HUMAN RIGHTS in CHILDBIRTH

Select Committee into Birth Trauma
c/o The Hon. Emma Hurst MLC
Chairperson
NSW Parliament House
5 October 2023

Dear Committee Members,

Re: Additional Information

> *"the joy of having a newborn is cherished by everyone, but the pain, physical exertion, psychological trauma, and other sequelae of pregnancy and labour are borne by the mother alone."*[1]

We write to provide the Committee with some updates on the information previously provided.

(a) New Lancet Publication: *Postnatal Morbidity: Prevalent, Enduring, and Neglected*

The World Health Organisation, e*Clinical Medicine* and the *Lancet* have co-published the abovementioned issue focusing on the long-neglected problem of Postnatal Morbidity.[2]

The authors report on data sourced from **predominantly high-resource countries** showing:

> *"an alarmingly high prevalence of morbidity directly arising from pregnancy or childbirth that persists beyond 6 weeks. Pain during sexual intercourse (dyspareunia) is most prevalent, affecting more than a third (35%) of women beyond the customary postnatal period of 6 weeks. But low back pain (32%), anal incontinence (19%), urinary incontinence (8–31%), anxiety (9–24%), depression (11–17%), perineal pain (11%), fear of childbirth (tokophobia; 6–15%), and secondary infertility (11%) all affected notably high proportions of birthing …women.*
>
> *Other conditions—such as pelvic organ prolapse, post-traumatic stress disorder, and HIV seroconversion—were less prevalent but can have severe impacts on women's health and wellbeing."*

This is not dissimilar to the complaints we and other women have made to this Inquiry, that is, that once the baby is delivered, women get one postnatal check at 6 weeks and are then abandoned by their maternity care providers altogether. As a result, providers don't see, and don't have to see, the damage that they are doing to NSW women everyday.

(b) The appointment of a Chief Midwife in Queensland – a historical first

On 17 February 2024, Queensland appointed its first Chief Midwife, Ms Liz Wilkes, to help address the regional shortage in maternity health services. This appointment is the first of its kind in Australia and a significant step towards improving quality of care in maternity services. In all other states, nurses are being appointed to hold a dual role as Chief Nurse and Midwife. Nurses are not midwives. They cannot and should not oversee a profession they were not trained and educated for and which has a culture distinct from nursing. We believe this is one of the primary reasons why maternity care in NSW, particularly the crucial roles that could potentially have been played by midwives in improving quality of care over the last two decades, has been so significantly undermined and side-lined to date.

In making the announcement of her intention to appoint a Chief Midwife last year, Qld Health Minister Shannon Fentiman said, "*I sat down with women who told me they want a choice, they want continuity of care, and they want it close to home…".*

This statement is consistent with what the women of NSW have told the Inquiry. This is especially significant given the anecdotal claim by RANZCOG that the Birth Experience Study suffered from selective bias because women

[1] Dr Sayeba Akhter (Ob/Gyn), 'Maternal Morbidity: the Lifelong Experience of Survivors' (2024) 12(2) *The Lancet Global Health* e188-e189.

[2] Editorial, "Postnatal Morbidity: Prevalent, Enduring, and Neglected" (2024) 12(2) *The Lancet Global Health* e188-e189

said they were not given choices and made to endure fragmented services. RANZCOG has erroneously assumed that women do not know what they want or expect from their maternity healthcare providers. Nothing could be further from the truth. As this Inquiry has heard again and again, women know exactly what they want and expect from maternity health services. They are more than aware that it is definitely not what is currently on offer.

(c) Medical profession response to women's complaints and evidence presented to this Inquiry

Much has been said in this Inquiry about the progress Queensland in taking in reshaping its maternity health system. Those changes were a long time coming. Consumer voices, combined with the resistance of medical professionals, has prompted the Queensland government to introduce competition, in the form of midwifery models of care.

We **note with significant concern** the views expressed by AMA representatives before this Inquiry that the NSW Health System would collapse if consent were to be afforded to women, citing the Queensland health system as an example.

We must say that it is highly inappropriate for doctors to advocate for a health system that consumers are consistently reporting as violating the legal and human rights of women. This dismissive reaction to the complaints of women is also contrary to the medical ethical principle of "non-maleficence" (colloquially known as "First, do no harm") and has contributed to the service culture that puts women last.

In addition, there is no substance to the claim that respecting women's rights and choices has put the Queensland health system in crisis. The Queensland Government has rightly recognised that it cannot deflect from the aim of delivering the woman-centred maternity services that the women of Queensland have been requesting for a very long time.

There is just one organisation, the National Association of Specialist Obstetricians and Gynaecologists (**NASOG**), a Qld organisation representing privately funded obstetricians, that repeatedly and vocally claims there is a health system crisis caused by staffing shortages. On scrutiny, however, the articles published on the Sky News website are only, in essence, about NASOG interests, that is, that:

(a) private obstetricians are losing the legal protections they once enjoyed over all other maternity health practitioners, and
(b) midwives are traversing the, until now, protected economic turf of the medical profession.

To the extent that there is a staffing shortage, this appears to be engineered by the doctors themselves. NASOG President Dr Gino Pecorino has repeatedly published the claim that:

> *"In Queensland, obstetricians have made it perfectly clear to NASOG and the health department, that they don't want to work for Queensland Health. They believe that the system is midwife centric, with doctors only called at the last minute and where the Palaczeuk government's introduced legislation allowing the regulator to publicly name practitioners during an investigation before any finding of wrongdoing is found, effectively removes their right to the presumption of innocence."*[3]

It borders on disingenuous for doctors to refuse to work for a health system because they feel threatened by their competitors (i.e. midwives) and then proclaim a crisis caused by staffing shortages, for the sole purpose of undermining government policy that is responsive to the wishes and needs of women.

The issue is not that government policy is undermining the commercial interests of the medical profession. As Dr Pecorino himself has proclaimed:

> *"MBS data tells us that in the past year, approximately 45% of patients who had an initial consultation with a private obstetrician did not pursue that model of care. A decade ago, that number was 12% of patients."* [4]

This claim is not indicative of a failure in government policy. It shows that Queensland consumers voting with their feet by moving to higher quality and/or more cost effective maternity health services. Notably, consumers are not demanding more private obstetricians. They are demanding better funded midwifery-led continuity of care.

In any other industry, firms would respond to a change in the competitive environment by changing their approach and listening to consumers, rather than telling consumers what they need. That does not occur when those firms enjoy a privileged economic position, by virtue of government policy, as against new competition. Protecting an industry, as any government understands, exacerbates inefficient, excessively priced, poor quality services that ultimately

[3] NASOG President's Blog, "A Road to Somewhere" (1 Oct 2023) at <https://nasog.org.au/2023/10/02/a-road-to-somewhere/>.

[4] Ibid.

undermine consumer welfare. That negative impact on consumer welfare has now been well and truly exposed by this Inquiry. Such inefficient protections also cannot be sustained by an already overburdened health system.

The medical profession's response to this Inquiry is indicative of its difficulty with adapting to changes in the competitive environment and empowered consumer voices, and should be treated as such. The answer to their complaint is not further, costly government protections for the industry. It is to do what Queensland has done and move towards encouraging more competition against the incumbents.

We trust this new information will be helpful to the Committee. We look forward to seeing the Committee's final report in due course.

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