Australian College of Midwives

ACM: For midwives. With women. For the future.

RESPONSE

Human Rights (Children Born Alive Protection) Bill 2022

Issued March 2023

ACM is the **national peak professional body for midwives in Australia**. ACM represents professional interests and supports the midwifery profession to enable midwives to work to full scope of practice. ACM is also focused on ensuring better health outcomes for women, babies and their families. Midwives are primary care providers working directly with woman, in public and private health care setting across all geographical regions (metropolitan, regional, rural and remote). There are over 33,000 midwives in Australia of whom 969 are endorsed to prescribe scheduled medicines. (Nursing and Midwifery Board of Australia, 2022 (NMBA).

The Australian College of Midwives (ACM) welcomes the opportunity to make this submission in response to the Human Rights (Children Born Alive Protection) Bill 2022.

ACM advocates for respectful maternity care, and choice, access and equity to sexual and reproductive health and maternity care for all women, regardless of the cultural background or geographical location in Australia. This access includes pregnancy termination services, a reproductive and legal right in Australia.

ACM supports a woman's right to bodily autonomy and to increased access to legal, safe, timely and compassionate abortion care as an essential health service. Across Australia there are many 'abortion deserts' (Swanell, 2022), where women are unable to access the limited number of medical practitioners qualified to perform abortions and/or pharmacists to prescribe medical abortion.

Through consultation with our members and organisation, ACM *strongly recommends the Human Rights (Children Born Alive Protection) Bill 2022 ('the Bill') be rejected in its entirety and **NOT** be passed or supported***.**

ACM provides the following feedback to support this recommendation;

- Midwives as primary health practitioners are recognised and regulated health professionals have been omitted from the definition of health professional within *'the Bill'*.

  Midwives scope of practice includes termination of pregnancy access, education, care, referral and support. This is supported by the World Health Organization (2022) and International Confederation of Midwives (2019).

  A significant barrier to accessing termination of pregnancy is the skilled and suitably trained workforce. In high income countries such as Australia, this is more pronounced in rural areas and amongst marginalised communities. The Nursing and Midwifery Board of Australia (NMBA) professional standards for the midwife supports midwives to practice across sexual and reproductive health topics across a woman's lifespan (2018).

  ***'The Bill'* therefore demonstrates a poor understanding of the Women's Health workforce and consumer need in Australia.**

- The National Women's Health Strategy 2020-2030 priority and action 1: Maternal, sexual and reproductive health and in particular the rights of 'women to empower choice and control in decision-making about their bodies' prioritises equitable access to pregnancy termination services. Midwives as primary health practitioners are pivotal to improving equity, accessibility, and availability of vital sexual and reproductive health services for women, their babies and their families.

  '*The Bill'* would be inhibitory to this strategy achieving its key priorities.

- Further barriers to reproductive rights of pregnant women in Australia and their access to care are detrimental to their health and wellbeing and may further contribute to increasing socioeconomic disadvantage, gender-based violence, mental health related presentations, and suicide (Barton., 2017 & CARE., 2020). This is likely to further limit access to termination of pregnancy services in rural and remote areas of Australia and further reduce the number of trained health professionals willing to provide this essential service.

  Midwifery continuity of care with a known midwife throughout the childbearing continuum demonstrates that preterm birth is reduced by 24% (Sandall et al., 2016) and by 50% in Aboriginal and Torres Strait Islander babies (Kildea et al., 2019). For women with pre-existing perinatal mental health conditions midwifery continuity of care reduces preterm birth and increases rates of breastfeeding through having a known and trusted carer, who is also able to provide on-going counselling and support in a community setting (Cummins et al., 2022). Continuity models are sustainable and support workforce retention by enabling midwives to work to full scope in a flexible model of care (Fenwick et al., 2017). In 2022, 15% of care was in Midwifery Group Practice caseload care, with a known midwife as the lead carer (AIHW, 2022). Expanding access to preconception care will enable this trusted relational model of care to engage in supporting universal access to reproductive life planning.

  '*The Bill'* is likely to contribute to a worsening of maternal and neonatal outcomes for women and children.

- *'The Bill'* demonstrates inaccurate understanding and definition of fetal viability (the ability to survive with or without medical intervention outside the uterus), what medically constitutes as being born alive and termination of pregnancy and abortion procedures as they relate to early and later gestations in Australia. There is no consensus about when abortion becomes 'late' and what that means (Flowers, 2020).

  The decision to provide a termination of pregnancy is made in partnership with the woman and her healthcare professional. All health professionals involved in termination of pregnancy should be familiar with legislation as it pertains to the jurisdiction of the termination, including birth registration eligibility requirements (refer to Queensland Clinical Guidelines, 2019 as a benchmark).

  Most jurisdictions across Australia have gestational age limits around terminations of pregnancy. Outside of this, there is usually a collaborative requirement for a second medical practitioner/multidisciplinary involvement and may also include counselling for the woman (Children by Choice, 2023). The contributory factors to the request for late gestation termination are usually complex. The process of induced fetal demise/feticide

if appropriate for the woman's circumstance and risk profile ensures there are no signs of life prior to birth.

Legislative requirements for active management and life sustaining intervention in extreme prematurity, at the edge of fetal viability, and for babies born with severe disability when enacted through mandatory measures do not take into account the low survival rates and the requirement for advanced neonatal care. This is not feasible across all Australian jurisdictions and settings.

Life-sustaining interventions are generally only recommended for infants born from 23-24 weeks in Australia (see, for example, Queensland Clinical Guidelines 2020), and come with major risks of serious health problems which may affect quality of life and ability to thrive and early mortality due to insufficiently developed organs heart, lungs and brain.

'The Bill' **does not reflect the nature of the procedure, governance, and ethical framework as it occurs in Australia**.

- Medical and Health Professionals in Australia are highly regulated, with established medical, professional, and ethical standards of practice, policy, procedure and protocols for the provision of clinical care.

  Midwives provide women and babies high quality, safe and evidence-based care. The supportive role of the midwife ensures that the needs of the woman and the child are met, in providing woman-centred and individualised care. Multidisciplinary, wrap around services and holistic care planning is core business and includes planned and unplanned resuscitation, stillbirth care and palliative care measures. No health professional philosophy in Australia aligns with the assertion that a baby is *'left to die'.*

  `*The Bill'* does not consider consent of the birth mother and subsequent custodianship of the child born to a woman who has elected to end a pregnancy with the intended outcome there would be no resulting life.

  'The Bill' **is offensive to health professionals and obstructive to women accessing termination of pregnancy in Australia.**

Yours sincerely

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