VICTORIA PRE-ELECTION BIRTHPLAN

Commitments

1. Expand access to Continuity of Midwifery Carer models from **8% to 75%** to save **$284 million** annually.

2. **Expand Publicly Funded Home Birth** programs to remaining Public Health Service Providers across VIC.

3. **Expand Koori Maternity Services** across the 21 remaining ACCO's and public health services in VIC for First Nations women.

4. **Chief Midwifery Officer (CMO)** role in VIC Health to oversee implementation of recommendations.

5. **Commissioning an independent inquiry** to review childbearing women's human rights in public maternity services.

Maternity Choices AUSTRALIA

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Victoria Maternal Health: MP Brief

NOVEMBER 2022 PRE-ELECTION COMMITMENTS

Maternity Choices Australia is an unfunded, volunteer-run, peak consumer charity that advocates for woman-centred maternity health care models that respect a mother's emotional, cultural, and physical needs. We seek to address the rising issue of over-medicalisation in pregnancy and birth and the industrialisation of maternity health services.

Continuity of Midwifery Care (COMC)

Also known as Midwife Group Practice (MGP) or caseload midwifery, this care model supports women through a primary and backup midwife through all pregnancy, birth, and postpartum stages. The women-centred care provided by COMC models is critical in optimising maternity care experiences in Victoria and should be readily available to all expecting mothers. Increasing women's access to continuity of care has been a key priority in the National Maternal Action Plan, the Australian National Maternity Services Plan, recommended by the WHO, and, importantly, the 2018 Victorian Parliamentary Inquiry into maternity services [1- 4]. Yet still, maternity services in VIC remain unchanged. Only 8% of women have access to publicly funded COMC services nationally, despite the 2018 inquiry and persistent advocacy of community and midwifery organisations for increased access to this evidence-based model of maternity care that is proven to decrease costs and increase positive outcomes [5]. Moreover, there is a lack of transparency regarding the VIC statistics surrounding access to publicly funded COMC on department and hospital websites. This lack of transparency is an impediment to women's ability to make informed choices about their maternity care and reflects the complete disregard of the government regarding this issue, in spite of the 2018 inquiry. Appropriate funding allocation that is tied to implementation and proven outcomes is necessary for true maternal health reform.

Traditional, industrialised maternity services deliver fragmented care to women and result in higher rates of intervention in comparison to COMC models [6]. The majority of Victorian women are funnelled into these fragmented maternity services, making them more likely to endure a caesarean section, epidural, episiotomy, postpartum haemorrhage, and a victim of obstetric violence [6-8]. The World Health Organization (WHO) maintains that no population should have more than a 10 -15% rate of caesarean sections [9]. Yet, caesarean sections constitute 38.4% of all births in Victoria, and the rate continues to climb [10].

The variances and alarming frequency of interventions and their subsequent morbidities are costly, not only financially to health providers but also psychologically and emotionally, to the birthing woman and her family. Following the widespread implementation of publicly funded COMC, Victorian mothers can expect less vicarious trauma and moral injury and greater satisfaction with the pregnancy and birth experience [11]. Midwives also report higher job satisfaction and lower occupational burnout levels when participating in a well-supported COMC model [12]. Additionally, COMC costs 22% less than other models of care, saving up to $5208 per birth [13]. Overall, Victoria would save approximately $284 million per annum if COMC models were readily available to all Victorian women [13]. Lastly, COMC is also more sustainable and carbon-friendly than fragmented models of care and their associated effects [12, 14].

A strong relationship exists between distance to maternity services and poorer clinical and psychosocial outcomes [15]. Several studies have demonstrated that facilities in rural VIC indeed can support a COMC model. Nevertheless, most rural Victorian mothers are still missing out [8]. The Community Midwife Program (CMP) trialled in regional Australia in 1996 achieved excellent outcomes for rural and regional mothers, babies, and health providers through the provision of COMC and only reinforces the necessity of its universal application and access [16].

Publicly Funded Homebirth Programs

Out-of-hospital births are increasing due to non-evidence-based care and the common experience of abuse in Victorian public hospitals. In recent years, two pilot programs at the Casey and Sunshine Hospitals in Victoria have demonstrated the success of public maternity services and their ability to provide home birthing programs. Women wanting access to assisted home births must turn to private midwives, although with costs starting at $5,000, this is not a choice many can afford [17]. As the evidence relating to the benefits and safety of homebirth grows [11], bodies such as Safer Care Victoria have published handbooks to assist private health care workers, including doctors, midwives, and nurses. The handbooks draw on international and domestic research highlighting the inherent safety and necessity of offering homebirth as an option to expecting mothers in an integrated system wherein all women have a right to respectful care, self-determination, and autonomy [18].

First Nations Women

Indigenous women (3.8% of birthers in VIC) are 2-3 times more likely to experience adverse maternal and perinatal outcomes than non-Indigenous women [10, 19]. Indigenous child mortality is 22.7 per 1000 births compared to the non-Indigenous rate of 7.5 per 1000 births [19]. In addition, first nations women are 50% more likely to have children born with low birth weight and preterm labour when restricted to standard fragmented maternity care [20]. These programs have proven to reduce disparities and assist in achieving infant mortality targets specified in the Closing the Gap Report [19].

Koori Maternity Services (KMS) is provided at 14 sites across Victoria, with Aboriginal community-controlled organisations (ACCOs) accounting for 11 sites, and public health services delivering the remaining three [21]. KMS provides 'person-centred care, strengthened by Aboriginal culture and practice and built upon respectful, trusting relationships between women, their families, and Koori Maternity Service staff" and collaborates with service providers to ensure continuity of care [21]. KMS services should be expanded across remaining public health service sites and make a concerted effort to incorporate PFHB schemes and Indigenous-led Birthing on Country programs for holistic, accessible, and safe maternity care for Aboriginal women and their babies in all regions of VIC.

Obstetric Violence in Victoria

Last year on World Patient Safety Day, WHO launched a campaign focusing on 'Safe and Respectful Maternity care' given the high levels of 'abuse and mistreatment, especially in high-income countries like Australia [3]. The 2018 Victorian Parliamentary Inquiry into maternity services reported a concerning frequency of obstetric violence and unconsented medical procedures performed during childbirth and recommended a state-wide review concerning the rights of childbearing women [4]. The level of obstetric intervention experienced during childbirth is linked with the development of acute trauma symptoms during the postnatal period [22]. 33% of women are traumatised, 25% with PND, and 10-20% with PTSD from their experience in the maternity system. 75% of these figures are directly related to care providers' "threats, lies, coercion, abuse and violation" to comply with procedures [23]. In a Spanish study released this year, 67% of women reported obstetric violence, and 54% reported physical obstetric violence such as coercion and assault. We expect Australian figures to be similar based on the United Nations Special rapporteur's report on Obstetric Violence, where Australia was called out as a poor performer [24].

Maternity Choices commends the Victorian Government on their establishment of the Victorian Human Rights Charter. However, the lack of support alongside legally binding protections in Victorian maternity care standards reflects the value that the Victorian Government attaches to pregnant women's physical and mental health. Article 25(2) of the UDHR stipulates that mothers and their children are entitled to "special care and assistance" [25]. Australia, as a sovereign nation, has ratified the UDHR, and Victoria must fulfil its international obligations by abiding by Article 25(2) [25]. Section 10 of the Victorian Charter protects from "torture and cruel, inhumane or degrading punishment" [26]. Further, section 21 of the Charter affords Victorians the right to liberty and security. Although the Charter is binding on the Victorian government, it lacks specificity. Victoria has yet to criminalise obstetric violence, and state legislation does not explicitly protect maternal rights. A state Act is required to strengthen these protections. Likewise, MCA appreciates the affirmative consent model recently adopted into the Justice Legislation Amendment (Sexual Offences and Other Matters) Bill 2022. We suggest expanding a similar model into maternal health legislation considering the rates of obstetric violence and lack of protections for OV victims in VIC.

Recommendations for Change

The current reality for pregnant women in Victoria often includes limited care options, obstetric violence, and perinatal trauma [4, 27]. Maternity Choices makes five key recommendations to the Victorian Government:

1. An expansion of access to Continuity of Midwifery Carer models from 8% to 75% across VIC public hospitals to improve outcomes for mothers and children, reduce over-servicing and save the VIC Government $284 million per year, or $5208 per birth.

2. Expand Publicly Funded Home Birth programs to remaining Public Health Service Providers across VIC. Currently, only Casey and Sunshine Hospital offer PFHB at a limited capacity. Additionally, increasing PFHB access in rural VIC will save costs and reduce the rapidly rising unassisted (free birth) birth rates.

3. Provisions to expand Koori Maternity Services across the 21 remaining ACCOs and public health services in VIC for First Nations women, as well as the future development of community-led, culturally appropriate patient advocacy.

4. Creation of a Chief Midwifery Officer (CMO) role in VIC Health to implement these recommendations and those from the 2018 Victorian Parliamentary Inquiry into maternity services and report directly to the Deputy Chief Executive. Maternity is the largest service user group and biggest department spender. Therefore, a CMO role is warranted as maternal health has the most consumer complaints, the largest proportion of insurance claims, the least evidence-based guidelines and unwarranted variances compared to any other area of health.

5.Commissioning of an independent, comprehensive inquiry (which will be made public), to review childbearing women's human rights with regard to their interactions with public maternity services (with specific reference to Sections 10 and 21 of the Charter). Results from this inquiry to be conducted within the next term of government where funding is tied to implementation and outcomes.

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