



The Mother's Tale

Women's Experiences of Maternity Care in Australia

The Birth Dignity Survey 2020

Maternal Health Matters Inc.

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Women's Experiences of Maternity Care in Australia

Introduction

Maternity Care in Australia refers to the health services provided to women, babies, and families throughout pregnancy, during labour and birth, and after birth. This care is provided to women from early pregnancy up to 12 months after birth.

The concept of maternal health is usually restricted to physical safety. Maternal Health is more than the prevention of death and disability. It is also respect for every woman's basic human rights: autonomy, dignity, feelings, choices, and preferences.

Simply surviving pregnancy and childbirth can never be the marker of successful maternity care. Addressing inequalities and promoting respectful maternity care for all women is critical to improve health equity and quality. Dr Monet, Medical Officer at WHO/HRP.

Australia is signatory to the Universal Declaration of Human Rights and is obliged to promote, protect, and fulfil the right to health; this includes maternal health.

All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.
(Article 1, Universal Declaration of Human Rights).

Promoting dignity in maternity care must be an overriding imperative for governments, maternity care professionals, and policymakers alike. But what does it mean for women receiving maternity care?

Pregnant women have human rights defined by the World Health Organization; the Australian Charter of Healthcare Rights; and criminal assault and battery laws. These rights include the right to:

- care that respects the birthing woman's fundamental human dignity;
- receive safe and appropriate care that is scientifically accurate, based on the best available evidence;
- the right to privacy and confidentiality;
- accurate information as it pertains to them so as to make an informed decision and provide informed consent;
- refuse any medication or procedure, even if her caregivers do not agree; and
- equal treatment, without discrimination regardless of race, ethnicity, religion, age, weight, sexual identity and gender identity, socio-economic status, or marital status.

Respectful maternity care is based on the human rights principles of dignity, the right to health, the right to be free from harm and mistreatment.

Abiding by the confidentiality, privacy, provision of information, agreeing with the woman's informed choice will help to deliver personalised respectful care and that must be the norm in any birth care setting. Sir S Arulkumaran, Past President FIGO, RCOG, BMA.

Dignity is a core concept in human rights, ethics, politics, philosophy and respectful maternity care. Dignity is an inalienable right, based on the inherent human worth of a person. Dignity is the opposite of humiliation and shame. Dignity describes the felt experience of being valued while innate human vulnerability is acknowledged and addressed.

Pregnant women are generally in a vulnerable position and how this is managed by maternity care professionals may either increase or decrease such vulnerability. A woman's vulnerability becomes clear when her freedom and dignity is compromised. In maternity care, dignified environments and processes are those in which both the woman's values and vulnerability are acknowledged and accommodated simultaneously, where she is recognised, empowered, understood, treated with safety, fairness and accountability.

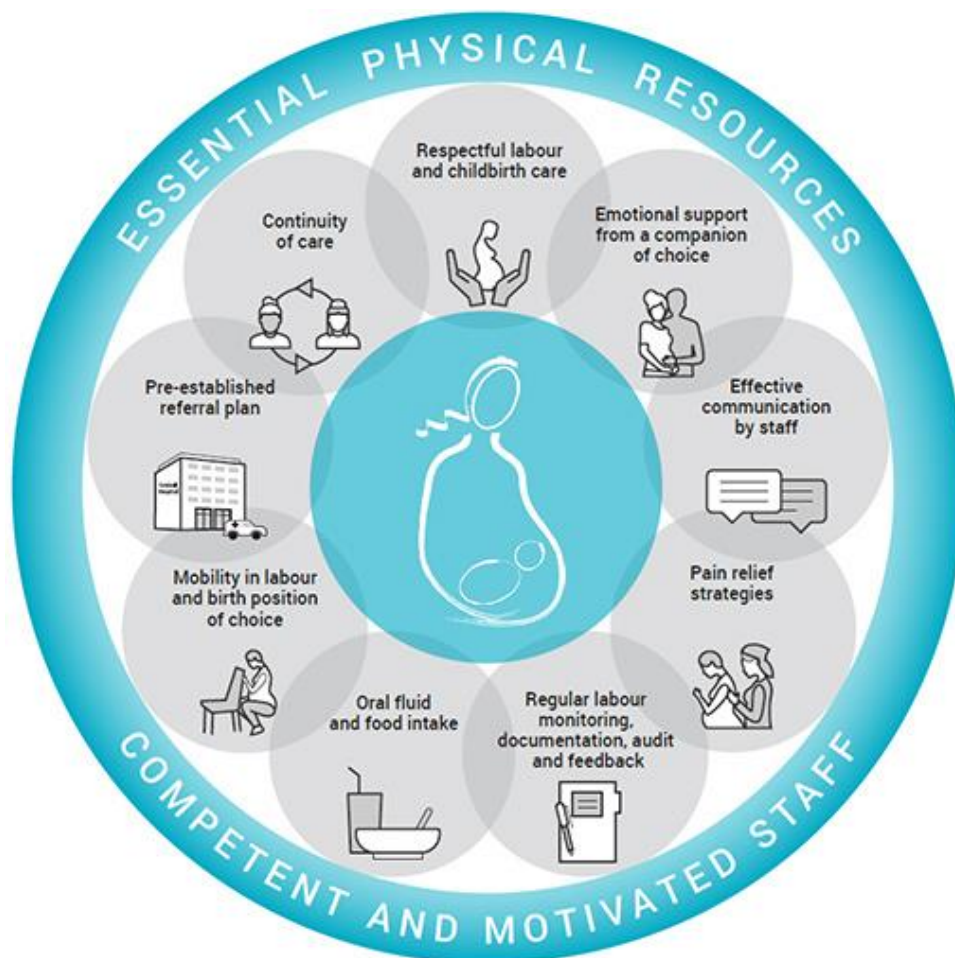


Figure 1: WHO recommendations: intrapartum care for a positive childbirth experience

Our results reveal that many women still do not receive respectful maternity care. Overall only 54.4% of women we surveyed had the birth they wanted, compared to 62% of the women in the 2016 survey. Of interest is that 73% of women who had a vaginal birth had the birth they wanted compared to 41.9% of women who had an instrumental vaginal birth and 30% of women who had a caesarean section.

The majority of women believed that their childbirth experiences affected their self-image and relationships with their baby and their partner. A significant proportion (30%) of these women believed that the effect on how they felt about themselves was negative; while 14% of women stated it impacted negatively on their relationship with their baby.

The Australian Birth Dignity Survey 2020

Methodology

From 1 July 2020 to 30 October 2020, Maternal Health Matters Inc. (formerly Safe Motherhood for All Inc.) hosted a survey about women's experiences of childbirth using Survey Monkey. Responses were collected using an online questionnaire taken from the 2013 Dignity in Childbirth survey conducted by Birthrights, the UK human rights in childbirth charity, though they have no involvement with this survey or analysis of the data.

The survey was open to any woman who had given birth in the past 2 years. Women were informed of the survey through social media and women's health organisations.

Women self-selected to undertake the survey. Respondents answered multiple choice questions about their most recent birth experience and were given an opportunity to provide further details in a free-text box at the end of the survey.

The survey questions reflected themes that have been identified in existing research on dignity in healthcare. The themes identified included choice, control, compassion, communication, kindness and respect. The questions also reflected the principles of respectful care set out in the White Ribbon Alliance Respectful Maternity Care Charter and the WHO recommendations for intrapartum care for a positive childbirth experience as per the illustration above.

Quotes cited in the findings below are taken from the comments in the free-text boxes. The quotes qualify our findings and provide further insights. We do not apologise for the length of the document. Women were generous in providing the information and as a consequence they should be heard.

The sample

This survey recruited a non-probability based, self-selected, sample of women using social media women's health organisations.

866 women completed the survey. 56.76% of respondents were first-time mothers and 43.24% were second-time or more mothers. 98.96% of births were of a single infant. 69.52% received public maternity care. 61.49% of respondents had spontaneous vaginal births, 9.28% had instrumental births and 26.57% had a caesarean section (CS). We have chosen throughout this report to refer to types of births as: spontaneous vaginal, instrumental and caesarean section.

What kind of birth did you experience?

Answered: 862 Skipped: 4

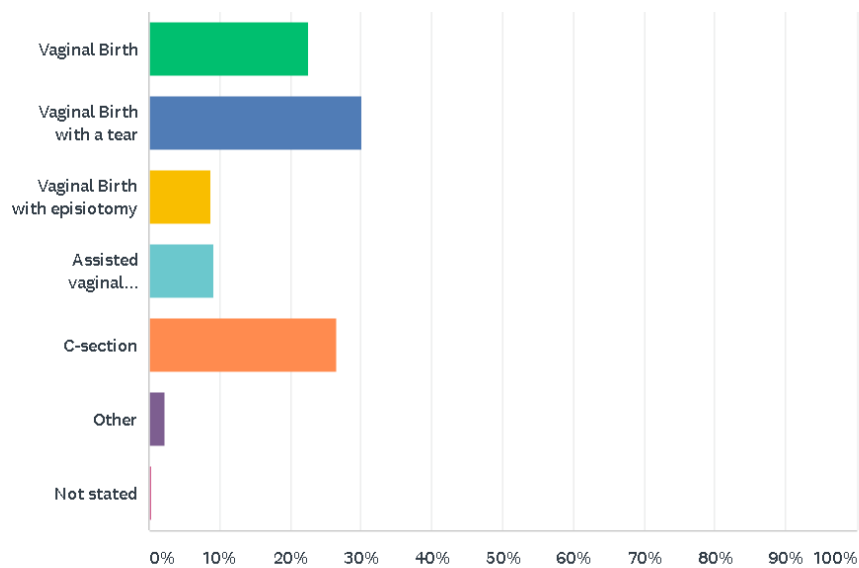


Figure 2: Respondents answers for type of birth

We asked women where they gave birth. 85.57% gave birth in hospital, 6% in a birth centre, either stand-alone or an alongside unit, and 7.97% gave birth in their own home. There was a wide regional spread of respondents. The largest number of respondents came from Victoria at 29.32%, NSW at 25.03%, the ACT 18.08% and Queensland at 13.90%;

In what state or territory did you give birth?

Answered: 863 Skipped: 3

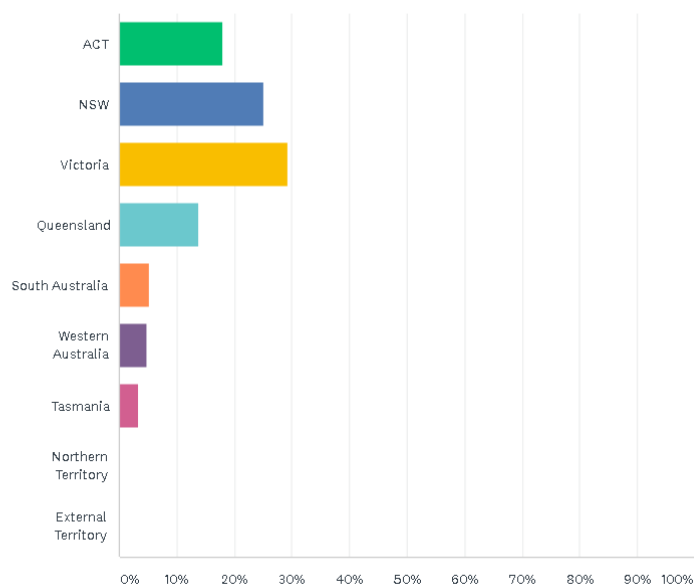


Figure 3: Respondents by State or Territory

Was the region you birthed in?

Answered: 861 Skipped: 5

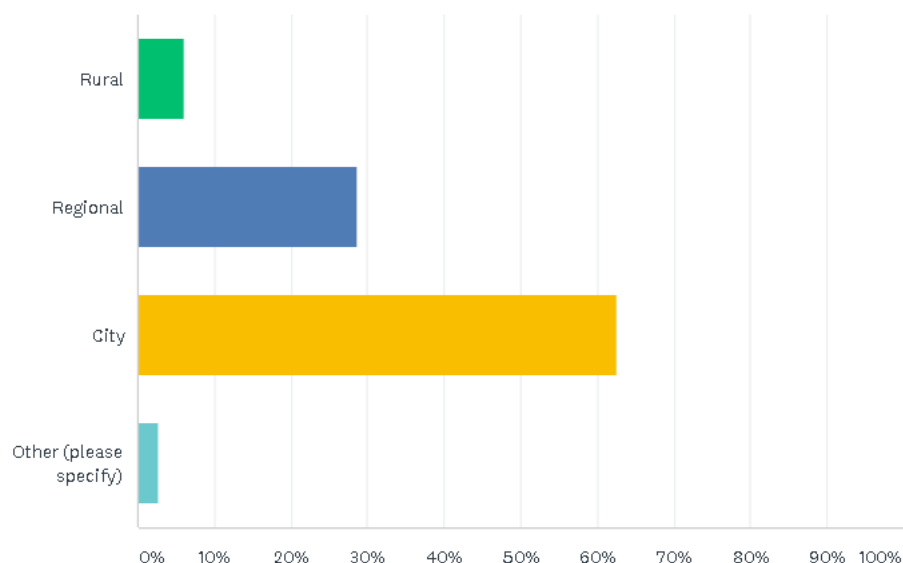


Figure 4: Respondents by birth region

The survey sample was relatively ethnically homogenous, with 0.92% respondents identified their ethnicity as First Nations People, 71.82% of respondents identified as Australian/Caucasian/Anglo Saxon. The remainder were Asian, African, Middle Eastern, European, South American, Indian, Maori or Pacific Islander. 22.98% preferred not to specify their ethnic origin. The diversity of ethnicity was much broader than the 2016 survey.

Twelve (1.39%) of respondents stated that they had a disability.

In the survey sample The CS rate at 26.57% was lower than the national average of 35% (AIHW 2018). The instrumental birth rate at 9.28% is also lower than the national average of 20% (AIHW 2018). This may be reflective of the higher proportion of respondents attending birth centres and birthing at home compared to the national average. 2.7% (AIHW 2018) of Australian women birth in birth centres, while 6% of survey respondents birthed in birth centres. 0.3% (AIHW 2018) of Australian women birthed at home, while 7.97% of survey respondents birthed at home.

In the survey sample 4 respondents categorised their birthplace as other - 1 woman birthed on the way to hospital, another woman free-birthed and another two birthed with an unregistered support person. In the comments it was apparent that some women started their labour in one place and transferred to another facility during labour,

In the survey sample the home birth rate at 7.97% was significantly higher than the national average of around 0.3% (AIHW, 2018). We *removed* the responses of women who had their babies at home from the findings below on the grounds that the experiences of women who give birth at home will not be typical of the general population. When home births were removed, the sample size was reduced to 797. Homebirth data is included in the report in a separate section.

Our findings

How women felt about their births

We asked women about the impact that their experience of childbirth had on their feelings about themselves, their relationship with their baby and with their partner.

98.61% of women felt their baby's birth affected how they felt about themselves. Of those women 54.33% felt the impact was positive and 29.43% felt the impact was negative. The negative impact rose to 49.37% of respondents who had instrumental births compared to 43% in 2016, while for those who had a caesarean section 45.04% of respondents felt it had a negative impact, compared to 55% in 2016 and 36.63% for first time mothers compared to 35.86% for first time mothers in 2016. Only 5.77% of respondents who gave birth in birth centres felt that their birth experience had a negative impact on their self-image. Sadly, with the exception of CS, there has been little improvement in the four years since the first survey.

"Huge difference between my first birth and second. First I felt like I needed permission and to be obedient to those who supposedly know better. Second birth I felt in control and that gave me confidence and lessened all tension/brought peace and ease to the transition"

"I was very anxious in pregnancy due to lack of continuity of care and not feeling supported, I suffered from mild PND, my bond with my baby was not impacted but I felt like a weak and inadequate mother for not fighting for my rights during my pregnancy, labour and post-natally."

82.41% of women felt that the birth affected their relationship with their baby. Of those women, 19% felt the impact was negative. The negative impact was higher for first-time mothers at 26.62% up from 20% in 2016. The negative impact for women who had an instrumental birth was 30.76%, marginally down from 33% in 2016; or a CS at 31% down from 34% in 2016. Only 1.92% of respondents who gave birth in birth centres reported a negative impact on their relationship with their baby.

"My Midwife was fantastic and the hospital care was to a high standard. My negativity in regards to my birth experience comes from the cascade of intervention I endured following an induction, resulting in a very scary and prolonged labour which was traumatic for myself and my husband. I felt very anxious and scared following the birth of my baby and believe this affected our initial bond."

"My experience left me scared and sad and I didn't have an immediate bond with my baby."

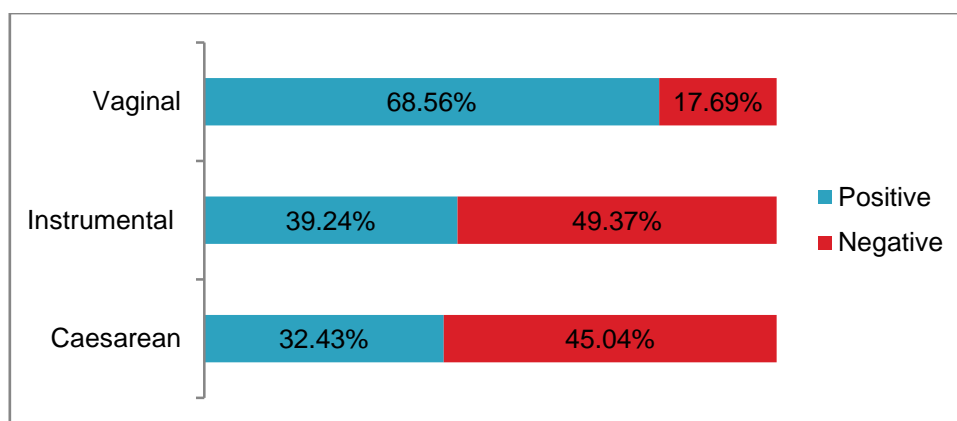


Figure 5a: How did your experience of childbirth affect your feelings about yourself? (By type of birth 2020)

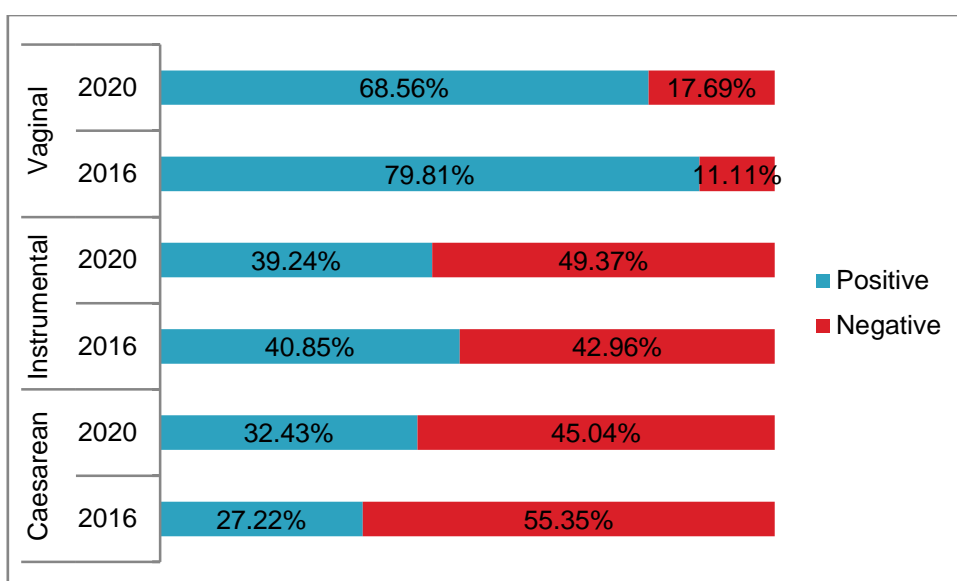


Figure 5b: How did your experience of childbirth affect your feelings about yourself? (By type of birth 2020 & 2016)

Similar responses were received in relation to women's feelings about their relationship with their partner. 18.5% of respondents overall felt childbirth had a negative impact compared to 14.5% in 2016. The figure was higher for instrumental births (32.75%), CS (24.5%) and first-time mothers (21.9%).

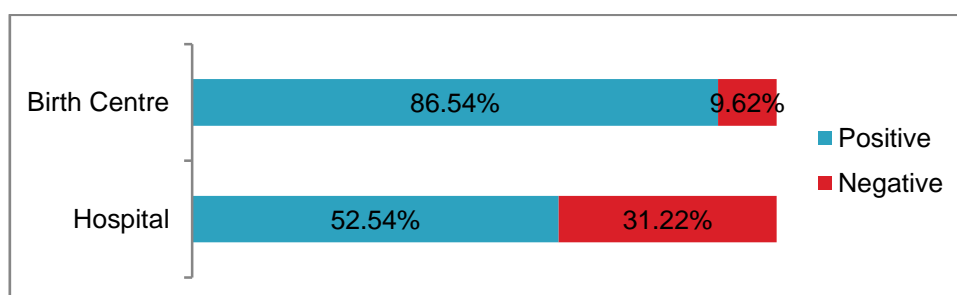


Figure 5c: How did your experience of childbirth affect your feelings about partner? (By place of birth 2020)

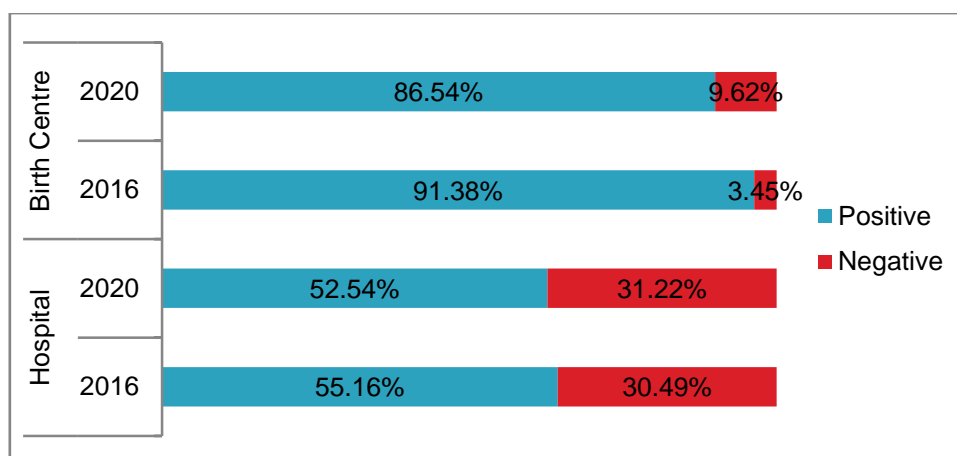


Figure 5d: How did your experience of childbirth affect your feelings about partner? (By place of birth Comparison - 2016 2020)

Over three-quarters (76.80%) of women said that childbirth affected their desire to have more children. About half of those women (46.44%) felt that their birth experience led to positive feelings about having children in the future, while 23.45% felt it had a negative impact. Of these, 25.97% of first-time mothers, 31.65% of respondents who experienced an instrumental birth and 29.14% who had a CS were put off having future children. 61.54% of respondents who gave birth in a birth centre felt positively about having children in the future.

Choice in maternity

We asked women whether they agreed with the statement: 'I had the birth I wanted'. More than half (54.14%) said that they agreed, while nearly a third (30.53%) said that they disagreed and 13.07% neither agreed nor disagreed.

A greater proportion of women who experienced vaginal births reported that they had the birth that they wanted (72.35%) compared to 30.00% of women who had an instrumental birth and 29.82% of women who had a CS. 43.41% of first-time mothers reported that they had the birth they wanted compared to 69.84% of women having subsequent babies. Only 52.89% of respondents reported that they had a choice about where to give birth either in a hospital or a birth centre.

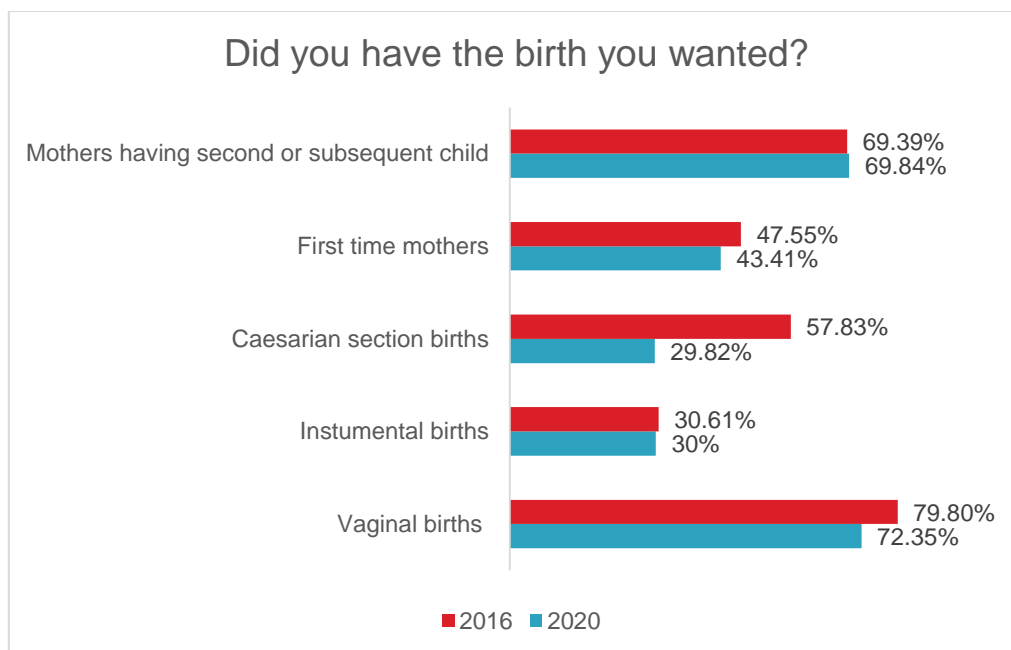


Figure 6a: Did you have the birth you wanted?

It is important that women are given information about their options in childbirth in order to make informed decisions. 77.14% of respondents reported that they were given adequate information by their maternity care provider about their choices about their birth.

“I think a lot of women don't get the birth experience they want/expect due to not being informed enough about their options.”

“I didn't know I could use a private midwife, or if there is a non hospital birth centre.”

I think more information - doing my own research I realised there are a lot of things that are done for the sake of getting done and not because they have to. Knowing all the different options and the pros and cons before heading into labour.

“Know more about birth options.”

The figures were lower for women who had an instrumental birth (67.50%), while of those who had a CS, 21.49% said they did not have the information provided by their health professional to make an informed decision. Our small sample of disabled respondents reported receiving adequate information about their choices.

A proportion of women reported dissatisfaction with choice and availability of pain relief. 8.33% of respondents overall were unhappy with the choice of pain relief. 11.40% of respondents overall were unhappy with the availability of pain relief. For women experiencing an instrumental birth, 18.75% reported being dissatisfied with the availability of pain relief and 13.75% with the choice of pain relief. There was no significant change from the 2016 data.

The ability to move freely and choose a comfortable position may influence the progress of labour. From our survey the ability to choose a comfortable position in labour is being restricted for women, especially in delivery suites.

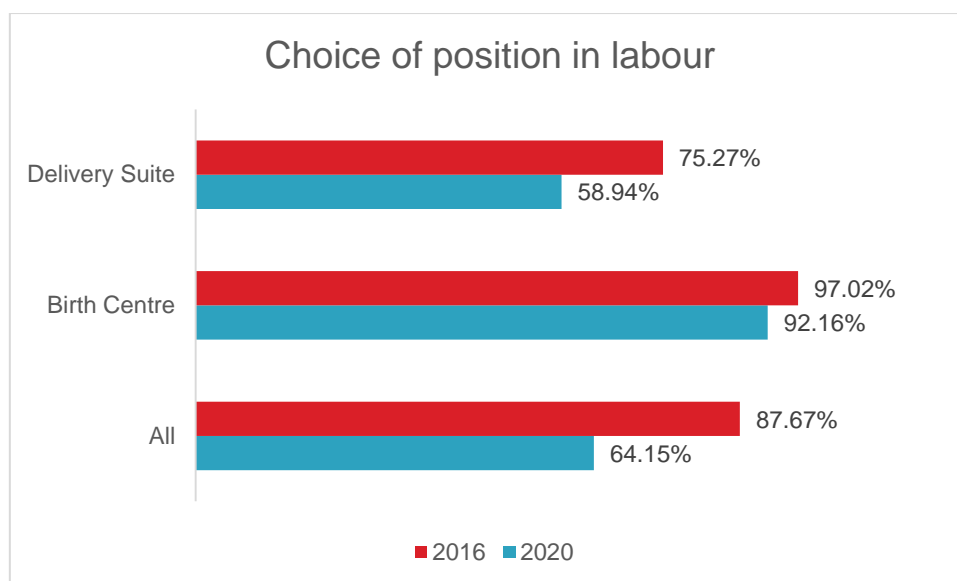


Figure 6b: Were you happy with their ability to choose their position in labour?

We asked women whether they were happy or unhappy with their ability to choose their position in labour. 64.15% of respondents overall were happy with the choice of position in labour. This figure was significantly higher (92.16%) in birth centres than in hospitals (58.94%). Of interest is that in the 2016 survey 75.27% of women in hospital were happy with their ability to choose their position and this has fallen to 58.94%.

“They continually made me climb onto the hospital bed to check my dilation... this didn’t feel like a choice. I felt ordered to do so. Though I was more comfortable squatting on the floor (I was led to believe I could birth wherever/however I liked... but it did not feel like that)”

Control in childbirth

Research has shown that feeling in control during childbirth is associated with positive feelings about birth experiences, while women who do not feel in control of their birth have higher levels of dissatisfaction and may experience long-term psychological trauma, (NIHR 2018).

We asked women whether they felt in control of their births. 63.03% of respondents said that they did, while first time mothers felt less in control of their birth (59.7%). Control was significantly higher for women who gave birth in a birth centre (90.39%) than in hospital (58%). Overall, 29.42% of respondents felt they were not in control of their births, up from 22.62% in 2016.

“I think women need to always feel comfortable and in power with their birth choices. Of course we do need to listen to the advice, especially in emergencies, but to not feel pressured into anything they don’t want.”

“No - I had far less control than I thought appropriate and was treated like a child for being a young (adult) mother.”

“I felt more in control. I learnt so much about how the body works by taking charge of my own birth and care.”

“A lot happens that is out of your control, but it is good to know what you can control, to give you some sense of control over the process.”

“The birth left me feeling out of control and that feeling stayed with me for a long time.”

“I was always given choice so felt in control over what was happening to me. Great for wellbeing and relationship with baby.”

Throughout pregnancy and during labour there needs to be a culture of respect where the woman is in control and her wishes are listened to.

Consent

Obtaining a person's consent to medical examinations, procedures, interventions and treatments is a legal requirement. In order for consent to be considered valid, a woman needs to be given information about the procedure in question as it pertains to her situation.

Women need to be enabled to make informed decisions. A woman's right to informed consent and ability to refuse interventions is critical in navigating birthing procedures. A hospital admission alone does not imply consent for all interventions. Implied consent never overrides explicit non-consent.

All women pregnant or not - have the right to right to consent or to refuse interventions. This includes such things as medications, induction and surgery, all of which can save lives when used appropriately. However, these interventions are massively overused. For instance, the rate of CS has risen from 5% in the 70s, to 33% today, without a corresponding improvement in outcomes.

There are gendered assumptions about women's capacity to decide and work with their bodies that underlie beliefs about consent. Providers often think women do not have the expertise or right to refuse, and the pushback against refusal can range from pressuring, to coercion to physical trespass and violence. Women fear the consequences of refusing medical advice based on the assumption that doctors can predict with accuracy the baby's need for the interventions, yet those predictions often cannot be made with certainty.

“There is no justification for failing to obtain a woman's consent.”

“The legal authority in childbirth is the woman giving birth, not the providers of care. Yes, they are a team, however it is the woman who truly bears the rights, the authority and the risks of childbirth.”

“My experience was positive because I knew my rights, I knew about informed consent and flexed those muscles.”

“Better explanation of every scenario BEFORE birth. So that when things are happening during birth and you may not be able to physical speak but you have previous knowledge.”

8.34% of respondents considered that they had not given their consent to examinations or procedures. Of concern is the 11.2% of women who did not know or were ambivalent/unsure if they were asked and agreed to each examination and/or intervention before it took place. Overall, 19.54% of respondents would appear not to have made an informed decision and to have given informed consent.

One surprising finding was the rate of consent in birth centres. In 2016, this was reported as 93.72 % of respondents considered that their consent had been obtained before examinations and procedures. However in 2020 this was down to 76.92%. Whereas 80.79% of respondents reported that their consent had been obtained in hospital, similar to the 2016 rate of 78.34%.

Failure to obtain consent for women who had a CS was 7.4% a significant improvement on the 2016 rate of 13.58%.

The examples below illustrate where a pregnant woman's right to consent was not respected.

"I felt I was only given one option. Everything was explained but no alternatives were given. One must be informed of all options to give consent."

"Throughout most of the experience I felt I had to fight for my (and my baby's) rights, advocate for my choices by justifying myself based on evidence based research & fight against fear based advice & coercion."

"Felt there was no choice but to agree"

"I was told, not asked."

"A lot of people don't know their rights when it comes to dealing with the health system and just follow what the doctor says, in my opinion that is what leads to negative experiences."

"Sure I was given information, but I was backed into a corner where only a very strong willed woman would have been able to walk away."

"Taking the time to have 'informed consent' instead of just saying that you need something when it comes to intervention."

When I was told my baby was breech they booked me in for a turn. I did not have this explained to me, just given a piece of paper to read.

"The anaesthetist was going to give me a general anaesthetic without consulting me. I did not give consent for this so he looked for another option."

If I didn't know my rights as a birthing woman and followed poor advice from some of the doctors and midwives, I would've ended up having a repeat section. Instead I did my research and made informed decisions which ultimately lead to achieving my VBAC.

Respondents gave similar answers to the question about whether information had been provided before an examination or procedure. 9.05% of respondents overall considered that they had not been given information about each examination or procedure before it had been performed. This figure was higher for first-time mothers (11.06% down from 12.31% in 2016) and in relation to instrumental births (16.77% similar to 17.27% in 2016).

"Being a first time mum, the actual process wasn't explained. For example my internal examinations were excruciating and I was made to feel that I was being silly ... I had no idea it would hurt or what to expect."

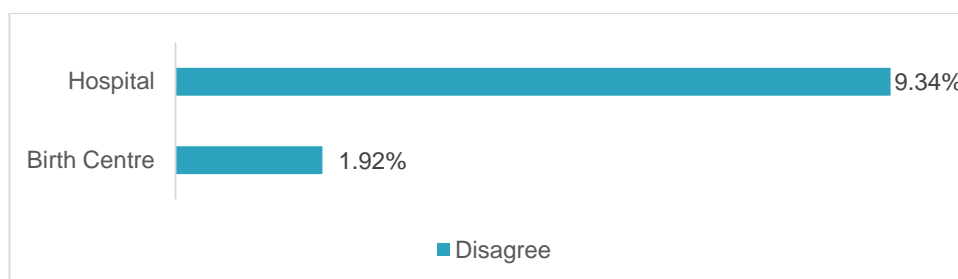


Figure 7a: I was asked if I agreed to each examination or procedure before it took place (by place of birth)

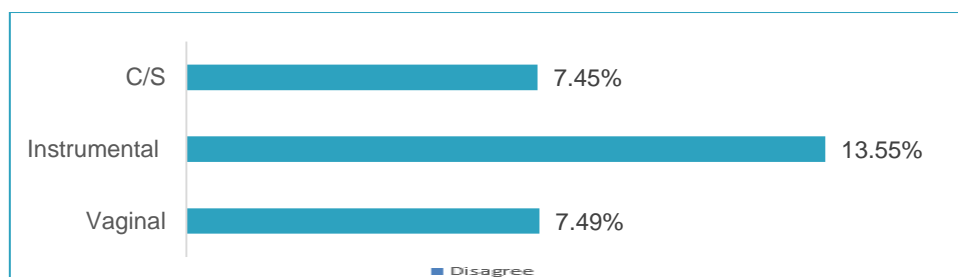


Figure 7b: I was asked if I agreed to each examination or procedure before it took place (by type of birth)

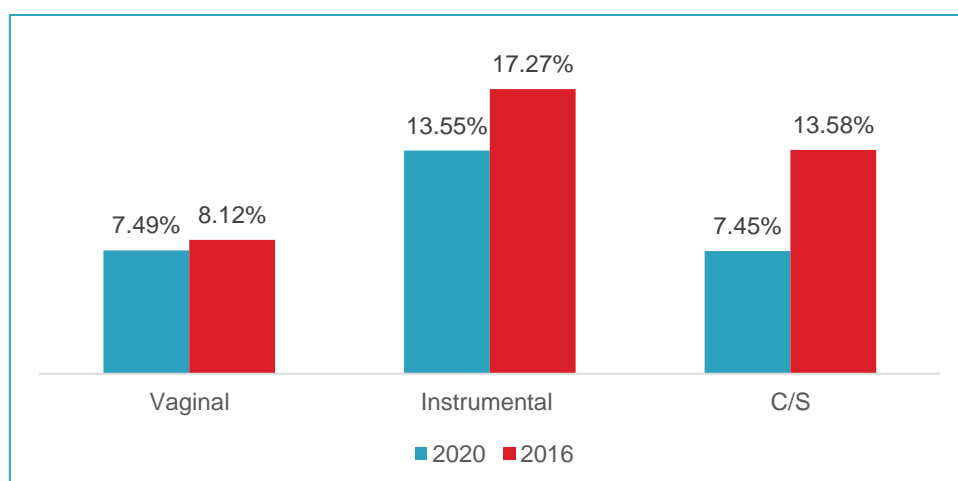


Figure 7c: I was asked if I agreed to each examination or procedure before it took place by type of birth years 2016 and 2020 comparison.

Respectful care

Respectful Maternity Care is maternity care that focuses on the factors that support human health and well-being: care that does no harm and is culturally sensitive, unbiased, valued by the woman and her community. Caring and respectful relationships with healthcare professionals can make the difference between a positive and a negative birth experience, however the basic principles of respectful care is sometimes neglected in large-scale maternity services.

A woman's perception of her care is a strong predictor for her postnatal recovery, her mental health and her confidence in transitioning to parenting.

"I cannot underestimate the emotional, physical and psychological long term benefits of a positive birth experience, and of feeling listened to, respected and held."

"The MGP were respectful and nurturing and limited all unnecessary interventions and respected any boundaries I had and this helped me overcome the birth abuse I received at my first birth."

"My first two births were traumatic only for the fact that my wishes weren't respected and I felt like I had no voice or control. My last birth (third) was totally opposite- I felt so listened to and respected and the relationship with my child has always been easy as we bonded so well, I felt happy and confident from the start."

"Being heard and respected throughout my labour and birth allowed for a positive birth experience which in turn made for a smooth transition into motherhood."

In answer to the general question - did you feel respected by Health Professional staff?
80.65 of respondents agreed, down from 86.5% in 2016. The figure was lower for women who had an instrumental birth 68.75% in 2020 compared to 84.51% in 2016.

"The health professionals were very respectful and discussed everything with me."

"I discussed my preference for minimal interventions with my midwife before the birth and she respected and honoured my wishes."

"My GP during pregnancy was judgemental, pushy, disrespectful."

"After a traumatic first labour it was nice to be listened to and respected during this, my second, labour."

"It's not the medical interventions that hurt women, it's the disrespectful care, lack of informed consent, bullying and absence of emotional support and consideration of the mental health impacts of these interventions."

"The doctor was very dismissive of my concerns and I just wish what I had known now which is that you can refuse a doctor, as I had multiple treatments by that doctor and each time was a negative."

"I thought I had researched and prepped for my first birth but I wasn't prepared for fighting through the birth with the main midwife or the system of the hospital protocols. But also midwives should respect the mothers wishes and not override and dismiss them even if they feel like they would do something differently."

"Some midwives have terrible attitudes which I find incredibly uncomfortable. They need to be fully caring and respectful at all times just like most of my midwives were. Those midwives were amazing and made all the difference for me."

"My third birth (this one) was overall much more respectful than my previous two. I think healthcare providers are getting the message and need to continue pushing for women's rights".

"My wishes weren't respected and I felt like I had no voice or control."

"Not all health professionals involved in my care were as respectful of my wishes."

"The "care" at the hospital did not respect my birth plan or values around birthing. It was constantly wanting to impose a medical model on my natural process."

We asked whether healthcare professionals always introduced themselves. 3.89% of respondents said that they did not which is a significant improvement on the 9.95% found in 2016.

"The obstetrician never came to see me to introduce themselves before c section to make me feel comfortable or know who was operating on me. Totally different experience with anaesthetists who were very understanding and caring being with me every step of the way."

"Honestly the biggest thing would be for everyone to introduce themselves, so simple yet I was completely naked with strangers around me without knowing who they were."

"The doctor should introduce themselves at the beginning and should be open and friendly."

"Actually acknowledging the pregnant women in labour is in the room, and is actually a human. Bedside manner is a necessity."

The majority of women (91%) reported that healthcare professionals spoke to them in a kind and friendly way.

"My expectations were surpassed by my birth centre midwife, she was amazing, kind, compassionate and collaborative."

"I was so in awe of the midwives and their kindness and skills and so supported by them in both birth and post birth care that I transitioned as smoothly as possible."

"Some hiccups due to unkind midwives making value judgements and insensitive comments but otherwise mostly positive."

"Sometimes the communication of staff could be a bit presumptuous e.g. stating you must of being scared (when I wasn't) rather than framing how are you feeling/are you feeling scared."

"Change the language used. I was told on many occasions throughout my prenatal appointments that "we don't allow...", "we will be doing...", "you're not allowed..."

This language is about a lack of respect. It's how we speak to children, not competent adults. It stops meaningful and necessary conversations about what should be a common goal for both mother and provider: a healthy, happy birth.

Asked whether healthcare professionals listened to them, 81% of respondents agreed that they did, similar to that found in 2016 (80%), and shows no improvement since 2016.

"I felt supported and listened too especially by my GP."

"I had a 41 week post-dates scan at a major hospital with many different technicians, nurses etc. involved and felt bullied, not listened to."

"They would not listen to me when I requested to see the same midwife for my appointments until 6 weeks prior to giving birth"

"I felt like no one listened to me during my birth- which ended with me back in emergency so it took me a long time to process the trauma."

"They need to listen. They didn't when I said baby was coming as I have a very high pain threshold and I didn't scream or yell so they didn't believe me until I said have a look and then they did and had to press emergency button and ended up with a whole heap of people in there."

"I felt so listened to and respected and the relationship with my child has always been easy as we bonded so well, I felt happy and confident from the start."

Privacy is a fundamental aspect of respectful care. We asked respondents whether they felt that their privacy had been respected by health professionals. Overall, 86.36% of respondents said that it had, the same as our findings in 2016 of 86.40%.

"More privacy, there were people coming and going constantly. I was overwhelmed and distracted."

"I didn't realise how very little privacy I would have throughout the birth, I guess it's just part of the process but I'm a fairly private person so it was a bit jarring."

"I was given privacy to breastfeed and bond immediately post birth."

"I had over 10 internal vaginal examinations without explanation as to why. I was even internally examined by a midwife then straight after without permission she allowed the student to do another examination multiple times."

"Left after birth in straps with legs in the air for a long time. Very uncomfortable, embarrassing."

In answer to the question whether respondents felt looked after by health professionals, the large majority of women agreed that they did (86%). Similarly, the majority of women (84%) felt safe during their births. The most significant change from 2016 was that only 11.25% of respondents who experienced an instrumental birth did not feel safe compared to 19.72% in 2016, while the rates for those who had a caesarean section birth remained comparable at 14.54% in 2020 and 17.11% in 2016. Women felt safer in a birth centre (93%) than in a hospital birth suite or labour ward (83%).

Women reported on problems regarding communication and interaction with maternity care professionals providing descriptions of feeling devalued and dehumanised by maternity care professionals.

"I really wish that they had seen me as a person rather than a collection of symptoms."

"The care was professional but my experience of giving birth was being treated like a vessel and not being heard."

"Acknowledging that the pregnant woman in the room is actually a human."

"I was treated like a uterus."

"I felt like I was forgotten after birth. That my issues were brushed aside and not given proper care and attention. I had a 3^o tear and a perianal fistula. The fistula wasn't diagnosed until 6 months pp - I had to fight to be heard and get the care I needed. The hospital and GPs only solution was antibiotics and 'give it time'. There was something physiologically wrong and no one had the skill or care to diagnose. Very disappointed that my health ceased to matter after my baby was born."

"I felt like the baby was the only thing the system cared about. As soon as she was out of me, I was no longer important. The stress of not being able to stay in the hospital with her made it very difficult to form a bond in the first months."

"The care I was receiving in the beginning of my pregnancy in the hospital made me feel like a number rather than a person."

The value of dignity

Women are entitled to be treated with respect, compassion, and dignity.

Health-care professionals have an obligation to safeguard dignity. Violations of dignity have the potential to cause trauma and remain with women for the rest of their lives. Respondents commented on the degree to which their dignity was upheld and whether it had a lasting impact on their emotional well-being and entry into motherhood.

"I am so traumatised, and I am even a registered nurse myself so I have a good comprehension of the health care system and hierarchy."

"It was a vulnerable time when I should have been supported and I recognise the problem is the system, not me."

"I am traumatised and struggling with postpartum anxiety. It was a scary experience and I can't shake the feeling something is wrong with my beautiful baby."

"The main (and highly experienced) Doctor who attended my birth continued to tell me after the birth how 'traumatic' it was. This was not how I felt about my experience and caused me great upset permanently after the birth of my baby which impacted my mental and emotion state for months after."

"My experience was awful and I will absolutely go with a different care model next time. It was really hard trying to recover mentally and physically from such a trauma while taking care of a newborn for the first time. I struggled a lot."

"I found it a real struggle at the start and felt like I was a bit traumatised by the birth for months afterwards and especially immediately afterwards it made me struggle emotionally and I didn't really feel like the follow up care focused on that"

Bad birth experiences can and do make women distrustful of maternity care in future pregnancies and this was reflected in the survey responses. In some cases, women choose to birth at home next time with or without a midwife in attendance (Dahlen & Tracy, 2014). Our survey found this to be true for some respondents.

"I will always tell every mother I meet that they should free birth and don't go to hospital to be butchered! And for your child to be traumatised! And tell women that they lack in some way! When they are born to birth babies!"

"I wanted a homebirth with a midwife but I wasn't able to because they said I was to high risk because previous birth trauma from a previous hospital staff not doing the right thing. So I had a free birth and it was the best thing I ever did"

The only safe place to birth is at home not in a hospital!"

"Thank god I had the money for a private midwife. I would have freebirthed if not. But omg I would almost die to avoid the trauma of a hospital birth. It's just so bad in there, so many restrictions, so much non evidence based practice...soooo hard to complain."

"I will never give birth in a hospital again. My first experience was extremely traumatic which is why I chose to freebirth the second time. I would not have it any other way. Being able to trust my body and baby to birth them was incredible and something that is so unsupported despite the fact that women's bodies are made to birth babies."

"I had a wonderful and empowered birth that had a hugely positive impact on our daughter, my fiancé and myself. If I had been in the hospital I am confident I would have been pushed into a cascade of intervention and ended up having a c section. I am grateful for the birth we have. But saddened I couldn't birth with the registered midwife care I desired. I choose to birth at home with a doula."

Birth at home

We removed figures relating to the experiences of home birth women from the above findings. 69 women reported they birthed at home - 65 with a midwife, 2 with an obstetrician and 2 free birthed at home. For 30% of respondents this was their first birth.

Analysis of comment from those who birthed at home reveals higher levels of satisfaction with care than for women who gave birth in hospital. For example, of those women who reported an effect on their relationship with their baby, 92.76% of respondents who gave birth at home felt the birth experience had a positive effect. 98.55% of respondents felt in control of their birth experience at home. 97% of respondents stated they had the birth they wanted. Their experience of childbirth impacted positively affected how I felt about themselves (94.21%), impacted positively on their relationship with their partner (85.51%) and their baby (94.12%).

"Yes, because I'm a midwife and knew I wanted midwifery care and a homebirth. I am not sure this would have been offered if I wasn't so well informed. I think I would have been booked into my nearest hospital which did not offer homebirth, MGP care or water birth."

"We began with public hospital obstetric led care and once switching to private midwifery care I was thoroughly impressed. It was second to none."

"Yes, I planned for private midwifery care and homebirth and was hoping for a low to no intervention birth and to feel respected and heard. My midwives definitely met and exceeded my expectations of care."

"I was not happy with the hospital. I initially enrolled with, hence why I decided to get a private midwife and birth at home."

Women's expectations of maternity care

The survey gave consumers of maternity care an opportunity to provide free text feedback. 701 women answered the question - Were your expectations met? The positive response was 67.67%; the negative response was 28.04%, while 1% of the respondents who were mainly first time mothers had no expectations. A very small percentage – 3.3% - of women changed their care provider or place of birth for two reasons dissatisfaction (19 women) or the need for a higher level of care (4 women).

Women who experienced continuity of care and women who birthed in a birth centre had a higher level of their expectations being met.

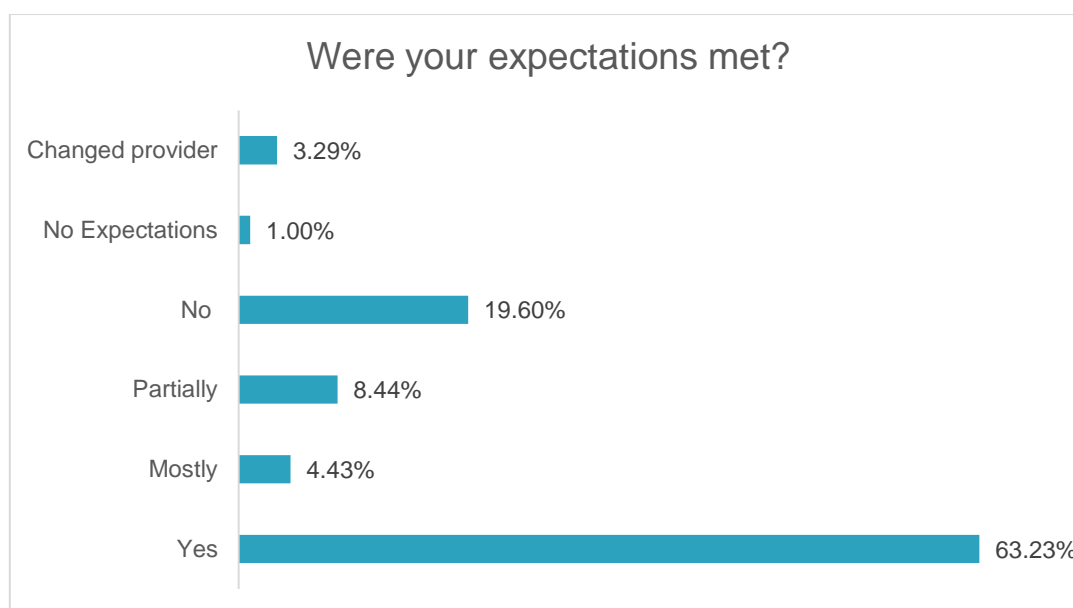


Figure 8: Were your expectations of maternity care met?

“Exceeded - I had hoped to birth at the birth center again after having my second baby there. Not only did I get to birth there, but my midwife from my previous birth went out of her way to be my primary midwife again”

“They were exceeded, the continuity of care model we received was amazing.”
“I was very impressed with my maternity care. My doctor and all the midwives at the hospital took great care of all of us.”

“Not until I transferred at 39 weeks to a care provider who wasn’t forcing me into an unwanted and unwarranted C-section and threatening me with DOCS, police and a dead baby.”

“No - no continuity of care, missed information, my birth preferences ignored, intimidation tactics used by public OBs to induce”

“No, I expected to have my wishes sought and respected, to be given enough information to make choices, not to be bullied into interventions I did not need before I even laboured.”

How did your maternity care impact on your transition to being a mother?

Respondents clearly understood the impact of their maternity on their transition to being a mother and their ability to care for a newborn. It noted that those who talked about a good transition often said they were well supported by the midwives and had a relationship with a known midwife. Most of the women talked about the transition to being a mother in terms of the work related to the care of their infant, of bonding with their baby and breastfeeding.

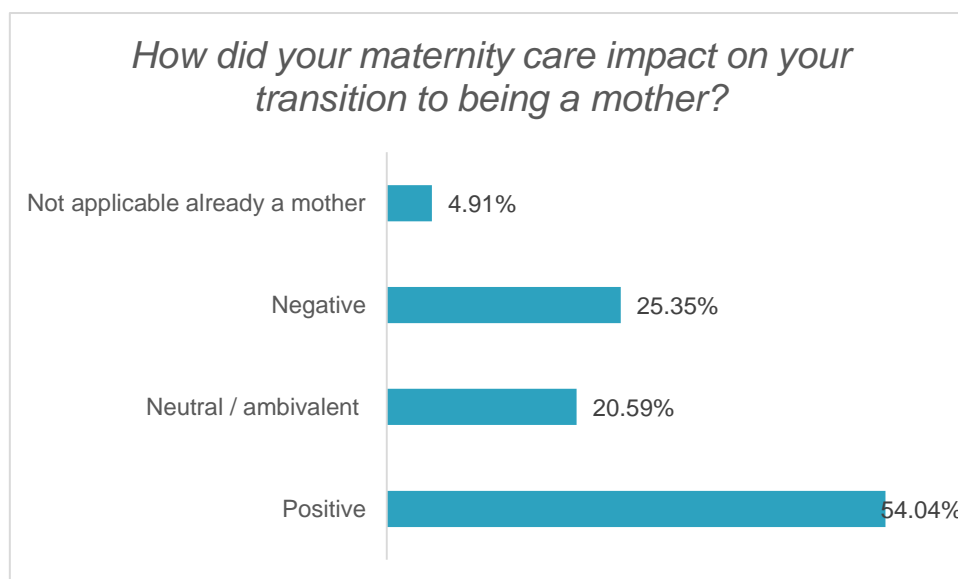


Figure 9: How did your maternity care impact on your transition to being a mother?

"I felt so supported and celebrated. So so valuable."

"Immensely. I had an extremely difficult newborn period with a very unsettled baby but the positive effects of my birth gave me confidence in my body and my baby in those early days and empowered me to advocate for myself and my baby during that difficult time."

"The empowerment of having the birth I wanted certainly helped with recovery and bonding."

"Having a positive birth experience has made a huge difference to my ability to bond with my baby. I am able to sleep this time, which I struggled to do after previous traumatic birth."

"I completely attribute my birth to a wonderful transition into motherhood and a beautifully settled baby in those early weeks."

"My maternity care eased the transition. I was lucky to have continuity of care and my amazing midwife conducted home visits for a week or so following the birth. This was extremely comforting and practically helpful."

"Really positively. I had an incredibly empowering birth that left me feeling really proud of my achievements. It filled me with confidence. The midwives prepared me well antenatal for breastfeeding and were available for support postnatally."

“Midwifery Continuity of care was amazing and allowed me to develop trust in the midwife and my body. Made me feel comfortable and supported as a new mum. Especially being seen postnatally at home for up to 6 weeks.”

“I felt like the worst mother ever and cried for days/weeks. I had flashbacks from the birth whenever I closed my eyes, which made it so hard to sleep and relax. I needed psychological support, which I obtained.”

“The lack of communication was scary and made me feel quite too overwhelmed to feel positive once my baby was birthed and placed in my arms. This lasted for some time.”

“Horrendous. I was left with PTSD. I did my very best to support my baby however, as it was clear that she had also been let down by 'care' providers.”

“Traumatic mentally, physically and emotionally. Physically extremely difficult to cope with newborn due to discomfort and exhaustion.”

“It impacted me most emotionally. The level and type of care offered in the public system is so reductive, so sterile, so rushed, so impersonal... how could I seek any emotional support from that system?”

“The birth left me feeling out of control and that feeling stayed with me for a long time.”

“Left me scared and sad and I didn't have an immediate bond with my baby.”

Impact of maternity care and birth on breastfeeding

Women wear the emotional burden when they do not breast feed, yet often it is the birth interventions that impact on breast feeding rates. Given the fact that breastfeeding contributes both to the physical and economic health and welfare of women and their infants and society at large, not focussing on the impact of maternity care and birth on breastfeeding is at a least misguided and at worst negligent.

We asked - How did your maternity care and birth impact on breastfeeding?

In our survey only 1.69 percent of women identified as wishing to formula feed. 20.42% of women told us that their maternity care and birth had a negative impact, while another 20% were neutral or undecided of the impact.

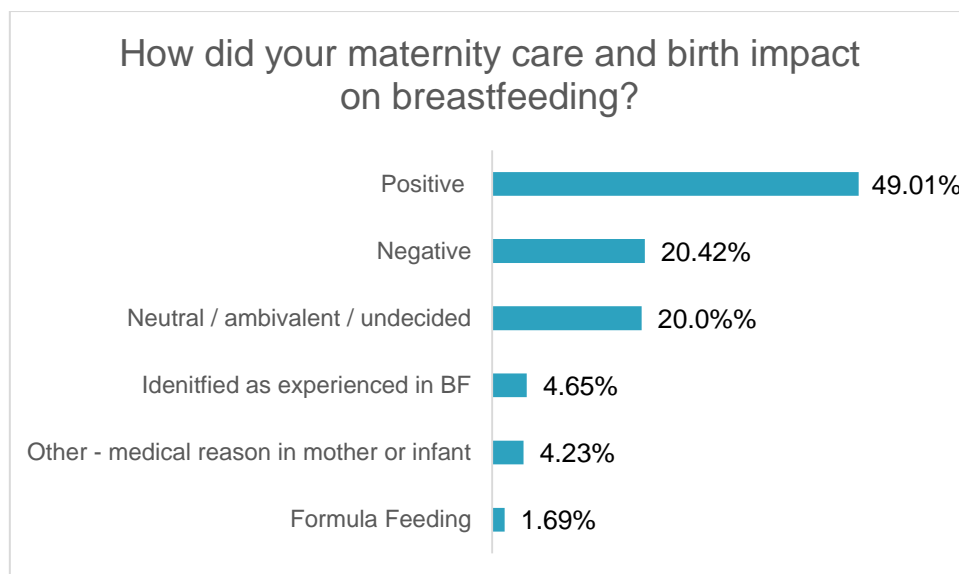


Figure10: How did your maternity care and birth impact on breastfeeding?

Women who had previous breastfeeding experience found it easier to establish breastfeeding, with minimal assistance.

“No impact this time but certainly the care received after my first birth impacted my ability to breastfeed.”

Women were able to identify what impacted on their breastfeeding. One of the key success factors for breastfeeding is early initiation of breastfeeding after birth. Women who felt positive about the birth commented that this gave them confidence impacting positively on their successful breastfeeding.

“I had a positive birth with no interventions, which set me up as well as possible for a good start to breastfeeding.”

“My maternity care and birth helped to facilitate breastfeeding - had baby skin to skin straight away and lots of support and encouragement for breastfeeding.”

“Birth made it extremely hard to even look after myself which made care for a newborn incredibly hard and painful.”

“I didn’t have skin to skin after birth and we found breastfeeding hard and I believe my birth experience led to this.”

Women mentioned that there was not adequate breast feeding education before giving birth.

“I was adamant I wanted to breastfeed even visited a lactation consultant before birth to learn everything I could possibly know about breastfeeding before birth so I could have the best chance of succeeding. I lacked support post-birth with breastfeeding.”

“Not much if any info given in antenatal appointments, midwives in hospital after birth we’re great.”

“There needs to be more breastfeeding education prior to birth for women.”

Early discharge, without home support impacted on successful breastfeeding. With the increasing trend to shorter stays in hospital after birth, we were told by women in free text comments that there is a need for more professional postnatal support, in initiating and establishing breastfeeding, including greater access to support from midwives and lactation consultants.

“I have strong intentions to breastfeed however I was unsuccessful. I was given conflicting and in some instances poor advice whilst in hospital. I was told I had to go home after spending two nights in hospital but before I had been able to successfully feed my baby unassisted.”

“It would be good if women could stay in hospital until their milk comes in and baby’s latching well.”

The impact of shorter stays on breastfeeding remains unexamined.

Continuity of carer supported successful breastfeeding.

“I was very supported with breastfeeding education prior to giving birth, my midwife was very helpful in establishing breastfeeding in the first hour after birth. There was continual education and support for breastfeeding in the six week aftercare period we had with our midwife.”

“My midwives prepared me well for breastfeeding and I had a normal birth with a very small tear so breastfeeding came easily to me. My milk came in quickly and my baby gained weight quickly.”

“Very positive impact- I did breastfeed and having an intervention free birth allowed me and baby all the uninterrupted time we needed post birth. My midwives were incredibly helpful and supportive in the days and weeks that followed.”

How did COVID 19 impact on your pregnancy?

253 respondents identified they were affected by COVID 19.

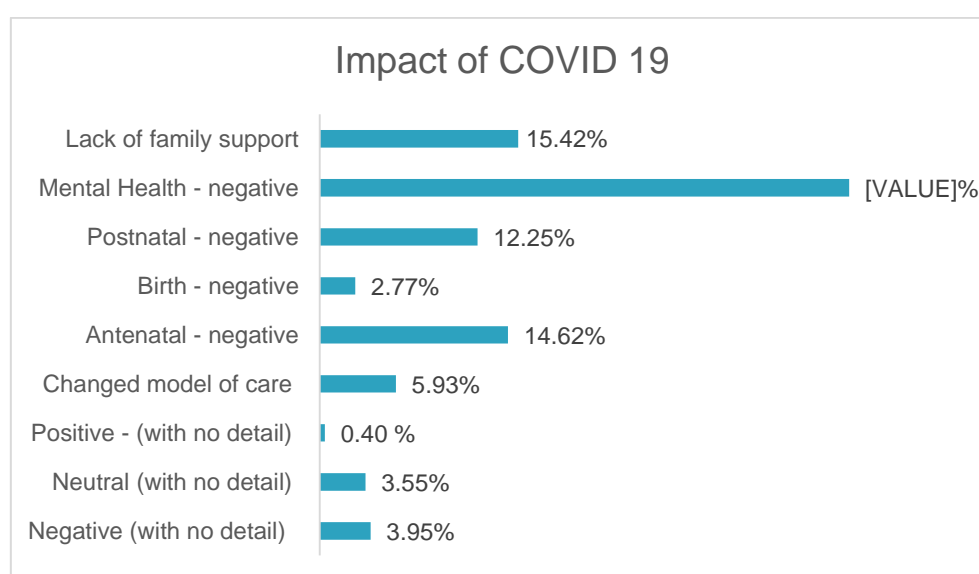


Figure 11: Impact of COVID 19

While 40 women commented that COVID 19 primarily affected their mental health, another 29 commented that the lack of family involvement and the uncertainty around safety also impacted on their mental health.

“Increased anxiety as so much was unknown and there was the fear I could get it.”

“I was much more nervous about being out and about before and after having the baby.”

“Significantly, I was extremely anxious and I had trouble sleeping.”

It is of note that 24 women while missing family support and/or unhappy with the changes to care they also highlighted unanticipated benefits. For example

“In some ways it was good because I got more rest than I would have had we not been staying home a lot. “

“The unknown impacts of the virus on foetus and newborn and the impact of lockdown on visitors to hospital (sibling, family and close friends) and to home post birth was incredibly isolating however the time alone with the immediate family was also lovely. It was bitter- sweet.”

“I have felt blessed to have so much time bonding with my baby and my husband Less visitors and lots of time home with baby and dad working from home had an overall positive effect.”

“On the positive side, it has meant greater bonding time with just our family.”

It is of note that 15 women changed their model of care as a direct impact of COVID 19.

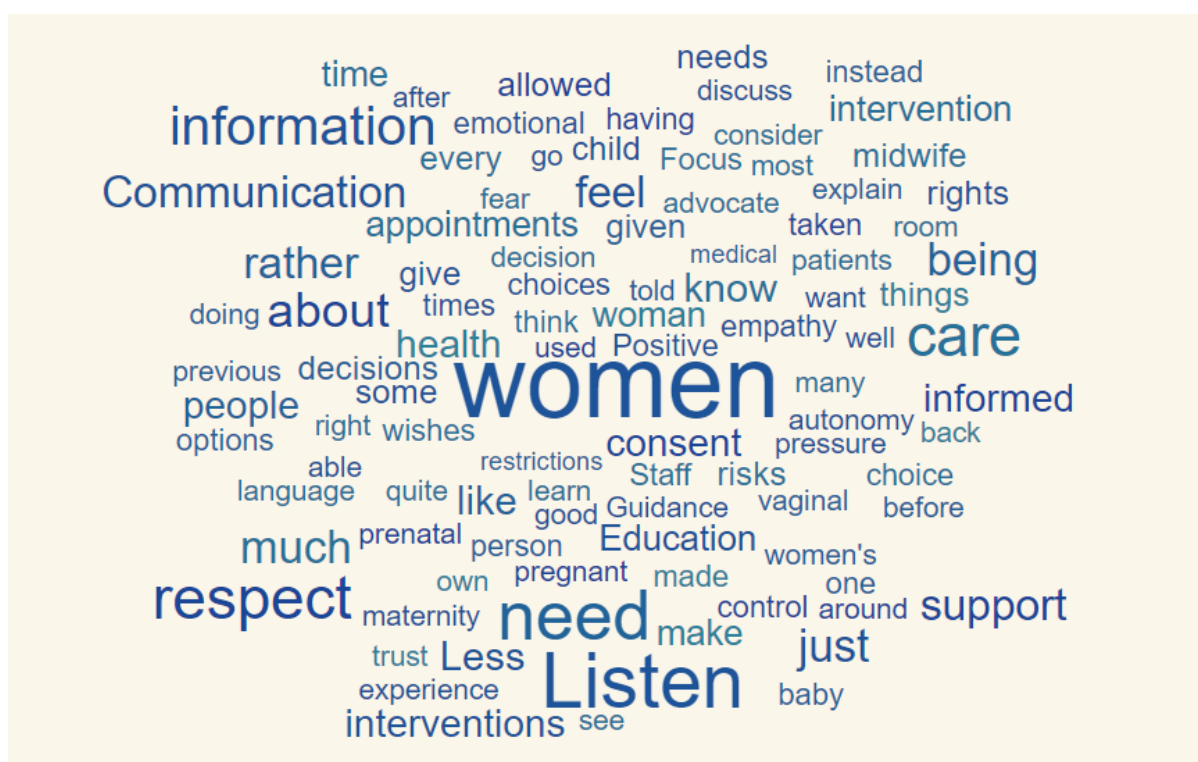
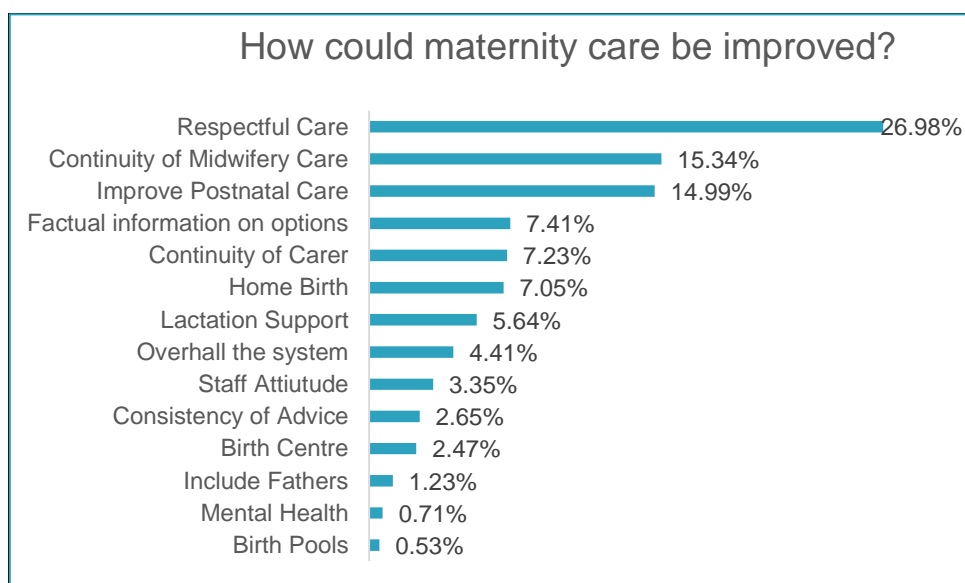
“I would never have considered birthing from home prior to Covid 19. After reading and learning about the risks and experiences of others, I decided to birth from home and actually felt that this was the best option for me, even despite Covid 19. I felt supported and safe during my recent birth and now have a greater understanding of birth without the strong medicalisation introduced in the hospital setting.”

How could maternity care be improved?

The survey gave consumers of maternity care an opportunity to provide free text feedback. 577 women answered the question - How could maternity care be improved? Forty respondents stated no improvements were required, however 537 women offered suggestions and the following themes emerged.

Four themes emerged from the responses:

1. Provide respectful maternity care;
2. Provide continuity of care, preferably with a known midwife;
3. Improve postnatal care; and
4. Provide information on care options.



Provide Respectful Care

The behaviours and attitudes of professionals are a relevant aspect of respectful care. Maternity care professionals are entrusted with the safety, health, and well-being of their clients. As such, providers must show respect and compassion through their words and actions so that every woman is given the care she so rightly deserves.

Respecting women's choice is central to maternity care - making care culturally safe and appropriate. Our survey highlighted that *women* want maternity care providers to really respect them through use of appropriate language, in manner and in taking the time to engage with and provide information

"Birth is often presented as something that happens to a woman rather than something done by her; being phrased differently may help women feel more in control, more relaxed, and have better birth outcomes."

"Leave women to birth how they are intended do not interfere! Stop telling them there is something wrong with them when there isn't!"

"Better education on empathy"

"Treating birthing women with dignity and respect, including respecting their informed consent or refusal of intervention, having a hands off approach."

"More respect for people who are pregnant, and their babies / Informed consent in public hospitals / Staff advocating for people they care for, rather than coercing them into treatment that may be unnecessary and not properly explained / Staff actually standing with women to support and empower them, rather than undermining their confidence and self-esteem "

"Women MUST have bodily autonomy."

"Listen to women. Just LISTEN and stop treating birth like a medical procedure."

"Get rid of 'professionals' with a history of obstetric violence and coercion."

"For OBS to engage more respectfully in delivery of information when discussing something the woman may not agree with."

"All wishes need to be respected and everything needs to be explained before it occurs and there should not be any beration of the mother's choice."

"Increased education for healthcare providers and an attitude of respect to women. Too many times, I was presented information when attending maternal appointments in a fear based manner, luckily for me I'm an educated with a health and science background & it didn't impact my care. But for anyone who is not, the fear imposed and push for interventions was strong."

"Better advocacy for women. It's not just enough to get the baby out we need to consider how it impacts on the health and wellbeing of the mother both mentally and physically."

"I think women need to always feel comfortable and in power with their birth choices. Of course we do need to listen to the advice, especially in emergencies, but to not feel pressured into anything they don't want."

Childbirth should be part of a respectful relationship ensuring a safe delivery for the woman and safe birth for her baby with the help of the health professional *only when indicated*. The respondents reported that birth experiences within the predominantly medicalised maternity system were at odds with contemporary expectations that maternity care will leave not only a healthy mother and baby, but also with no undue adverse impacts on their physical, mental and relationship health.

*“A little less treating pregnancy and birth like a disease and a little more trusting that women have been doing this for centuries so our bodies know what we need to do.”
“I hope that medical practitioners learn to be more empathetic to the needs of new mothers and address our concerns with compassion.”*

“Leave women to birth how they are intended do not interfere! Stop telling them there is something wrong with them when there isn’t!”

“Supporting women in birth as a natural process rather than seeing it as a medical procedure that requires intervention.”

“Obstetrics - very medical model based and this affecting working with the woman to get her needs heard and met.”

“Pregnancy and birth shouldn't be needlessly pathologised.”

“I think intervention occurs too much out of convenience as opposed to need. I ended up being induced and whether I needed to be induced is questionable even though I did ask questions and whether they didn't tell me the right reason but on the paper work it was a different reason to what they told me.”

The problems related to paternalistic patterns of care and the imbalance of power in maternity care needs to be addressed. As identified in [Woman-centred care: Strategic directions for Australian maternity services](#), there is a need for a woman-centred approach towards women in need of maternity care.

Data holds power and brings clarity around outcomes of care. Women do not have the information they need to scrutinise maternity service outcomes and make informed decisions.

“Perhaps more oversight for private obstetricians, and compelling them to prominently publish their intervention rates?”

“I just think mothers to be especially first time mums need to have information given to them freely about the reality of hospitals and interventions etc. and data.”

Provide Continuity of Care

‘Continuity of Care’ is defined as: *“the practice of ensuring that a woman knows her maternity care provider(s) and receives care from the same provider, or small group of providers, throughout pregnancy, labour, birth and the postpartum period”* (Commonwealth of Australia, 2011, p. 121). International and national studies have consistently demonstrated that continuity of midwifery care/r improves satisfaction for both women and health professionals, boosts health outcomes, and reduces intervention rates.

We found that 22.58% of respondents valued continuity of care and carer, with 15.35% stating they want continuity of midwifery led care and the remaining 7.23% stating they want continuity of care. The examples below speak for themselves.

“A COMPLETE overhaul of the system in place now. Women’s and baby’s health “care” is impoverished in its ability to provide care for either mum or bub. It’s scary. We need to focus on women’s intimate needs. One CONSISTENT healthcare

provider (midwife) throughout the whole process at the VERY LEAST. Maternity care at the moment is really concerning.”

“Having the same midwife for my two births and my miscarriage was so important in my care. Couldn’t have felt more loved and supported. She knew me and my family. She remembered my first birth and it made my second birth so much smoother. It made me trust her when she recommended things. I got to talk to her in the weeks post birth and debrief.”

“I had high blood pressure during pregnancy which lead to doctors for my main appointments, I think midwives should also be present at these appointments/appointments with a midwife still offered. I found the doctors language quite scary as they speak about risk in a not very empathetic way. When it came to birthing, it was just the midwives who ended up being present at the birth and I much preferred their communication and language used.”

“More access to continuity of care for higher risk women. Surely there is actually MORE benefit for higher risk women to know and build a relationship with their HCPs prior to delivery. At the moment, most continuity places are for low risk women. With a history of late onset preeclampsia with my first baby, I didn't see the same HCP twice in my entire second pregnancy. I laboured under the care of a midwife I'd never seen before and the OB/GYN registrar that was on shift (again that I'd never met!). Often throughout my pregnancy I had to advocate fairly strongly for myself and recount my history at every appointment.”

“More access to continuity of care and caseload midwifery options so that birthing people have access to a known and trusted person.”

“Continuity of care in midwifery led model should be offered at every hospital. “

“Care from one assigned midwife rather than a rotating clinic of professionals.”

*“I was managed in a tertiary care model because of the increased risks associated with birthing twins and was in the public system I didn’t see a single obstetrician twice in all my appointments. I wasn’t particularly worried about this, but a bit more continuity of care with a smaller number of doctors would have been preferable “
“If more mothers had the support of midwives rather than doctors women would feel more supported and confident which would lead to better birth outcomes for both mothers and babies.”*

“Midwife-led continuity of care ought to be standard”.

The choice so many want to make is for midwifery “continuity of care” programs — the evidence-based gold standard for maternity care. Presently, less than 10% of women in Australia can access such care.

Improve postnatal care

The lack of continuity and co-ordinated postnatal care continues to be a problem for women and there is an ongoing high level of dissatisfaction with the post-natal care offered. 15% of women identified improving postnatal care as a priority.

The lack of care provided to surveyed women in the postnatal period has been recognised by government in [Woman-centred care: Strategic directions for Australian maternity](#)

[services](#), Strategy 11. Improve access to care in the postnatal period. However there is much work to be done. The impact of poor post-natal care on future wellbeing of the woman and her child continues.

“I had excellent postnatal care which helped with recovery from childbirth.”

“The midwives in the postnatal ward in particular were fantastic in teaching me some of the basic skills I needed to take a newborn home.”

“My post-natal care was poor and also there was a lack of clear direction to me as to who to contact when I had infections and further complications in the weeks after birth.”

“I had very poor postpartum care. I experienced significant urinary incontinence immediately post-partum but absolutely no follow up care from OB or referral to pelvic health physio.”

“Post-natal care (or rather lack of) had the biggest (negative) impact on me and my experience of initial motherhood. Midwives provided NO support or help while I was in hospital after a C-section and my elderly mother had to stay in the hospital for 5 days to help as I couldn't get out of bed.”

“I think there should be a greater focus applied to postnatal care. I was extremely vulnerable in those first few days and needed some assistance with feeding. I felt a few of the midwives were extremely impatient and not understanding. Total opposite experience to my prenatal experience.”

“After care could be extended past a couple of days after leaving hospital. I struggled with post-natal depression and would have found it really useful to have a 4 week check-up with the midwife”

“I feel there could have been more focus on mother mental health and wellbeing for longer after the birth. I would suggest at least 6-8 weeks postpartum.”

“I did not receive enough support after giving birth. I only realise now that I had post-natal anxiety.”

“Aftercare needs more attention. It's all good until you've given birth then you're basically in your own!”

“Improved follow up care... When I had complications 2 weeks later I wished the hospital followed me up rather than the GP for continuity. It upsets me that the hospital and doctor wouldn't even be aware of the delayed complications I experienced.”

These quotes above highlight the lack of postnatal care in our maternity care system. The Australian maternity care system is failing post-natal women. Not only has the physical and mental health of new mothers become secondary, it sometimes seems inconsequential.

Provide Information on Care Options

What women want, as well as dignity and autonomy, is options. The biggest impact on birth outcomes will be where a woman births, who provides maternity care and in what model of care. These choices are the first step towards a healthy and happy start for both mother and

child. To make these choices women require accurate, factual, unbiased information to make their own decisions. This sentiment was reflected in survey response where women wanted access to more information about birthing options/locations / models of care / support options.

“Empower women, support women, give women access to all information (not a biased one sided view)”

“I didn’t know I could use a private midwife, or if there is a non-hospital birth centre. The midwife care at the hospital has the potential to be good but at each appointment it’s a different midwife so you don’t get to build a relationship with any. Not all are trained for water birth. I think the care needs to be more holistic.”

“There needs to be greater exposure of private care and poor statistics for birth etc. as it’s is not well known. I certainly would have made different choices had I known about other choices for giving birth.”

“Women deserve the right to have more choice in pregnancy and birth care. There is currently a lack of options and I would love to see this change. Most of my answers are very positive but it is because I was able to find and afford a private midwife. Money should not be a barrier to health care. Publicly funded midwifery led care and publicly funded homebirth are needed.”

“But the lack of choice is disgraceful! Private midwives also don't have admitting rights to hospitals either so are downgraded to support person and during covid19 can't even attend the birth!”

“Should recommend some further reading to all parents so they can see all sides of an issue. Information is largely directed at the possible interventions a hospital will do rather than what natural uninvolved labour and birth look like. Not enough trust in a woman's body to do what it can do.”

“Full outline provided to expecting mothers about their birth choices and care providers to make informed decisions. What I thought was the gold standard (private care) couldn’t have been further from the truth.”

“I had a very positive experience and I believe it’s because I was informed right from the beginning and had a lot of choice in what happened”

Provide Equity of access to quality maternity care

Women expressed disappointment that they could not gain access to their preferred model of care. Places in birth centres were restricted. Places on publically funded home birth programs are restricted due to very strict criteria. Women who engaged a private midwife were denied care by that midwife when they transferred to hospital.

“Until women can give birth where they want and with whom they want little will improve. Birth Centres and Hospital in the Home cater for a tiny fraction of women.”

“My private midwife was not allowed at the birth of I went to hospital.”

Women who lived in rural areas were further disadvantaged. They were required to relocate to towns that provided maternity services and if they came into labour early this exposed them to the risk of birthing in the side of the road.

"Rural mothers need to have more choice and genuine options for their births."

"Provide midwifery continuity of care program in regional and rural areas."

"And for more home birth and birth centre options being available to regional and remote women."

"Rural women need more access to regular antenatal care with continued support for breastfeeding our babies. This area needs significant improvement for the health of rural women and their babies"

"Make Rural Birthing Normal. Stop expecting women to travel 300-500km away from home for 3 weeks while they wait for a birth - just to be near an obstetrician. Normalise low risk rural birth."

"Home birth midwives are desperately needed in rural communities. Don't want us having home births? FINE! Let us birth in hospitals within 30 mins of our homes."

"Living rurally my only option is too travel 4 plus hours to a bigger hospital."

Women's choices were also limited due to the financial costs incurred when birthing outside the system.

"Medicare rebates for home birth and improved access to this model of care for women as cost shouldn't be a barrier."

"Better funding for midwives and continuity of care."

"Medicare rebates for private midwives."

"Funded access to continuity of care models. Same midwife throughout. Better and longer care after baby is born - in the home."

"Greater funding to allow continuity of care for midwifery; greater bed numbers for birth centres; supported home birth options."

"Bundled funding reform."

"Put AHPRA in their place so midwives can practice to full scope with autonomy so they aren't stuck between the system and women."

Commentary

The survey gave consumers of maternity care an opportunity to provide structured feedback as well as free text feedback. Without this feedback to influence the design of maternity care systems the systems cannot reflect what women need and want. The number of women who completed the survey was lower than anticipated, being approximately half of the 2016 response. Findings were similar for both surveys, which is disappointing as it indicates no or minimal improvement in the care offered and its impact on women.

The results highlight very different outcomes for women who experienced birth centre based maternity care. We must ponder what it is about birth centre care that results in better

outcomes for women. Is it the continuity of care in a collaborative relationship? Or is it as a Cochrane Systematic Review concluded that midwife-led continuity of care is associated with a higher level of spontaneous vaginal birth; the women were less likely to experience interventions and more likely to be satisfied with their care. Midwifery care has also been found to result in fewer women suffering from debilitating post-natal problems such as illness or injury associated with some interventions (particularly operative deliveries) and postnatal depression, (Sandall et al, 2016).

This survey emphasizes the human right to health in relation to maternity care. Our findings indicate that this right has been breached in relation to availability, accessibility, acceptability, equality, respect and quality in maternity care services. Three themes emerged from our survey:

- the right to available and accessible health-care services,
- the right to good quality health-care services, and
- the right to dignity and equity in health care.

One respondent summarised the situation very clearly.

“Hospitals are for sick and injured people. Most pregnancies do not require medical attention or intervention. Yet most receive it anyway. The evidence is overwhelmingly against our current model of maternity care. It needs to stop being medicalised. Our maternity staff - midwives and doctors have only rarely if at all even SEEN a normal birth with no intervention! They have no idea how to support it. They are taught everything that can go wrong but none have experienced watching it go right. The few midwives we have in this country who know how a labour is going just by observing the woman have much to teach the medicalised maternity world of today. And I’m a veterinarian! Human mammals are treated the complete opposite to the rest of the animal kingdom when it comes to labour. Quiet. Dark. Undisturbed or you risk the mother rejecting her young or complicating the birth and delivery. Women are thrust under bright lights with beeping machines, stressed staff constantly feeling around in their most intimate body part, listening to their women labour within ear shot. Not to mention the control we try to take over it. It all flies in the face of mammalian physiology and I can’t understand it. It’s great we have expertise and facilities for when things go wrong. But why is our c section rate 3 times higher than the recommended necessary rate? Why are so many women induced based on arbitrary dates? Why, against all scientific evidence, are women strapped to continuous monitoring and then denied movement and water to labour?”

Survey conclusions

The Birth Dignity Survey captures the perceptions and experiences of respondents who have experienced maternity care and paints a mixed picture of maternity care in Australia. Overall, respondents reported relatively low levels of unkindness and believed that health professionals listened to them. However, there was significant variation in options for care and respectful care reported by women depending, in particular, on type of birth and the place of birth.

The acceptability and quality of maternity care services include treating patients with dignity, creating trust and preventing harm. The most important thing is that maternity services, across Australia provide the best possible care for women and their families. Sadly, we know that for various reasons failures in care do happen and women and their babies are the ones who pay the price.

From our survey, it is evident that there is a disparity between women's experiences in birth centres, both stand-alone and alongside units, and hospitals. Women who gave birth in birth centres consistently reported more respectful care, greater choice and control than women who gave birth in hospitals.

The experience of respondents who had an instrumental birth was noteworthy. These women reported higher rates of disrespectful treatment. They also reported greater loss of choice and control. The figures relating to consent for instrumental births suggest that interventions are frequently being used without proper explanation and without consent being obtained. Reasons for the high levels of disrespect and dissatisfaction in among the women who have instrumental births, needs to be investigated further.

Disabled respondents reported less choice and control over their birth experience. While the sample size was small, the results accord with existing research on the limits on choice for disabled women (Redshaw, Malouf, Gao and Gray, 2013). Our findings suggest that further research should be undertaken into improving disabled women's experience of childbirth.

The majority of women felt that their experience of childbirth had an impact on their feelings about themselves and their relationships with their babies and partners. A positive impact correlated with spontaneous vaginal births and giving birth in a birth centre. A negative impact correlated strongly with experiencing an instrumental birth.

The impact of childbirth on early motherhood needs to be explored further with a particular focus on the effects of choice, control and respectful care on women's experiences.

The World Health Organisation's vision of quality of care for pregnant women and newborns was published in May 2015. The vision states quality of care for pregnant women and their infants has two equal parts that influence each other: Firstly, the provider's provision of care (evidence-based practices, actionable information systems, and functional referral systems); and secondly the patient's experience of care (effective communication, respect and dignity, and emotional support). Caring and respectful relationships with healthcare professionals can make the difference between a positive and a negative birth experience. All health professionals have a role in ensuring that they provide evidence based respectful care and that the women they care for are empowered to be equal partners in this process.

Australia needs to ensure responsive, sensitive maternity care systems that cater for the individual woman and respect her human rights. This requires a system that focusses on both experience of care - the interpersonal aspects of care as well as the quality of the care. A focus on maternity care and infant health linked with the respectful maternity care is an innovative approach to reform maternity care, having the potential to reduce health care costs and ensure respect for human dignity.

A human rights perspective with the right to the highest attainable standard of health are major challenges for maternity care today. We believe that understanding, embedding and monitoring dignity in maternity care has the potential to make a real difference to women's experiences of pregnancy and childbirth. We aspire to lead the discussion on dignified treatment in maternity care.

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