

## **Consumers call on health ministers to expand maternity access as women's birth rights come under threat**

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Maternity consumer advocacy groups from around the country are calling on health ministers to protect women's rights to choose how and with whom they give birth in response to demands to restrict access to support and care outside the hospital.

The call comes as the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and the Australian College of Midwives (ACM) released a statement requesting state and federal health ministers enact legislation restricting women's rights to birth without a registered healthcare professional.

The proposed legislation would be consistent with the model adopted in South Australia under the *Health Practitioner Regulation National Law (South Australia) (Restricted Birthing Practices) Amendment Act 2013*, which has severely restricted women's access to critical care and support during labour.

Chair of Human Rights in Childbirth and University of Sydney Law School Professor Dr Bashi Kumar-Hazard said the SA legislation has led to the prosecution and anti-competitive control of doulas and birth support workers irrespective of women's wishes.

'Healthcare professionals are exerting unauthorised and unprecedented levels of power by utilising child protection services and the SA police to raid homes and threaten pregnant women who do not comply with their demands,' Dr Kumar-Hazard said.

'Recent coronial inquests into Flinders University Hospital revealed the extent to which maternity healthcare providers abuse and disrespect women with absolute impunity.'

The Managing Director of Maternity Choices Australia, Dr Catherine Bell, said every woman has the right to choose where and with whom she feels safest to give birth.

Freebirth is simply birth without a registered healthcare professional such as a midwife or doctor present,' Dr Bell said.

'The absence of access to maternity services, such as midwifery support in the home, rural maternity services and relationship-based care, means some women are birthing out of the system, not from choice, but from necessity.'

The South Australian legislation defines a 'restricted birthing practice' as *an act that involves undertaking the care of a woman by managing the three stages (or any part of those stages) of labour or childbirth or of managing the third stage (the placenta) ... only a registered midwife or medical practitioner (or a student under supervision) may perform such a practice.*

‘Adopting this legislative model across jurisdictions fails to address the real issue and will not increase the safety of birthing women and their babies,’ Dr Bell said.

‘The solution is not to outlaw freebirth, but to provide access to basic maternity care to all women regardless of where they choose to birth.’

The announcement by industry lobby groups RANZCOG and ACM comes despite numerous recommendations by the New South Wales (NSW) Birth Trauma Inquiry, recognising the need for more choice and tailored care that respects women’s preferences and location, instead of a one-size-fits-all, hospital-only approach.

Ashley Winning, a mother of three from Logan, Queensland, said she chose to freebirth her baby after two caesareans that she said she and her babies did not need.

‘I would love to have a midwife by my side, but with private midwifery care costing around \$7,000, our financial restraints as a growing family, along with the limited number of midwives available and willing to support women like me, all play a part in what options are truly accessible,’ Ms Winning said.

‘Failure to address the real issue, which is an absence of home-based, relationship-based care that is safe and in line with what women want and need, is the real problem,’ Dr Bell said.

Rapidly increasing rates of interventions in Australian hospitals since 2009 have not seen improvements in the mortality or morbidity of women and babies.

‘Mortality alone should not be the measure of good outcomes, as birth with a medical attendant does not guarantee good outcomes,’ Dr Bell said.

‘We stand ready to work in partnership with governments and health services as those with lived experience to assist in supporting and protecting women’s rights and choices to birth how they feel most safe and supported.

‘Expanding maternity access will strengthen maternal and newborn safety, support professional practice and contribute to equitable birthing care across Australia, increasing accountability, safety and transparency.’

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