



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING
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Submission Cover Sheet

Inquiry into Recovery Plan for Nursing and Midwifery Workers

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Hello,

Midwifery is broken at a systemic level. We have such an overmedicalised birth culture now that the resources needed to manage are so high, which continues to exacerbate the problem. More complexity, more inductions, more caesareans, all need more staff and longer hospital stays.

An alternative model of care for people that do not need this complexity should be available for the families of Canberra. More midwife-led continuity of care spots would result in less inductions, shorter hospital stays and greater satisfaction from families and midwives themselves. We have so much evidence for

this: <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD004667.pub5/full>

We will continue to have higher rates of caesarean section if we continue to 'process' women and birthing people through the system as we currently do, ignoring physiology and providing no time for proper antenatal education and true informed consent and a push for more and more inductions for any reason. More first time mothers having cesarean sections set us up for more and more repeat caesareans. It will only get worse.

The solution, at risk of repeating myself, is more Midwife-led continuity of care spots. This model allows time for proper antenatal education and informed consent. It creates a relationship between the primary carer and birthing person and it works with their physiology to make a spontaneous vaginal birth more likely. An outcome that requires much less resources and much more maternal and midwife satisfaction and sets up the best start for that mother infant dyad.

We need more midwives. It is an essential workforce. You can help encourage people to become midwives by making it worth it for them; both monetary and by giving them options of how to deliver care by offering more care options.

Here's some ideas:

Students (ie future planning)

- paying midwifery students during the intense university training where it's next to impossible to work and study as you're on call for births and have rostered prac
- getting practice support midwives for students back in the hospital (they were pulled out early last year and never been allowed back and this is completely to the detriment of your new workforce)
- make midwifery at uni free.

Midwives (ie retaining who you have)

- invest in your new grads - create more education roles to support new midwives in their first year; give us more supernumerary days.
- pay midwives a lot more than you do. Our wages are ridiculous when you consider the fact that this is an essential workforce - I believe this is a hangover from gender pay inequality as this has been traditionally 'women's work'.
- create more midwife-led continuity model positions at both hospitals
- build a freestanding birth centre so women have a real option for birthing out of the hospital system