

Submission: Tasmanian Public Homebirth Program Consultation

Submitted by: *Maternity Consumer Network (MCN)*

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1. Introduction

The Maternity Consumer Network (MCN) is Australia's leading maternity consumer organisation. MCN commends the Tasmanian Minister for Health — and previous Health Ministers — for their ongoing commitment to upholding women's choice in their preferred place of birth.

We welcome the Department of Health's initiative to establish a **publicly funded homebirth program**, expanding access to evidence-based, woman-centred models of maternity care for Tasmanian women and their families. This development represents an important step toward improving equity of access, enhancing continuity of midwifery care, and supporting women's autonomy in decision-making.

We thank the Department for the opportunity to provide feedback on the draft consultation paper and offer the following comments and recommendations in response to the consultation questions.

1. Does the proposed Tasmanian Public Homebirth Program provide an appropriate concept for public homebirth in Tasmania?

MCN strongly supports the development of a public homebirth program as an essential component of a comprehensive, woman-centred maternity system. Publicly funded homebirth provides safe, evidence-based care for low-risk women and promotes continuity of midwifery care: a model consistently associated with improved maternal satisfaction, lower intervention rates, and reduced birth trauma.

We encourage continued co-design with consumers and midwives to ensure that the final program reflects women's lived experiences, cultural safety, and respect for individual choice.

2. Do you have any suggested additions to the principles as detailed in the diagram on page 9?

The guiding principles are comprehensive and align with contemporary best practice. However, we recommend that the principles explicitly include:

- **Respectful Maternity Care** as a core value, grounded in human rights and the national Respectful Maternity Care Charter.

- **Continuity of Relationship**, ensuring women retain connection with their known midwife even in the event of transfer.
- **Trauma-Informed Practice**, recognising the emotional and psychological dimensions of maternity care and aiming to prevent avoidable distress or harm.

These additions would strengthen alignment with both the *National Woman-Centred Care Maternity Strategy* and the *Australian Commission on Safety and Quality in Health Care's* Person-Centred Care principles.

3. Do you have any suggested additions for the Inclusion Criteria?

Number of Previous Births

The current inclusion criteria (page 10) specify that eligible women must have had *fewer than five previous births (Parity ≤ 4)*. While clear safety parameters are necessary, a blanket exclusion based solely on parity may be unnecessarily restrictive and inconsistent with the program's principles of *individual risk assessment* and *woman-centred care*.

Women with five or more previous uncomplicated, spontaneous births may remain low-risk and well-suited to homebirth. Their experience with physiological birth can contribute to confidence, capability, and positive outcomes.

Recommendation:

MCN recommends that women with five or more previous births be considered **on a case-by-case basis**, guided by:

- A comprehensive review of the woman's obstetric history.
- Confirmation that prior births were not complicated by significant, unexplained postpartum haemorrhage or other risk factors.

This approach would align eligibility criteria with individualised risk assessment and uphold the principle of **informed choice** within safe clinical parameters.

Category C Conditions

The draft consultation paper notes that for Category C conditions, there must be "evidence that the midwife has referred and transferred primary responsibility of care to another qualified health service provider who can assess and determine if homebirth is safe and appropriate."

While the safety intent of this clause is acknowledged, its current wording may inadvertently conflict with the program's principles of *woman-centred* and *trauma-informed care* by implying a full transfer of care. This could lead to fragmented care, loss of trust, and feelings of abandonment for women who value their relationship with their midwife.

Recommendations:

To better reflect the program's guiding principles, we propose:

1. Emphasise Informed Consent:

- Ensure any transfer or shared-care arrangement is undertaken only with the woman's full, informed consent, and that she remains an active decision-maker in her care.

2. Promote Collaborative, Not Hierarchical, Care:

- Replace the concept of "transfer of primary responsibility" with *collaborative management*. Even when another clinician assumes responsibility for a specific condition, the homebirth midwife should remain part of the care team to preserve continuity, trust, and emotional support.

3. Provide a Defined Return Pathway:

- Include a clear mechanism for the woman to return to the midwife's primary care if the Category C condition resolves, ensuring temporary complications do not permanently exclude her from the program.

These recommendations are consistent with the **Australian College of Midwives' National Midwifery Guidelines for Consultation and Referral** (sections 4.4.2–4.4.4) and will ensure that women remain respected, supported, and engaged throughout their care journey.

4. Do you have any other comments or suggestions in relation to the development of the Tasmanian Public Homebirth Program?

The Maternity Consumer Network congratulates the Department of Health Tasmania on its commitment to developing this landmark program. The introduction of a publicly funded homebirth option will strengthen Tasmania's maternity system and advance national consistency in access to safe, respectful, and woman-centred models of care.

We encourage the Department to:

- Ensure the program's implementation includes robust **monitoring, evaluation, and public reporting** frameworks to maintain transparency and quality improvement.
- Include **consumer representation** in all stages of program design, governance, and evaluation.
- Consider partnerships with established, consumer-led organisations (such as MCN) to deliver **Respectful Maternity Care education and resources**, ensuring

that principles of respect, autonomy, and collaboration are embedded at every level of service delivery.

Conclusion

The Maternity Consumer Network welcomes Tasmania's leadership in expanding maternity care options and supporting women's rights to informed choice and continuity of care. By embedding the principles of respect, partnership, and evidence-based practice, the Tasmanian Public Homebirth Program has the potential to set a national benchmark for woman-centred, publicly funded homebirth care.

We appreciate the opportunity to contribute to this consultation and would welcome further discussion or collaboration in the program's next phase of development.