queensland Normal Birth Strategy, I am advised by the Department that on 25 October 2021, the System Management Advisory Committee provided endorsement for the recommendations outlined in the strategy to be scoped for implementation. This includes investigation into establishing targets for scaling up midwifery continuity of care.

I thank you for the time you contribute to the Hospital Acquired Complication advisory group for Patient Safety and Quality Commission as a maternity consumer representative.

Thank you again for writing to me. Should you require any further information, I have arranged for Dr Jocelyn Toohill, Director of Midwifery, Office of the Chief Nursing and Midwifery Officer, Clinical Excellence Queensland, Department of Health, on telephone 3328 9691, to be available to assist you.

Yours sincerely

Yvette D'Ath

YVETTE D'ATH MP
Minister for Health and Ambulance Services
Leader of the House

Attachment #5 RANZCOG letter of support

From: President <
Date: 3 November 2019 at 7:11:59 pm AEST
To:
Subject: RE: Thank you + woman centred care

Dear

Thank you for writing to me and for taking the time to speak to me on the phone. Congratulations on your pregnancy.

I understand that this is your third pregnancy and that you have had two previous uncomplicated pregnancies and births, the second a very positive experience at home, supported by an obstetrician and private midwife, and that this is your desire for your third birth.

As we discussed, RANZCOG has issued a statement on Homebirth https://ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/Home-Births-(C-Obs-2)-Review-July-17.pdf?ext=.pdf

It states, in part,

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) views its role as aiming for the best outcomes for mother and baby. The College supports women having an informed choice in all aspects of their maternity care – including the planned place of birth. All women contemplating planned homebirth should receive evidence-based information about the risks and benefits of homebirth... The College supports hospitals as the safest place for birth in Australia and New Zealand. However the College recognises that there is a small group of women who are accepting of the associated risks and elect to proceed with a planned homebirth. The College believes these women should be maximally supported in that choice but in the knowledge that provision of such support cannot ever completely mitigate the associated risks

The right of women to exercise autonomy in their reproductive choices underpins the values held by the College. Doctors should listen, inform and then support women in their choices. General practitioners and obstetricians should be reassured that there are clear guidelines and protocols that can be activated should unforeseen circumstances ensue. A suggested approach is contained within the RANZCOG Statement.

Thank you once again for contacting me. I wish you and your family every happiness during your pregnancy and with the arrival of your baby. I hope that your birth experience is joyful and empowering and a source of personal fulfilment.

Best wishes

Vijay
RANZCOG immemorially prior president Dr Vijay Roach

Attachment #6 ACM letter of support

Australian College of Midwives

[redacted]

Friday, 1 November 2019

Dear [redacted]

Re: Right to access to the full range of maternity care provider and place of birth options for [redacted]

We write with regards to concerns that have been expressed to the Australian College of Midwives (ACM) by maternity services consumers within [redacted], who appear unable to access contemporary models of maternity care.

Australian women have access to a range of safe options for maternity care for pregnancy, labour and birth and during the postnatal period. The majority of women will access the numerous models of care through public hospitals (midwifery clinic, midwifery continuity of care, obstetric clinic, high risk, etc...). Some women choose care through GP-shared care and others prefer care through a private obstetric model. Increasingly women are choosing a private midwifery model, also known as a Midwifery Continuity of Care model.

Women accessing care through a private midwifery model receive care from a known, qualified midwife throughout their pregnancy, in labour and up until 6 weeks postnatally. This model is delivered in accordance to clinical guidelines and in accordance with licence conditions as determined by the Nursing and Midwifery Board of Australia (NMBA).

Midwifery care can occur in many settings, be it in the hospital, in clinic rooms or in the woman's home. Midwives working in this model have undertaken additional training and education to achieve an endorsement with NMBA. These midwives can prescribe, order diagnostics, access the Medicare Benefits Scheme and access professional indemnity insurance. Midwives work collaboratively with health services and obstetricians as required to provide high-level care to pregnant women and their families. Midwives consult and refer appropriately when risk factors arise as per the *National Midwifery Guidelines for Consultation and Referral (3rd edition, Issue 2)*; which are authored by ACM and endorsed by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

Midwifery continuity of care models confer excellent outcomes, including higher degrees of maternal satisfaction, reduced rates of stillbirth, episiotomy and caesarean section as well as higher rates of breastfeeding and improved support for mental health issues (Sandall et al,

2016). Midwifery continuity of care is the "gold standard" of maternity care for women and babies, and have therefore also been recommended as an important aspect for implementing the National Baby Bundle – a strategy formed through the Stillbirth Centre for Research Excellence and launched by the Minister for Health earlier this month.

Internationally, there is recognition from both midwifery and medical organisations that planned birth at home with a known midwife or medical professional is a safe option which women should have. This includes the United Kingdom, New Zealand and Canada. As the national peak body representing the Midwifery profession, it is ACM's position is that women should have access to the care provider of their choice and receive said care in an environment in which they feel most safe. You can read our full Position Statement for Planned Birth at Home on our website at https://www.midwives.org.au/resources/planned-birth-home-acm-position-statement-2019.

My contact details are to arrange a meeting date and time, or you can contact me directly on +61

I look forward to meeting with you in the near future.

Yours sincerely,