Maternity Choices AUSTRALIA

Strategic Plan

2026 – 2029

Vision

TO SEE ALL WOMEN THRIVE

PHYSICALLY AND EMOTIONALLY

DURING PREGNANCY, BIRTH AND MOTHERHOOD

Maternity Choices AUSTRALIA

Purpose

To promote the prevention or control of mental health illnesses, in particular, illnesses such as antenatal and postnatal depression, anxiety, and post-traumatic stress disorder, including by:

(a) promoting and advocating for women's access to best-practice maternity care and sex-based rights, in order to prevent and control instances of mental health illnesses;

(b) educating women about mental health issues during pregnancy, birth and the post-natal period, including the impact of different modes of birthing delivery on postpartum mental health outcomes;

(c) providing peer support for pregnant women to share information, skills and resources regarding antenatal and postnatal mental health issues;

(d) doing such other things as are incidental or conducive to the attainment of the object.

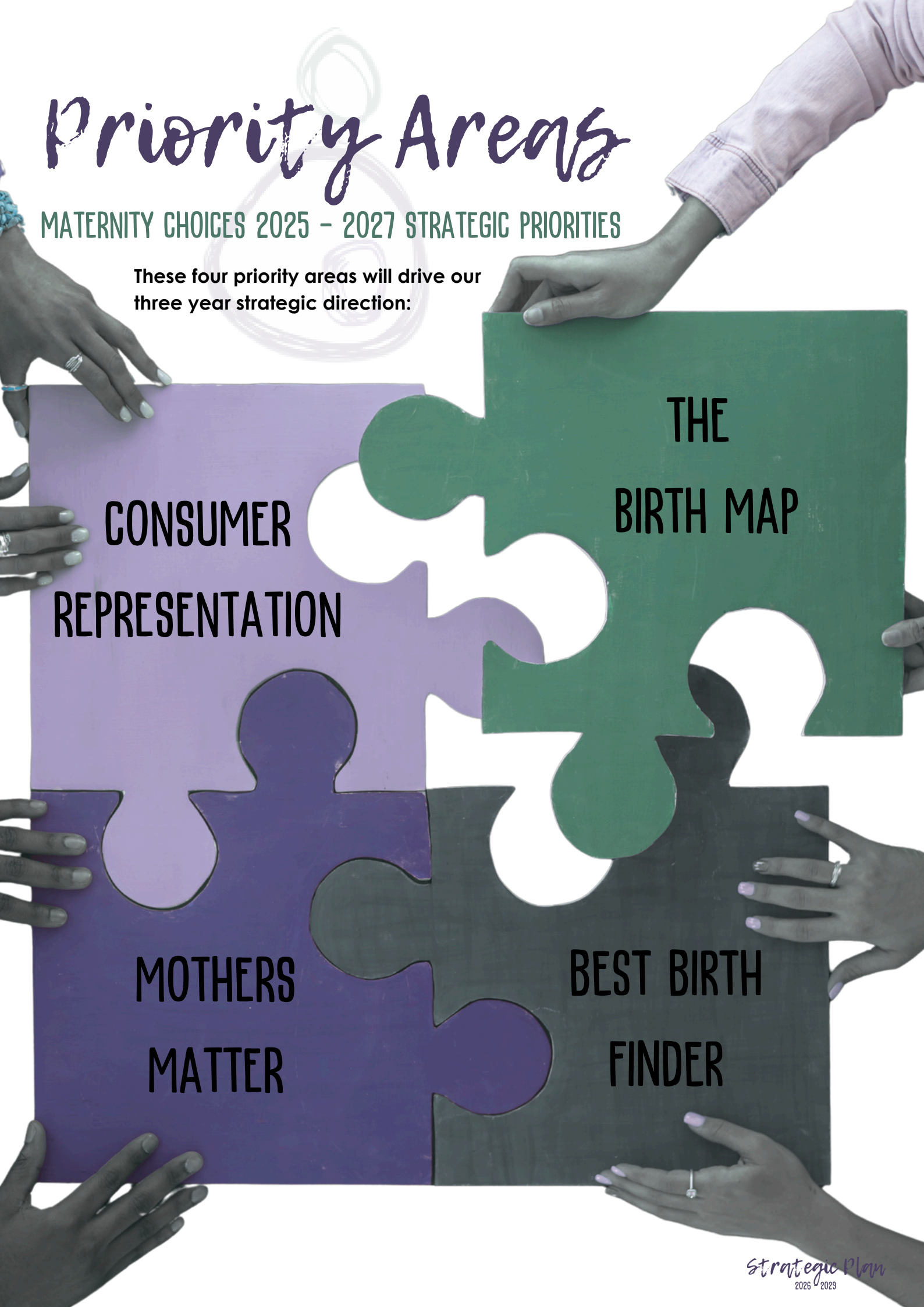
Mission

TO REDUCE BIRTH TRAUMA, PHYSICAL AND EMOTIONAL HARM AND DEPRESSION IN MOTHERS AND ENSURE ALL WOMEN HAVE ACCESS AND CHOICE OF ALL MATERNITY SERVICES.

Priority Areas

MATERNITY CHOICES 2025 - 2027 STRATEGIC PRIORITIES

These four priority areas will drive our three year strategic direction:



Consumer Representation

At the core of all we do is consumer representation. This includes co-design with universities and governments on research and initiatives to ensure respectful and meaningful maternity care. We also provide lived experience input into accreditation standards, bundles, and initiatives across all levels of government.

RESPECTFUL MATERNITY FOR MATERNITY CLINICIANS (RMCFMC)

AUSTRALIA'S FIRST CO-DESIGNED SIMULATION-BASED INTERPROFESSIONAL EDUCATION PROGRAM

Maternity Choices Australia is pleased to partner with Western Sydney University and the lead investigator, Professor Hannah Dahlen, on this important co-designed Respectful Maternity Care for Maternity Clinicians initiative. We believe this research is critical because it addresses a significant gap in respectful maternity care education and has the potential to significantly improve mental health of women, particularly in relation to birth trauma, as well as outcomes for babies and maternity care providers across Australia.

MATERNITY CHOICES AUSTRALIA WILL CONTRIBUTE OUR EXPERTISE IN CONSUMER ADVOCACY AND POLICY REFORM TO THE CO-DESIGN PROCESS, ENSURING THAT THE VOICES OF WOMEN AND FAMILIES ARE CENTRAL TO THE DEVELOPMENT AND IMPLEMENTATION OF THE RMCFMC PROGRAM. WE ARE COMMITTED TO APPOINTING A REPRESENTATIVE TO THE STEERING GROUP AND ACTIVELY SUPPORTING TRANSLATION AND SUSTAINABILITY EFFORTS.

Best Birth Finder

Best Birth Finder (BBF) is a free service developed by MCA that:

- **captures reviews from women of their birth experiences in Australia**
- **provides a draft feedback email (based on the review submitted) that women can then send to their birth service**
- **allows women to search reviews to find their best birth (visual fully featured map of Australia still in development)**

WHY DID WE CREATE BEST BIRTH FINDER?

MCA has been campaigning for more than 20 years against the steady rise in birth intervention rates. However, in the same period there has been no improvement in stillbirth rates, and suicide and iatrogenic harm are the leading causes of maternal death. Our maternity care system is not improving outcomes for mothers and babies, nor does it attempt to provide women with information about the full suite of birth choices available to them. Yet, over the last two decades, our federal government has held inquiries and published strategic plans to improve maternity outcomes. It is a worthwhile, evidence-based document, but state governments are not mandated to implement it, hence the lack of change. And until BBF, there has been no system for capturing data that relates to these Strategic Directions. This is our attempt to bring greater visibility to women's outcomes and how they measure up to the government's goals for improving maternity care. However, our main wish for BBF is that it helps women around Australia learn more about birth services in their region so they can make the best choice for their care.

HOW WILL BBF HELP IMPROVE BIRTH IN AUSTRALIA?

The data (anonymised) will play an important role in helping us advocate for better birth services for the mothers and babies of Australia. MCA has been Australia's premier maternity service advocacy organisation for over 30 years. As volunteers and mothers, we advocate at the coalface of federal and state government to bring about our goal of "every woman, every choice". Unfortunately, in spite of our efforts, we fail to see our maternity services give women access to the evidence-based, compassionate care they need and deserve. What goes unreported goes unnoticed. Birth trauma rates and medical interventions are rising steeply, yet we see no improvement in stillbirth or PND rates.
One of our biggest challenges as maternity service advocates is the lack of organised data from the hundreds of women we hear from every year.

Mothers Matter

Mothers Matter is a FREE, confidential peer support service to assist women as they navigate the full scope of conception, pregnancy, birth and early motherhood through online or over the phone contact. This support is provided by our volunteer team of experienced maternity services advocates who are also mothers and therefore have a deep understanding of the highs and lows of early motherhood.

WHY DID WE CREATE MOTHERS MATTER?

It is estimated almost 4 in 10 women experience a traumatic birth. A recent study suggests these estimates could be closer to 6 in 10 women. It is also estimated 1 in 10 women develop PTSD. One in 3 teens giving birth experiences a traumatic birth, and 50% of these women display symptoms suggestive of acute trauma during the immediate postpartum period. Researchers also suspect that many women have experienced birth trauma but are not aware of it due to a range of factors, such as social and cultural contexts and a lack of awareness. With 300,000+ Australian women giving birth annually, this amounts to 100,000 traumatised women urgently needing support every year. The aim of providing this support is to reduce both physical and emotional birth trauma; improve overall wellbeing and mental health; and help create positive health engagement and outcomes.

HOW DOES MOTHERS MATTER IMPROVE OUTCOMES FOR MOTHERS AND BABIES?

Mothers Matter aims to meet the current gaps in maternity care by providing early peer and social support as recognised in numerous First 1000 Days Strategies adopted across Australia. These strategies have been developed to reduce initial perinatal anxiety, birth trauma and post-natal depression and improve the overall emotional well-being of women and children.

Mothers Matter brings the community back to the core of pregnancy, motherhood and parenting through providing online and over the phone support and referrals to appropriate specialist services. These can include domestic violence support; mental health support; as well as culturally appropriate community organisations and programs Ultimately we seek to provide in-community services to help women obtain care suitable to their needs. This may include services such as: -Community midwifery -Breastfeeding support (lactation counsellor/IBCLC) -Women's psychologist -Women's health physiotherapist -Childcare for women to attend peer-to-peer sessions and other services provided at the community centre -Culturally appropriate services and workshops for women -Pregnancy education and workshops -Parenting education and workshops.

The Birth Map

Oversee the implementation of The Birth Map into Australian maternity services. Developed by Catherine Bell, this evidence-based tool for communication and decision making in maternity services is a ready-to-go solution that enables the Woman-centred care: strategic directions for Australian maternity services

EXECUTIVE SUMMARY FROM OUR FEDERAL PRE-BUDGET SUBMISSION 2026

The high incidence and cost of Birth Trauma and Post Natal Depression (PND) in parents related to birth experience and Informed Consent, can be addressed through the implementation of a scientifically validated tool, The Birth Map, across all models of care.

The rate of birth trauma has been rising. The recent NSW Birth Trauma Enquiry reported 28% of childbearing women are estimated to have experienced birth trauma[1], with estimates between 10% and 44%[2], and 10% of women reporting obstetric violence[3]. Obstetric violence refers to experiences across models of care and stems from feeling dehumanised, violated and powerless, which stems from feeling unheard, ignored or unconsented.

As of 2023, Australia has an induction rate of nearly 33% and a caesarean section rate of 41%, costing far above what is necessary financially, emotionally and physically[4]. As these intervention rates rise, so too do rates of birth trauma (mental and physical) and dissatisfaction with care[3], along with high rates of care provider burnout[5].

PANDA reports that 'birth disappointment' and 'birth trauma' are risk factors for postnatal depression in both mothers and fathers[6]. Cost estimates[7] for untreated perinatal depression and anxiety highlight the impact of this issue beyond birth costs. Effective preparation for birth using The Birth Map can reduce birth trauma[8]. Additionally, the Birth Map concept also prepares women and their families for the postpartum period, further reducing the risk of postnatal depression[9]. This saving could be significant to long term costs.

Australia's expectant mothers, their babies and families will all benefit from the national rollout of a nationally agreed tool for effective communication and supported maternal decision making. Such a tool would provide women with an overview of the possible pathways and their care options. This is shown to reduce unnecessary intervention, increase satisfaction and acceptance of birth outcomes[8], and in turn would reduce potential trauma and postnatal depression.

Additionally, general practitioners, midwives, obstetricians, and others who provide care, advice, and clinical services to expectant mothers will all benefit from training and resources to aid effective communication and support maternal decision making.

RECOMMENDATION

IMPLEMENTATION OF THE BIRTH MAP WOULD REPLACE ANY BIRTH PLAN TEMPLATES OR PROCEDURES CURRENTLY PROVIDED IN LHDS. OUR TEAM IS COMMITTED TO SUPPORTING THE PROVISION OF THE BIRTH MAP TO CONSUMERS, UPDATING ARTICLES ON GOVERNMENT AND HOSPITAL/FACILITY WEBSITES, INCORPORATING THE CONCEPT INTO HEALTHCARE EDUCATION AND ACCREDITATION STANDARDS, AND PROFESSIONAL DEVELOPMENT TO ENSURE CONSISTENCY AND ALIGNMENT WITH THIS EVIDENCE-BASED APPROACH.

birthmap.life/study

REFERENCES

1. Select Committee on Birth Trauma. Birth Trauma. Parliament of NSW; 2024.
2. Pidd D, Newton M, Wilson I, East C. Optimising maternity care for a subsequent pregnancy after a psychologically traumatic birth: A scoping review. Women Birth 2023; 36(5): e471-e80.
3. Keedle H, Keedle W, Dahlen HG. Dehumanized, Violated, and Powerless: An Australian Survey of Women's Experiences of Obstetric Violence in the Past 5 Years. Violence Against Women 2022: 10778012221140138.
4. Australian Institute of Health and Welfare. Australia's Mothers and Babies. 2025.
5. Homer C, Small K, Warton C, et al. Midwifery Futures – Building the future Australian midwifery workforce. A research project commissioned by the Nursing and Midwifery Board of Australia, Burnet Institute, Curtin University and the University of Technology Sydney.; 2024.
6. PANDA. Contributing factors for postnatal depression or anxiety. 2025. https://www.panda.org.au/info-support/after-birth/contributing-factors-for-postnatal-depression-or-anxiety (accessed 27 Nov 2025).
7. PwC Consulting Australia. The cost of perinatal depression and anxiety in Australia. 2019.
8. Bell CH, Lukersmith S, Dahlen HG, Davis D. Informed, supported, confident: A realist evaluation of The Birth Map. Women Birth 2025; 38(6): 102117.
9. Levett KM, Dahlen HG, Smith CA, Finlayson KW, Downe S, Girosi F. Cost analysis of the CTLB Study, a multitherapy antenatal education programme to reduce routine interventions in labour. BMJ Open 2018; 8(2): e017333.