

## Election 2022

The Australian Midwifery and Maternity Alliance (AMMA) is a national group of midwifery academics, researchers, clinicians, and maternity consumers focused on improving universal primary maternity care for Australian women and their families. Our work aims to strategically enable evidence informed policy and practice resulting in high quality, maternity services.

**We are seeking 4 key maternity election commitments** to align evidence of benefit to Australian women, their babies for the best start to Life and to build healthier, stronger communities:

### MBS & Bundled Maternity Funding

- Implement all Medicare Taskforce recommendations for midwives within 1st year of government
- Amend Medicare S19(2) for all 'eligible' midwives to provide seamless primary maternity care
- Introduce bundled payments for maternity care

### Continuity of Midwifery Carer

- 80% target nationally to improve maternal and perinatal outcomes and bolster workforce.
- Simplified access to homebirth and community birth centres



### Birthing on Country Models Funded

- Align national and jurisdictions' clinical services capability framework to support 'BOC' birth centres
- Fund community 'BOC' birth centres
- 6% target for a First Nation Midwife workforce

### Midwife Leadership to Effect Change

- A Commonwealth Chief Midwife
- Identified Midwife leaders in each state and territory
- Midwife executive representation on all Commonwealth education, regulation, and workforce forums

## 1. Expand continuity of Midwife care by a known midwife and place of birth options

Fifteen randomised controlled trials of >17,000 women have demonstrated midwife continuity saves lives and produces healthier women and babies<sup>1</sup>. Nationally only 15%<sup>2</sup> of women have a known primary midwife, and yet significant improvements are derived from continuity of midwifery care and include:

- **Preterm Birth Reduced by 24%:** 26,000 Australian babies are born preterm annually<sup>3</sup>. This is the single greatest cause of death and disability in children to 5 years. Midwifery care reduces preterm birth by 24%<sup>1</sup> in the general population (6,240 babies) and by 50%<sup>4</sup> in Aboriginal and Torres Strait Islander babies.
- **Pregnancy Loss and Neonatal Death Reduced by 16%<sup>1</sup> (363 babies saved)** 6 babies are born still in Australia each day<sup>5</sup>.
- **Workforce Retention Improved:** There is currently a midwife workforce shortage globally. Where midwives are supported to work to full scope of practice, they are more satisfied, experience less stress and burnout and remain within the profession.
- **The Birth Environment** has significant impacts on a woman and her baby's birth outcomes. For women of similar health, there are more maternity interventions in a hospital compared to home or birth centre with similar or improved outcomes. Midwife care safely increases spontaneous labour and birth, and safely decreases unnecessary pharmacologic use or instrumental/surgical birth. Birth trauma and post-traumatic stress disorder in mothers is linked to maternity interventions and impacts their parenting confidence. Currently only 2.3% of women can access a birth centre, and 0.3% a homebirth<sup>6</sup>.
- **Cost:** Midwifery care is no more expensive than current hospital-based care and generally derives significant lower costs with improved outcomes for women, babies and the workforce.

## 2. Midwifery leadership at government, regulation, education and clinical levels

At the Commonwealth Level of Government, the voice of the Midwife is not represented. This situation is replicated in most Australian states and jurisdictions. There are over 300,000 births in Australia annually with the majority attended by midwives<sup>6</sup>. Midwifery is a discrete profession in Australia; with National Law specifying midwifery as a distinct and separate profession; however, this has not been operationalised with midwifery effectively overshadowed by medicine and nursing, creating dissonance between best practice and professional autonomy. Autonomous midwifery practice requires that midwives determine and control the standards for midwifery education, regulation, and practice. A Chief Midwife at the national level, is urgently required to ensure midwives have a voice, that midwives are supported in their care of the highest standards, and for Australia to keep pace with International recommendations. A Midwives Board for regulatory and education oversight is also needed to align leadership and governance.

## 3. Funding of 'Birthing on Country' (BoC) models nationally

Indigenous infants <1 year of age are 2.1 times more likely to die than non-Indigenous infants due to low birth weight and prematurity. Relationship based antenatal care mitigates poor outcomes<sup>4</sup>. Structural barriers exist for First Nation's women and their babies having access to BoC models. BoC is a metaphor for best start to life and provides Cultural Safety, is holistic and respectful<sup>4</sup>. First Nation's women are 14 times more likely to live in rural and remote areas compared to other Australian women, limiting access to care close to family and supports<sup>4</sup>. The Clinical Capability Framework for Maternity Services to support community birth centres varies by jurisdictions and to 'close the gap' with care closer to home, alignment is needed. A national target of 6% First Nations midwife workforce is required to improve Cultural Safety and promote a culturally aware workforce.

## 4. Funding mechanisms that support women's choices

Medicare reform for midwifery items was identified as a priority within the Medicare Taskforce; 7 years later these have not been adopted. We seek Taskforce recommendations 1,2,3,9,10 be introduced within first year of office and that amendments to Section 19(2) for all eligible midwives to provide accessible, affordable primary care across the maternity continuum be affected. Also bundled funding across the continuum of a woman's care would directly incentivise efficiencies similar to New Zealand.

1. Sandall, J., H. Soltani, S. Gates, A. Shennan and D. Devane (2016). "Midwife-led continuity models versus other models of care for childbearing women." Cochrane Database Syst Rev4: Cd004667; 2. Australian Institute of Health and Welfare. [Maternity care in Australia: first national report on models of care, 2021.](#); 3. Australian Preterm Birth Alliance [www.pretermbirthalliance.com.au](http://www.pretermbirthalliance.com.au); 4. Kildea et al., 2019. "Reducing preterm birth amongst Aboriginal and Torres Strait Islander babies: A prospective cohort study, Brisbane, Australia." E Clinical Medicine, A Lancet Publication.; 5. Centre of Research Excellence in Stillbirth <https://stillbirthcre.org.au>; 6. Australian Institute of Health and Welfare. [Australia's mothers and babies Report 2019.](#)