

**Submission
No 66**

**INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO
HEALTH AND HOSPITAL SERVICES IN RURAL,
REGIONAL AND REMOTE NEW SOUTH WALES**

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Date Received: 30 November 2020

I feel very disappointed that birthing women on the mid north coast have no options to birth at home other than freebirthing. Freebirthing is not a safe option. Women should have access to the birthing service that they feel best meets their personal needs. Homebirth is safe, particularly for women having a second or subsequent birth. Continuity of Carer also brings with it many benefits. The demand exists as is evidenced by the fact that a local birth worker is servicing around 35 women a year and turning women away. A small publicly funded service would ensure increased consumer satisfaction, decrease cost in the long-term, and significantly reduce the risks associated with birthing without a professional birth attendant.

I also feel quite strongly that Macksville District Hospital needs to move quickly to an all-risk Midwifery Group Practice model. The current 'interim' service does not meet the needs of the local birthing community. They are a high-risk group of women often with little access to transport. They need a local service that can meet their needs for antenatal and postnatal care, and intrapartum care. It is widely known that continuity of carer provides significant benefits to both mothers and babies (Sandall et al., 2015), particularly in poor socio-economic locations (Homer et al., 2017). Macksville's maternity unit needs to offer true Midwifery Group Practice offering continuity of care to optimize health outcomes for this high-risk community.