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Australian Commission on Safety and Quality in Health Care
NSQHS Standards (third edition) - Public Consultation 1
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Dear Professor Kilpatrick

Re: Submission to NSQHS Standards (Third Edition) – Public Consultation 1 Call for a National Standard to Deliver Woman-Centred Maternity Care

We the undersigned, welcome the opportunity to contribute to the public consultation on the National Safety and Quality Health Service (NSQHS) Standards (third edition). We commend the Commission's commitment to improving safety and quality across Australian health services and wish to highlight the urgent need for reform in maternity care.

International evidence confirms that quality standards drive improvements in care. In maternity services, this means delivering respectful, evidence-based, person-centred care across the full continuum—from pregnancy to postpartum.

Rationale

Australia sees over 300,000 births annually. Each year 300,000 plus babies are born. Yet, significant disparities and systemic shortcomings persist:

- First Nations women are three times more likely to die in childbirth than non-Indigenous women; their babies are nearly twice as likely to die in their first year.¹
- One in three women report birth trauma; two-thirds cite disrespectful treatment as the cause.²
- Caesarean rates stand at 42%, far exceeding WHO recommendations.³
- 40% of first-time mothers undergo induction.⁴

Despite important initiatives, such as the <u>Woman-centred care: Strategic directions for Australian maternity services</u> and <u>Australian Pregnancy and Postnatal Care Evidence-based clinical recommendations</u>, recent reports (5,6,7 8, 9 and 10) have found that Australian maternity services are falling short across all aspects of the Strategy. Persistent issues such as fragmented governance, resistance to change, and lack of accountability continue to undermine reform efforts and contribute to suboptimal outcomes for women and babies, 11.

Issues

Currently, there is no NSQHS Standard specifically addressing woman-centred maternity care. This critical gap contributes to:

- Over-medicalisation and unnecessary interventions.
- Disrespectful, unsafe, and non-consensual experiences.
- Inconsistent service delivery across jurisdictions and models of care.



Proposal

We respectfully propose two key reforms:

1. Development of a Woman-Centred Maternity Care Standard

This standard would guide health service organisations in monitoring care quality, evaluating performance, and driving continuous improvement Incorporating a dedicated standard within the NSQHS framework would:

- Embed respectful, evidence-based, culturally safe, and person-centred care practices.
- Support health service organisations in monitoring, evaluating, and improving maternity care.
- Align Australian care practices with global quality and human rights standards.

2. Establishment of a Clinical Quality Registry for Maternity Services.

A national registry would enable transparency and continuous improvement by:

- Tracking outcomes across all birth settings and models of care.
- Providing actionable feedback to clinicians and services.
- Enabling benchmarking and identification of improvement areas.
- Empowering consumers with accessible, high-quality data to make informed choices.

Expected Benefits

These reforms will:

- Promote cultural safety, robust governance, and accountability.
- Improve maternal and neonatal outcomes across all populations.
- Reduce long-term health costs by preventing complications and trauma.
- Strengthen Australia's alignment with international best practices and human rights standards.

Recommendations

We urge the Commission to:

- 1. Develop and implement a Woman-Centred Maternity Care Standard within the NSQHS framework
- 2. Support the establishment of a Clinical Quality Registry to assist informed decision-making and best practices in maternity care

By embedding these reforms within the NSQHS Standards framework, the Commission will play a vital role in ensuring that every woman in Australia receives safe, respectful, culturally appropriate, and high-quality maternity care.

We appreciate the opportunity to contribute to this consultation and look forward to the Commission's leadership in driving positive change.

Submitted by:

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