 2021 Federal MP Brief

**Background:**

Current maternity spending by government is about $7 billion per year. The current birth rate is around 300,000 births per year.

**Outcomes:**

. Despite having such high financial input, outcomes are relatively poor:

* 1/3 women have birth trauma. 2/3 of this is due to disrespectful treatment
* Only 8% of women can access continuity of midwifery carer- the best type of maternity care
* Caesarean rate 36% - more than double the recommended rate by WHO
* 43% of low risk women having their labour induced. Many are reporting not having informed consent
* 11-fold variance in 3rd/4th degree tears
* Preterm birth rate of aboriginal babies is between 2 and 7 times that of non-indigenous babies and continue to die suddenly and unexpectedly at a rate 3.5 times higher than their non-Indigenous counterparts.

**Solutions:**

1. Increase continuity of midwifery carer to:

-Reduce unnecessary intervention

-reduce preterm birth rate and infant mortality for Aboriginal women and babies

-increase breastfeeding rates

-reduce birth trauma and PNDA

This is outlined in the 2019 National Strategy for Australian Maternity Services. The Federal Government provides continuity of midwifery carer to women via private midwives.

1. Bundled Funding as suggested by IHPA in 2017, national strategy in 2019 and MBS review of Participating Midwives report in 2019
2. Published data on hospital and clinician outcomes including: Patient Reported Experience Measure and Patient Reported Outcome Measures.

**Woman Centred Care:**

To ensure regular monitoring and evaluation of the National Strategy for Australian Maternity Services, consumers need to be involved through consultation and decision-making processes.

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Endorsed by: