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Our organisations advocate for increasing women's access to physically, emotionally and culturally safe, respectful, high quality, evidence-based maternity care models. Continuity of midwifery carer is supported by a substantial amount of quality research globally. The M@NGO trial has shown caseload midwifery, also known as midwifery group practice (MGP), is the safest model and most cost effective for all risk levels of women [1]. Furthermore, a randomised controlled trial found that a woman's chances of a spontaneous term vaginal birth are increased if she is cared for by a known midwife [2]. Continuity of midwifery carer services also enables women to build relationships of trust with midwives, providing a greater level of rapport which increases the likelihood of their disclosure regarding experiences of interpersonal and/or domestic violence [3]. The Birthing in our Community program in Brisbane also demonstrated a 50% reduction in preterm birth for Aboriginal and Torres Strait Islander women who had a known midwife [4].

A related benefit for women who access continuity of midwifery carer services, particularly for vulnerable groups of women, is that they are more likely to be protected from discriminatory, coercive and non-consented treatment by maternity services, through their access to a known and trusted health professional who can provide individualised care and

advocacy during pregnancy, labour, birth and the postnatal period [5-7]. Our organisations also advocate for the protection of childbearing women's human rights in their interactions with maternity services, compatible with the new Queensland Human Rights Act (QHRA), in particular s.17 (Right to protection from torture and cruel, inhuman or degrading treatment) and s.37 (Right to health services).

Traditional, industrialised maternity services have been shown to deliver fragmented care to women, with higher rates of intervention in comparison to continuity of midwifery carer models [8]. For example; women who are funnelled into standard maternity services are more likely to have a caesarean section, an epidural, an episiotomy, and a postpartum haemorrhage [2, 8] – these unwarranted variances in interventions and subsequent morbidity are costly not only financially to the health service but also psychologically and emotionally to the woman and her family. The level of obstetric intervention experienced during childbirth has been linked consistently with the development of acute trauma symptoms during the postnatal period, which is of grave concern [9].

Recommendations

That the incoming Queensland government make the following election commitments:

1. Expansion of access to Birthing on Country services.
2. Expansion of access to publicly funded continuity of midwifery carer services, providing
    a. Transparency regarding the proportion of women who can access publicly funded continuity of midwifery carer services across all Queensland public services that provide pregnancy, birthing and postnatal services.
    b. Directives that all HHSs that provide maternity services ensure that at least 50% of childbearing women can access publicly funded continuity of midwifery carer services by 2023 and that all childbearing women in Queensland who opt for this model of maternity care can access continuity of midwifery carer services by 2025.
    c. Strengthened governance holding HHSs accountable for increasing access to continuity of midwifery carer services (compatible with QHRA) and for regularly publishing updates regarding women's access to these services.
3. Reinstatement of maternity and birthing services across Queensland, including at Charters Towers, Cloncurry, Mackay Birth Centre, Mossman, Nambour, Theodore and Weipa.
4. Establishment of publicly funded home birth services across Queensland.
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 QHRA s.17 and s.37). Results from this inquiry, to be conducted within the next term of government, can provide a baseline from which to inform the development of a state-wide strategic framework to improve Queensland maternity services.

Background

It is estimated that between less than 10% [10] and 20% [11] of women in Australia can access publicly funded continuity of midwifery carer services, despite community and

midwifery organisations having advocated for several years that Australian governments increase women's access to this evidence-based model of maternity care.

- The National Maternity Action Plan was launched by a coalition of midwifery and community organisations in 2002 [12], recommending that universal access to continuity of midwifery carer services, provided in collaboration with medical professionals and other specialists as required, be available to all Australian women within the public health system.
- The Hirst Rebirthing Report [13], an independent review of Queensland maternity services commissioned in 2004, reported that many Queensland women felt disempowered in their interactions with the maternity services system, including a lack of participation and control over what happened to them during labour and birth. Dr Cherrell Hirst recommended the provision of continuity of carer services, to be predominantly led by midwives within the public health system, in collaboration with medical professionals and other specialists as required [13].
- The federal, state and territory governments committed to implement the National Maternity Services Plan (NMSP) in 2010 [14]. A key Queensland government NMSP commitment was to facilitate increased access to continuity of midwifery carer services for childbearing women.
- Two large, state-wide surveys, Having a Baby in Queensland 2010 and 2012, found that a significant proportion of Queensland women reported not having made informed decisions regarding a range of medical procedures performed during labour and childbirth [15, 16]. These surveys found that the provision of continuity of midwifery carer services within public health services did not meet demand and recommended that Queensland Health increase women's access to this model of maternity care [16, 17].
- The Queensland Rural Maternity Taskforce reported in 2019 that women desired continuity of midwifery carer services provided as close to home as possible. The Taskforce also reported that some women had been provided inaccurate information, and were subjected to coercive behaviour and medical treatment without their informed consent [18}.
- An independent evaluation of the Queensland government's implementation of the NMSP commitments has not been commissioned by either the Queensland or federal governments. This is despite the COAG Health Council tasking the Australian Health Ministers' Advisory Council to evaluate the NMSP in 2016 [19], and Queensland Health leading a national project in 2016-17 to commission a NMSP process evaluation to inform the next national plan.
- The Maternity Care Policy Working Group (MCPWG, which was chaired by Queensland Health) excluded models of care and funding mechanisms from the terms of reference for the NMSP process evaluation [20]. This decision rendered community submissions invalid, including MCA's 2016 submission [21], referring to the partial, inequitable implementation of NMSP commitments by Metro North Hospital and Health Service.
- The Queensland Health Minister advised that funding mechanisms and models of care were not considered relevant to include in the NMSP process evaluation by the MCPWG, because "decisions regarding models of care and funding are made locally" [20]. The Rural Maternity Taskforce report contradicts this statement, indicating that

Queensland Health has provided funding to health services to support the expansion of continuity of midwifery carer models since 2007 [18].

- The NMSP process evaluation report has not been published [20].
- In contrast to Queensland, Parliaments in Victoria, New South Wales and the Australian Capital Territory (ACT) recently conducted inquiries into maternity services [22-24]. The Victorian Parliamentary Inquiry reported that birthing women in Victoria had medical procedures performed on them without their consent and recommended a state-wide review with respect to childbearing women's rights [22].

Sincerely

Alecia Staines, Director, Maternity Consumer Network
management@maternityconsumernetwork.org.au

Peta Tuck, Queensland President, Maternity Choices Australia
qld@maternitychoices.org.au

Audrey Martin, President, Soroptimist International Moreton North Inc.
simoretonnorth@siswp.org

Jenna Corby, President, Friends of the Birth Centre Queensland president@fbc.org.au

Sharon Armstrong, Director, Embrace Life sharon@embracelife.net.au

Josephine Herman, Convenor, Homebirth Queensland hbq.convenor@gmail.com

Ellen O'Keeffe, Immediate Past President, Safe Motherhood for All
info@safemotherhoodforall.org.au

Anna Kerr, Principal Solicitor, Feminist Legal Clinic Inc. anna@feministlegal.org

Virginia Maddock, Co-founder, Homebirth Consortium Australia,
virginia@naturalbeginnings.com.au

Dr. Sophia Brock, President, The Australian Motherhood Initiative for Research and Community Involvement sbro5827@uni.sydney.edu.au

Teresa Walsh, Midwife/Director, New Life Midwifery Pty Ltd,
teresaw@newlifemidwifery.com.au

Luke Williamson, Chief Executive Officer, Australian College of Midwives
ceo@midwives.org.au

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