

ANONYMOUS 17091 - New submission from Early Years Strategy - Public Submissions

What vision should our nation have for Australia's youngest children?

respectful maternity care is the foundation for physically and emotionally healthy children. healthy mothers must be our priority.

What mix of outcomes are the most important to include in the Strategy?

start with maternity silos. We have bundles (like the safer baby bundle) focused on one issue, rather than implementing the solution that evidence tells us will improve ALL aspects of maternity: continuity of midwifery care. Across all models of care.

What specific areas/policy priorities should be included in the Strategy and why?

5. What could the Commonwealth do to improve outcomes for children—particularly those who are born or raised in more vulnerable and/or disadvantaged circumstances?

6. What areas do you think the Commonwealth could focus on to improve coordination and collaboration in developing policies for children and families?

WE MUST VALUE MOTHERS. We are focusing on 'diverse' in a way that is disregarding evolutionary/biological determinants of health. We are trying to ignore the importance of mothers, so as not to offend. This means 'birthing people' and focusing on gender rather than sex. We are using the term gender when we mean sex, and we are moving away from sex as an important health determinant. Letting politics into healthcare will lead to poor outcomes. The word mother appears just 3 times in the discussion document, twice in references...and once in the main document. Why?

What principles should be included in the Strategy?

The evidence-based continuity of maternity care. To centre children, we MUST first centre mothers. Maternity care can not be baby-centred, there is no baby without the mother. The mother-baby dyad matters, and we must enable mothers and trust mothers to make antenatal decisions about their care. They have a right to autonomy.

Are there gaps in existing frameworks or other research or evidence that need to be considered for the development of the Strategy?

The early years strategy includes the antenatal period. If we are to get the first 5 years right - we need to get maternity care right.

WE MUST commit to respectful maternity care, providing continuity of care with a known midwifery (or group of 3, working on a roster, rather than on call, such as with the group midwifery model). We have MOUNTAINS of evidence to show that this improves outcomes for mothers, babies, families, and the staff caring for them.

For rural and remote women, we need midwifery care within community.

The Safer Baby Bundle is one example of how we missing opportunities in maternity care. Instead of focusing on the Big Picture, and providing access across all models of care to continuity of Midwifery care, we are focusing on single issues, which then have a massive impact on other aspects. It is like taking one medicine to fix something, only to have to take a dozen others to manage the symptoms, with economic costs as well as social, emotional and physical...when a preventative or more wholistic approach exists. We know that continuity of midwifery care (CoMC) will help reduce still birth, without compromising the well being of mothers. We know that CoMC reduces unnecessary interventions, increases satisfaction and confidence, and improves relationships. We know that

CoMC improves work places, and that compassionate, relationship based care is a win for everyone involved. It reduces costs to the healthcare system, not just during maternity but in the long term.

We MUST give women the means to make informed decisions and respect those decisions. Instead we focus on 'gaining consent', which means coercive care and limited options. We are intervening far too much, well above WHO rates. This means our induction rates (which will only get worse under Safer Baby Bundle) are too high, leading to further intervention and poor outcomes for mothers and babies.