

ACM - [Opening Statement](#) for Queensland Parliaments Health and Environment Committee's inquiry into the Health and Other Legislation Amendment Bill (No. 2) 2023

(Spoken by Alison Weatherstone)

I would like to acknowledge the lands on which we are presenting from today and pay my respect to First Nations people past present and emerging and any First Nations people here today.

On behalf of the Australian College of Midwives (ACM), we would like to thank the Committee for the opportunity to appear today.

ACM is the peak professional body representing midwives in Australia. Midwives are primary maternity care providers and provide women and their families support, care, education, and advice; from pre-conception, during all stages of pregnancy, labour, birth and the postnatal period and influence the best start to life for a child in their first 2000 days. Midwives are also experts in sexual and reproductive health. Universal access to reproductive health care is a priority to improve outcomes for women and children, in particular in rural and remote areas of Australia. Equity of access to termination of pregnancy services plays a key role in improving access and thus outcomes for women in Australia. Midwives excel in delivering respectful maternity care, inclusive of all diversity, and as representatives from the largest profession made up of predominantly females providing caring for women who make up 50.7% of the population.

ACM commends the amendment 22 insertion of Medical termination by particular registered health practitioners. Inclusive change to allow appropriately trained midwives to provide termination of pregnancy care, ensures women have broader access to termination of pregnancy care services. Termination of pregnancy care is a fundamental human right.

ACM commends the changes to prescription of minimum nurse-to-patient and midwife-to-patient ratios. The inclusion of babies in ratios will have a broad impact on workforce outcomes, clinical outcomes, and the improved provision of high quality and safe maternity care.

While appreciation is extended to the abovementioned changes, ACM opposes the removal of the word 'woman' from the legislation and its replacement with the term 'person'. It is important to understand that sex (a reproductive category), gender (a societal role), and gender identity (an inner sense of self) are not synonymous. The term 'woman' can have a sexed or gender-identity based meaning. The legislation being amended makes it clear that 'woman' is used in its sexed meaning to refer to female people. Given the inherently sexed nature of pregnancy, this is entirely appropriate. However, the Explanatory Notes and Statement of Compatibility for the Bill indicate that the word 'woman' should be understood in a gender-identity based meaning to refer to people who have a gender identity of 'woman.' The removal of 'woman' from the legislation is therefore not the common understanding and as such appears flawed.

The use of the word 'woman' in its sexed meaning rather than from a gender-identity use must be understood by all decision makers here today, including the unintended consequences of removing sexed language from legislation.

Keeping 'woman' in legislation is crucial for acknowledging and safeguarding the specific rights and experiences of women as a group encompassing all female people. 'Woman' in its sexed meaning in legislation ensures that legal frameworks recognise the unique challenges and needs faced by women,

ensuring targeted protection against discrimination and the promotion of gender equality. Preserving the term 'woman' in the legislation specifically under consideration accurately reflects the reproductive rights held by those who can and do become pregnant, while removing this word obscures who it is that this legislation applies to. Retaining the term 'woman' supports targeted health care strategies and upholding a woman's agency over her own body.

ACM would like to highlight the Queensland Aboriginal and Islander Health Council's submission for today's enquiry. The submission notes that while QAIHC accepts that the proposed amendments are well-intentioned, it does not support replacing 'woman' with 'person' in legislation. Their submission states "The proposed amendment, intended to be inclusionary in a Western cultural context, may have the unintended consequence of excluding Aboriginal and Torres Strait Islander women and trans and gender diverse people who have a different concept of what it means to be a woman." ACM believes that the same could be said for many women who do not apply the concept of gender identity to themselves, including those from diverse cultural and linguistic backgrounds.

ACM is concerned that if legislation related to female reproduction in Queensland is desexed through the removal of the term 'woman' it will encourage similar changes in health contexts, including health promotion. Public health interventions utilising desexed language is predicted to create barriers for marginalised individuals with lower health literacy. An example of this is evident in the public health intervention for cervical screening inviting 'anyone with a cervix' for screening rather than 'women'. Women with low literacy, low health literacy or low English language skills are at risk of not understanding that such invitations are directed at them. This example demonstrates potential real world negative impacts of desexed language further disadvantaging marginalised groups. Alternatives for 'women' like 'anyone with a cervix' that refer to women by bodily organs, processes or diseases are also dehumanising and unacceptable.

ACM would like to draw to the attention of the Committee the importance of accurate data collection on sex and the need for recognition of this in legislation and policy. Data collection relies on specific categorisations in language. Accurate recognition of and recording of sex is vital to safe health care provision, including for transgender and gender diverse people and also in relation to pregnancy. Data collection on sex is critical to closing the 'female data gap' that results in poor health outcomes for women. Removal of the word 'woman' from legislation addressing female reproduction, making invisible the sex of those whose rights are central to the legislation, constitutes a marginalisation of women through language. In contrast, using the word 'woman' demonstrates a firm commitment by government to women, their rights and health care.

ACM highlights that there are multiple strategies that are focused on women, including; the QLD women's health strategy and the National woman centred care strategy and we note that Queensland government has a minister for women and therefore consider it appropriate that this legislation would contain the word 'woman'.

We welcome questions, Thank you.

Acknowledgements:

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