

Executive Summary

The authors are calling on government to consider additional morbidity and mortality for women and their babies impacted by reduced access to private midwifery home birth services and consider providing an exclusion for the vaccination (COVID-19) mandate (Dec, 2021) for midwives that provide private homebirth services, given there is no state funded alternative.

AIM: To investigate the impact mandating Queensland Private Midwives to have two COVID-19 vaccines by December 15, 2021 has on Maternity consumers' access to their choice in model of care and place of birth and does this impact them physically and/or emotionally. To investigate if women perceive and does evidence suggest outcomes are comparable with private midwifery at home to public maternity services in facilities. Also, is there a critical midwifery shortage in both public and private models.

METHOD: Survey Monkey surveys were distributed on social media via maternity consumer groups. 830 Qld consumers surveys were completed in 7 days. 63 Qld Midwives completed a survey over 4 days.

RESULTS: Consumer Survey

Q1. Would mandates change their birth plans

85.2% of women responded saying they will now plan to birth at home without a medically trained care provider (freebirth).

6.7% of women responded saying they will or have tried to find a vaccinated private midwife (free comments section acknowledges most are fully booked by the time a woman is 5 weeks). Almost all women reported stress not having their first choice in provider and the stress of not knowing if other Private Midwives would have availability. A repeating theme was having to build a new relationship in a short space of time so not having the full benefits of continuity of midwifery carer and not being able to access the continuity model at all due to no availability.

8.1% would endure a hospital birth and stated they would feel coerced.

Q2. How would you feel if your care was discontinued due to you midwives vaccination status? How would this impact your physical and emotional wellbeing?

Only 4.1% said they would feel safe in hospital.

89% were concerned that their birth decisions would not be respected.

84% said they would feel anxious and scared.

75% felt concerned about the ability to have a physiological birth in a hospital setting with strangers.

5% of women thought their midwife should be vaccinated.

Q3. Do you feel standard public hospital care was comparable to continuity of midwifery care with a known midwife?

89% said no.

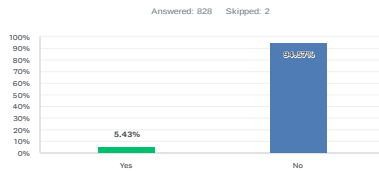
6.7% said I don't know, but in the comments section sentiment was Midwifery Group Practice might be, but is inaccessible, especially well into the pregnancy.

Q4. Do you feel comfortable moving to standard hospital care if your midwife was not able to continue care due to vaccination mandate?

94% said No.

To investigate the impact mandating midwives with COVID-19 vaccination (Dec. 15th, 2021) has on access to Homebirth, continuity, choice of place of birth and care provisions. Also, understand the

Q4 Do you feel comfortable switching to standard hospital care if you were no longer able to have private midwifery care and access to Homebirth due to mandates imposed on midwives?



Q5. Do you feel protected by the QLD mandate (Dec, 2021)

95% said no. 5% said yes.

RESULTS: Midwife survey

Q10 Do you feel that standard antenatal and birthing care in hospital is a comparable service to birthing at home with a known private midwife?

92% said no.

Q7 If you're choosing not to receive the COVID-19 vaccine, is there another endorsed midwife that you can handover care to?

49% no

44% N/A

7% yes, they are vaccinated

DISCUSSION:

This survey depicts that consumers state that homebirth services are not comparable to standard hospital services. AIHW, 2019 Mothers and Babies report was released last fortnight showing 24% of women are subjected to episiotomy (cutting the vagina) and 36% caesarean section. 3 Qld Private Practice Midwives were interviewed by phone, they advised they have performed 0-1 episiotomy per year and around 3% caesarean sections per case load of 40 'all risk' women. Based on these two physical safety measures, that are important to women, it is clear 62% chance of being cut is NOT comparable to a 3.2% chance of being cut.

Q3 Do you feel that standard hospital antenatal care and birthing in hospital is a comparable service to birthing at home with a known private midwife who has provided your care for the duration of your pregnancy?

Answered: 825 Skipped: 5

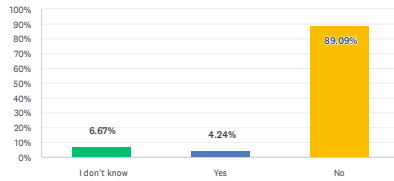


Figure 1.2. Survey question 3 from consumer survey

Q10 Do you feel that standard hospital antenatal care and birthing in hospital is a comparable service to birthing at home with a known Private Midwife?

Answered: 62 Skipped: 1

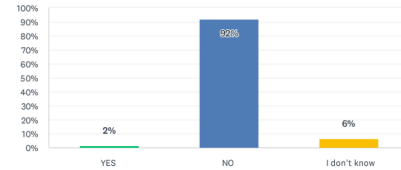


Figure 1.3 Survey question from midwife survey

Across large Australian studies (Tuck-Davies 2018, Scarf 2018, Homer 2019), all standard neonatal measures are improved with planned homebirths such as reduced NICU/SCN admissions. Maternal death is on par for both settings. Stillbirth and neonatal death is reduced with planned homebirth when compared to standard public hospital care.

The leading cause of Maternal death in Australia is suicide. One third of women report trauma, 75% was attributed to care providers words or actions (Reed 2017). Having a known and trusted midwife is a protective factor for trauma (Gamble, Creedy 2016). The 2020 Dignity Survey by Maternal Health Matters compares homebirth experiences to Birth Centres/Hospital with a striking improvement to 'informed consent 92.7% to 19.5%', 'control 99% to 29.5%' and 'positive experience 95% to 54.5%'.

Survey of privately practicing midwives revealed that they currently care for 10-20 women and 49% state that there isn't another vaccinated midwife that has the capacity to take on more women into their care after Dec, 2021 mandate. 77% stated that they do not think that there are enough midwives to provide homebirth care. Parallel to this, there has been a significant increase in homebirth enquiries since the December, 2021 mandate has been released. It is clear that there is a severe privately practicing midwife shortage in Qld which will be significantly amplified by the December vaccination mandate.

In 2019, Queensland introduced a Human Rights Act which can be applied to maternity under section 15.4 Equity before the law, Section 17c subjected to medical or scientific experimentation or treatment without the person's full, free and informed consent. Section 37.1 Every person has the right to access health services without discrimination. 37.2 A person must not be refused emergency medical treatment that is immediately necessary to save the person's life or to prevent serious impairment to the person. All other states in Australia have not made mandates for private providers in low risk community settings such as 1:1 care at home so consumers are able to maintain the safest option for their maternity care. Consumers are unable to provide full, free and informed consent when their model of care and place of birth is removed due to this mandate on providers, as there is no publicly provided homebirth in Qld and Continuity of midwifery carer is inaccessible mid pregnancy. As above, women do not see Qld Maternity services as equivalent or acceptable and physical and emotional outcomes are significantly worse.

Q4 Do you feel comfortable switching to standard hospital care if you were no longer able to have private midwifery care and access to Homebirth due to mandates imposed on midwives?

Answered: 828 Skipped: 2

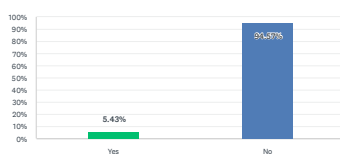


Figure 1.4 Survey question 4 from consumer survey

Consumers wrote ‘ After a traumatic first birth in hospital, now 30 weeks with my second this will devastate me. I feel safer having a free birth than stepping foot in a hospital. I am also a nurse.’

‘I, as so many others, that were traumatized by a previous hospital birth, would rather risk the possible negative effects of an unattended birth (including death) than ever be subjected to a hospital maternity environment again.’

‘ Having a homebirth provides a safe and supportive birth environment where I feel I can have the safest and best experience. I do not feel that transferring to a hospital so late in pregnancy is beneficial to my health, my babies nor my families. I have absolutely no concerns about my midwives vaccination status and do not feel it should prevent any woman from having the birth that she has chosen. ‘

‘I feel more unsafe attending a hospital for my birth where there are countless staff and visitors in the hospital that could be carrying covid 19 as opposed to the two private midwives who would have done a rapid test before attending delivery or my midwife that would test negative prior to all pre and post natal appointments.’

Conversely, 5% of women also expressed that, ‘ I’d find a vaccinated Midwife to provide care at my homebirth.’

‘ I think this is very wrong, I would love midwife support but feel they should comply with vaccination mandates to protect the community.’

85.2% of women responded saying they will now plan to birth at home without a medically trained care provider (freebirth). In the event of a childbirth emergency during a freebirth, the mandate restricts the woman’s midwife from attending and providing life saving treatment given their high level skills are more appropriate than QAS staff who may have never seen a birth and adding addition possible contacts increasing the risk of greater spreading of COVID-19. There is limited data on physical and emotional outcomes of freebirth (Rigg 2017, Jackson 2020), women who are ‘backed into the freebirth corner’ report lower satisfaction than women who choose freebirth as their first choice. Wax, 2010 focused on unassisted births finding a 3x higher risk of neonatal death. We assume this is due to no registered providers carrying oxygen and note there are more PPH’s due to no registered midwives carrying syntocin.

Consumers have serious concerns from their physical and emotional wellbeing when commenting on how a change in care would impact them. 89% expressed concerns that their birth decisions would not be respected. 84% said they would feel anxious and scared. 75% felt concerned about the ability to have a physiological birth in a hospital setting with strangers. And only 4.1% said they would feel safe in hospital.

While it’s a given that midwives will be negatively financially impacted, our primary focus is on the impact on consumers. Women who have already paid their pregnancy management fee will also be financially stressed as this is non refundable and emotional birth support for freebirths is significant added cost.

CONCLUSION:

While it is clear the mandates limit individual human rights, it is obvious the Government intends to ‘Protect the public’ from COVID-19. This paper does not discuss the individual or public health safety or efficacy of COVID-19 vaccination, authors are purely focusing on the physical, emotional and financial impacts on women and their babies through sudden reduced access to the safest place of birth and model of care for surveyed women in QLD which aligns with best research evidence. The authors are calling on government to consider additional morbidity and mortality for women and their babies impacted by reduced access to private midwifery and consider providing an exclusion for private homebirth services given there is no state funded alternative.

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