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Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

12th December 2022

Dear Senator Rice,

RE: Submission to the Senate Standing Committees on Community Affairs, inquiry into universal access to reproductive healthcare

Birth for Humankind welcomes the opportunity to provide a submission to the Senate Standing Committees on Community Affairs, written in direct response to the Terms of Reference outlined by the committee.

Birth for Humankind was established in 2014 and is recognised and respected as a unique provider of free, best-practice doula support for people experiencing financial disadvantage and barriers to accessing equitable maternity care. Through our doulas (skilled, non-clinical maternity support persons), we provide marginalised women and gender diverse birthing people with free, tailored social-emotional support throughout pregnancy and early parenting, which complements and enhances clinical care – no matter the pregnancy outcome. This support is proven to improve birth experiences and maternal child health outcomes. It facilitates informed decision-making, increases confidence and preparedness for birth and parenting, reduces social isolation and improves access to childbirth and postnatal education resources and services.

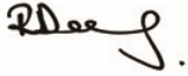
Our submission to the inquiry is requesting that the important role of birth doulas in pregnancy care for financially disadvantaged and socially isolated women and gender diverse birthing people is acknowledged. We are also requesting that the role of community-based doulas in the reproductive health workforce is recognised and valued.

Birth for Humankind currently provides critical abortion doula support through the Birth Choices Program at the Royal Women's Hospital (Parkville, VIC), for people experiencing systemic disadvantage and financial hardship. However, evidence from our referral partners and other sexual reproductive health partners indicates that there is a critical need to expand this support during medical and surgical abortions, for people experiencing social isolation and disadvantage. Birth for Humankind is committed to seeing the expansion of its abortion doula services.

Universal access to reproductive healthcare is essential. It is especially critical for people who face ongoing systematic barriers and discrimination in the public maternity health care system.

If you have any questions about this submission, you are welcome to contact me at ceo@birthforhumankind.org

Sincerely,

A handwritten signature in black ink, appearing to read "Ruth Dearnley". The signature is fluid and cursive, with a prominent initial "R" and a long, sweeping tail.

Ruth Dearnley, CEO
Birth For Humankind



Birth For Humankind Submission to the Senate Standing Committees on Community Affairs, inquiry into universal access to reproductive healthcare

12th December 2022

EXECUTIVE SUMMARY

Since 2014, Birth for Humankind (BFH) has been the primary provider of a community-based doula (skilled maternity support person) support program for women and gender diverse birthing people experiencing financial disadvantage and barriers to accessing equitable maternity care in Victoria. The program centres health equity, trauma-informed and culturally sensitive practice to help reduce barriers associated with systemic discrimination and disadvantage in the public maternity system. Steady growth for demand of Birth for Humankind's services highlights a need for complementary community-based maternity support. The majority of referrals to our service come from major public maternity hospitals across Melbourne, including the Royal Women's, Northern and Sunshine Hospitals, which are primarily located in the inner and north-west suburbs of Melbourne.

BFH has a well-established volunteer doula model, which personally matches each of our clients with trained volunteer doulas who provide free one-on-one pregnancy, labour and postnatal support. Our doula support program builds our clients' confidence, resilience and social connection and complements the clinical care provided by the public maternity system. Our doulas receive ongoing professional development in the specialised skills and knowledge required to deliver non-clinical maternity support to clients with complex social needs.

BFH also delivers a doula training program and offers non-fee-paying scholarship places to Aboriginal and Torres Strait Islander and bicultural people. The training program builds the community doula workforce with graduates able to join our organisation as volunteers upon completion. Our doula training graduates form a critical link back their community by modelling opportunities for women to gain specialised and other employment skills and by educating community members about birth supports and advocating for women in the public maternity system.

In the 2021-2022 period our client presented with a range of issues:

- 81% lacked a birth support person
- 63% were at risk of perinatal health issues
- 63% had an experience of family violence, trauma or abuse
- 56% had a history of or current mental health issues
- 21% were experiencing homelessness
- 21% had a current or historical substance misuse issue
- 7% were of Aboriginal and Torres Strait Islander background
- 21% were under 25
- 29% were from refugee and asylum seeker background
- 56% spoke a primary language other than English
- 32% required an interpreter

In 2021-2022 referrals to BFH:

- 53% from public maternity hospitals including the Royal Women's, Northern and Sunshine hospitals
- 32% of referrals from community health services, maternal and child health nurses and government organisations.
- 12% self-referrals

SUMMARY OF RECOMMENDATIONS

BFH's key recommendations are as follows:

- Invest in community-based doula service delivery models to provide social-emotional prenatal, postnatal and abortion support.
- Invest in further research to understand how community-based doula models can enhance/complement the clinical/public maternity care system.
- Provide all pregnant people with access to safe, free or low-cost, culturally appropriate prenatal, postnatal and abortion care, including access to community doula support.
- Invest in the development of clinical guidelines that recognises the benefits of doula care and normalises the inclusion of doulas in public maternity care.
- Strengthen policy at all levels that impact positively people's capacity to access trauma informed and culturally sensitive reproductive healthcare.
- Provide free, culturally responsive birth support, including doulas, as part of an integrated approach to maternity, postnatal and abortion care (including in relation to perinatal anxiety and depression, trauma, abortion counselling).

BFH also endorses the recommendations outlined in the Victorian Women's Health Services submission to the inquiry.

RESPONSES TO THE TERMS OF REFERENCE

Birth For Humankind welcomes the opportunity to make a submission to the Senate Standing Committee. We consent to this submission being published on the inquiry website and shared publicly online.

This submission provides responses to the Terms of Reference which most closely align to our work and organisational expertise, including:

- b.** cost and accessibility of reproductive healthcare, including pregnancy care and termination services across Australia, particularly in regional and remote areas;
- c.** workforce development options for increasing access to reproductive healthcare services, including GP training, credentialing and models of care led by nurses and allied health professionals;
- d.** best practice approaches to sexual and reproductive healthcare, including trauma-informed and culturally appropriate service delivery;
- e.** sexual and reproductive health literacy

b. cost and accessibility of reproductive healthcare, including pregnancy care and termination services across Australia, particularly in regional and remote areas;

Experiences of intersectional disadvantage during pregnancy, birth and early parenting can have a direct impact on a person's access to maternity and reproductive healthcare. Pregnancy presents a critical window of opportunity to reach people experiencing systemic barriers and discrimination within health and social support systems. Positive perinatal and postnatal care experiences can have lasting effects on the lives of birthing women and gender diverse people and children and increase their capacity for healthy attachment and engagement with their child. It is critical that maternity care including the work of doulas is recognised as reproductive health care.

Many pregnant women and gender diverse birthing people who are experiencing financial and social disadvantage face structural discrimination within the public maternity system including inequitable access to continuity of care and lack of culturally appropriate and respectful care. Experiences of discrimination, limited access to accessible information, difficulty accessing interpreters, poor continuity of care and lack of family and emotional supports are just some factors that can affect maternal health outcomes in Australia. Applying an intersectional lens to maternity care that considers social, political and economic factors can support people to make empowered choices about their maternity care. For example, Trans, gender diverse and nonbinary birthing people are often overlooked in the prenatal, birth and postnatal period and are likely to experience economic disadvantage and discrimination. These factors can have a serious impact their birthing experience.

Doula support has been found to improve birth equity, experiences and maternal/child health outcomes as well as increase maternal/parental confidence and access to resources and relevant services in the postnatal period (McLeish & Redshaw 2019). Evaluation of Birth for Humankind's (BFH) doula program indicates that community doula support facilitates skill development, confidence and preparedness for birth and parenting, and builds the birthing parent's trust and usage of the health system and community services (O'Rourke 2022).

BFH community-based doulas provide support to our clients for all pregnancy choices. BFH evaluations demonstrate that doula support empowers birthing women and gender diverse people to see themselves in a positive light, in a period that brings mixed emotions and new personal challenges. This change can lay the foundations for connected families and mitigate some risks for developmental vulnerabilities (O'Rourke 2022).

Continuity of midwifery care from a trusted caregiver is widely considered to be best practice in maternity care (Sandall et al. 2016); currently less than 10% of women in Australia receive this model of care (Cummins et al. 2020). Those with the greatest need for this type of care typically face the most significant barriers (e.g., financial barriers, social isolation or limited knowledge of the Australian maternity system) to access. Continuity of support provided by doulas can bridge gaps in access to continuity of care models in the public maternity system, and result in more positive parent and baby outcomes and experiences – especially for those experiencing disadvantage. Having access to continuity of care and social, health and family supports during and after pregnancy is a protective mechanism against adverse maternal and child outcomes that can have profound and lasting impacts.

BFH has a partnership with the Royal Women's Hospital Melbourne to provide abortion doula support and is unable to meet demand for this service. Many people who choose to have abortions may not want to disclose to friends or family due to fear of judgement or social isolation. It is critical that all people have access to non-judgmental, emotional, and physical support during this challenging time.

Last year, women from migrant, refugee and asylum seeker backgrounds made up over 50% of BFH's clients with 32% of client's requiring an interpreter. Access to sexual and reproductive health information, treatment and services should be available to all Australians regardless of their indigeneity, migration status, refugee status, visa category, residency status, health literacy, international student status or English proficiency. Models of care that utilise bilingual and bicultural doulas to work alongside the clinical maternity system would increase migrant and refugee women and gender diverse people engagement with, and navigation of the public maternity system. Such programs reduce access barriers for migrant and refugee communities, improve the healthcare experience, and improve perinatal outcomes (MCWH 2021).

Recommendations:

- Invest in community-based doula service delivery models to provide social-emotional prenatal, postnatal and abortion support.
- Invest in further research to understand how community-based doula models can enhance/complement the clinical/public maternity care system.
- Extend Medicare to include all migrants irrespective of visa category.
- Provide all pregnant people with access to safe, free or low-cost, culturally appropriate prenatal, postnatal and abortion care, including access to community doula support.

c. workforce development options for increasing access to reproductive healthcare services, including GP training, credentialing and models of care led by nurses and allied health professionals;

Building the non-clinical, community-based health workforce is critical to improving the maternity outcomes of the Australian community. Investment in ongoing training of community doulas who can provide continuity of care across all pregnancy outcomes including birth, miscarriage and abortion would bolster the reproductive health workforce and system. Embedding doulas in the reproductive healthcare workforce and supporting health care professionals to better understand and value the role of doulas would result in increased access to culturally sensitive and equitable public maternity care.

A focus on training bilingual doulas across reproductive healthcare services could improve referral pathways between clinical care and social support services and increase access to relevant health education for migrant and refugee women.

Recommendations:

- Invest in community-based workforce of professional birth and abortion doulas, including bicultural people to provide birth support that complements clinical maternity and abortion care.
- Invest in the development of clinical guidelines that recognises the benefits of doula care and normalises the inclusion of doulas in public maternity care.
- Invest in preservice medical/clinical education that includes modules on the role of birth doulas and working with doulas in pre and postnatal settings.

- Invest and support the development of a bilingual, bicultural health workforce that is professionally recognised, appropriately remunerated, and specifically trained to deliver and work with communities during the pre and postnatal period.

d. best practice approaches to sexual and reproductive healthcare, including trauma-informed and culturally appropriate service delivery;

The National Women’s Health Strategy 2020-2030 emphasises the importance of access to person-centred and culturally aware services and supports. Trauma and violence informed and culturally sensitive approaches to maternity care underpin reproductive equity.

Doulas can play an important role in pregnancy care for people who are experiencing systemic barriers and discrimination in the public maternity system. The person-centred nature of doula support helps ensure those who have experienced trauma, including family and sexual violence, reproductive violence and previous acts of discrimination feel respected and heard throughout their maternity or abortion care. Research indicates that positive experiences of maternity care can be healing for women who have experienced abuse or other trauma (Chamberlain et al. 2019).

Recommendations:

- Strengthen policy at all levels that impact positively people’s capacity to access trauma informed and culturally sensitive reproductive healthcare
- Provide free, culturally responsive birth support, including doulas, as part of an integrated approach to maternity, postnatal and abortion care (including in relation to perinatal anxiety and depression, trauma, abortion counselling).

e. sexual and reproductive health literacy;

Sexual and reproductive health literacy underpins people’s understanding of and access to health information and services and is essential for achieving equitable maternity care and outcomes. Health literacy does not simply relate to the provision of easy-to-read or language specific health education; it also includes access to non-clinical birth support (such as a doula) that can help empower birthing people to self-advocate and improve access to culturally appropriate and person-centred service provision, including working with interpreters. Trust, continuity of care and education are key pillars of health literacy; these principles can empower consumers to make informed decisions about their maternity and abortion care.

Recommendations:

- Invest in the development of publicly available sexual and reproductive health literacy resources, including engagement with digital technologies.

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