

Health and Environment Committee
Queensland Parliament
Cnr George and Alice Street
Brisbane QLD 4000

Wednesday, 10 January 2024

Ref: Inquiry into Health and Other Legislation Amendment Bill (No. 2) 2023, including the Termination of Pregnancy Act 2018

Dear Committee Chair,

The Australian College of Midwives (ACM) thanks the Queensland government for the opportunity to comment on the recommendations cited in the Health and Other Legislation Amendment Bill (No 2) 2023, including the Termination of Pregnancy Act 2018.

ACM acknowledges that broadly the draft legislation amendments will provide better access to care and are to be enacted to improve women's health in Queensland, in particular the following:

- Part 6 Amendment of Termination of Pregnancy Act 2018. 22 Insertion of new s 6A. Medical termination by particular registered health practitioners
- 12 Amendment of s 138B (Prescription of minimum nurse-to-patient and midwife-to-patient ratios)

However, ACM does not concur with the amendment in the Termination of Pregnancy Act 2018 and Criminal Code to *'provide for more inclusive language by replacing references to 'woman' with 'person' in termination of pregnancy provisions'*.

The ACM recommends that the word 'woman' continues to be referenced in Termination of Pregnancy Act 2018 and Criminal Code and is not amended to be referenced as 'person'.

Background

ACM represents the professional interests of midwives, supports the midwifery profession to enable midwives to work to full scope of practice and is focused on ensuring better health outcomes for *all* women, babies', and their families. Midwives are primary maternity care providers working directly with women and families, in public and private health care settings across all geographical regions. There are over 33 000 midwives in Australia and 1,089 endorsed midwives (Nursing and Midwifery Board, 2023).

The International Confederation of Midwives (ICM, 2013) defines the role of the midwife;
"The midwife is recognised as a responsible and accountable professional, who works in partnership with **women** to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of

normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures. The midwife has an important task in health counselling and education, not only for the women and gender diverse people they serve, but also within families and communities. This work should involve antenatal education and preparation for parenthood and may extend to sexual and reproductive health care, and care for infants and young children. A midwife may practice in any setting including the home, community, hospital, clinic, or health unit.”

The Government has demonstrated its commitment to ensuring women’s health is prioritised. The Australian Government **Woman-centred** care *Strategic directions for Australian Maternity Services* (COAG Health Council, 2019) highlights a **woman’s preference** (choice), *evidence* as it applies to the woman, and the *context of care* provision as key factors to support women as the decision-makers in their care. The **woman-centred** care strategy prioritises *Respectful Maternity Care* and continuity of care to ensure Australian maternity services are equitable, safe, woman-centred, informed and evidence based. This informed strategy and the recent work including ensuring ratios for women and babies by the Honourable Shannon Fentiman MP Minister for Minister for Health, Mental Health and Ambulance Services and Minister for **Women** is tethered to this change.

Women remain the primary individuals who experience pregnancy and abortion. Removing the word ‘woman’ from abortion legislation will lead to the erasure of women’s experiences and challenges related to reproductive health. It will undermine the recognition of the specific gendered context within which reproductive rights and access to abortion have been achieved. The protection of the term ‘woman’, meaning ‘adult female people’ is essential in preserving the experiences of women, the visibility of the challenges women face and the provision of care for future generation of women. ACM strongly recommends inclusive language that retains the identification of women by maintaining the use of the word ‘woman’ in this draft legislation.

Women have faced significant barriers to accessing reproductive healthcare, including abortion services. Many submissions included in the Senate inquiry into universal access to reproductive health described these limiting barriers. The National Health and Medical Research Council (NHMRC) Centre of Research Excellence in Women’s Sexual and Reproductive Health in Primary Care, SPHERE, were cited in Chapter (2023);

There are relatively few abortion providers in the primary care setting and hospital system in Australia and even fewer who can manage complex medical and gynaecological cases ... About 30% of women in Australia live in regions in which there is no local GP provision of medical abortion including about 50% of women in remote Australia.

Removing the word ‘woman’ from abortion legislation may inadvertently overlook the specific needs and vulnerabilities that women face in seeking reproductive healthcare. This may also impact policies, funding, and initiatives aimed at improving access to abortion services for women specifically. Furthermore, gender neutral language dilutes women’s needs in health and medical research. This research being the driving proponent informing abortion policy, funding, and initiatives.

The midwifery profession is predominantly made up of women, 98.7% (NMBA, 2023) and almost universally provides care for women. The centrality of 'woman' to midwifery both professionally and philosophically gives the profession a unique perspective of knowing the barriers and challenges that women face throughout their reproductive life potentially affording midwifery views priority in the discussion around the erasure of the term 'woman'. Recent evidence shows that by not using the term woman, some perceive this to be damaging to public health progress such as medical research (Gribble et al., 2022) and specific commitments to the health and wellbeing of women and girls as addressed in the Queensland Women's Strategy (2022). It is critical that while inclusivity is an important goal, there is an understanding the potential consequences and implications of widespread changes in language and culture around the use of the term 'woman'.

Removing the word 'woman' from abortion legislation may undermine the legal framework and precedent that has been established to protect women's reproductive rights. It could potentially weaken the basis for legal challenges and advocacy efforts aimed at ensuring access to safe and legal abortions for women. In addition, the removal of the term woman contradicts the Federal governments commendable **woman-centred** care strategy and the Queensland **Women's** strategy across all five key priority areas forecasted for impact until 2027.

The ACM seeks assurance that the comments above will be taken into consideration in relation to the changes to the Health and Other Legislation Amendment Bill (No 2) 2023, including the Termination of Pregnancy Act 2018.

The ACM recommends that the draft legislation be amended to revert to the original language and replace 'person' with the word 'woman', including the Termination of Pregnancy Act 2018 prior to finalisation.

Yours faithfully,



Helen White
Chief Executive Officer

CC Alison Weatherstone, ACM Chief Midwife

References

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