

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]