



Submission to United Nations Special Rapporteur

**Mistreatment and Violence Against Women During Reproductive Health Care with a Focus on
Childbirth**

Maternity Consumer Network is a consumer-based organisation, with members across Australia. Our goal is for Australian families to have access to high quality maternity care, in a framework of informed choice.

Without doubt there is ongoing and normalised mistreatment and violence against women during reproductive health care and facility-based childbirth in all states and territories of Australia. This ranges from withholding information facilitating adequate informed consent, to performing procedures such as vaginal examination, rupture of membranes and episiotomy without explanation or consent, to bullying or coercion into procedures such as tests, imaging, induction of labour and caesarean. Post-traumatic stress disorder affects one in ten, one in three report trauma during birth, and postnatal depression rates are variably reported but unacceptable for a developed country. Suicide is the most common cause of death of women in the first year post giving birth.

There is a federal National Approach to Maternity Services under production, however the process has been drawn out and not particularly transparent or inclusive of consumers of maternity services – consumers have been involved but only after considerable force from consumer groups and then consumers continue to feel unheard. Studies support the implementation of continuity of midwifery care for improvement of outcomes, reduction of adverse events however this is not accepted favourably by obstetric/medical faculties.

All manner of health care in Australia is supposed to be administered with full and informed consent, however, in many cases full information is not provided (or sought as women are unaware that they are not being presented with full and unbiased information) and some cases consent not sought, or a woman being told of the procedure about to be performed – for example, language being used such as “I’m just going to” or saying “is it ok if I” without giving room for response, implying consent is a given and objection is not possible. Often tests and investigations are touted as policy or used as leverage – a woman being told she will be categorised as high risk or non-compliant if she doesn’t agree to the procedure in question.

All health service providers have complaints processes, however, particularly in small communities and where women are likely to require service from the same facility again, complaints aren’t made for fear of varied treatment in the future. Women are also traumatised, busy, and dismissed/unvalidated – the phrases “all that matters is a healthy baby” or “mother and baby are both alive” are used to minimise the importance of appropriate care.

Not all states in Australia have Ombudsman, and although Queensland does and has had complaints from maternity consumers, these are not dealt with adequately and have not resulted in improvement of service delivery. The Australian Health Practitioner Regulation Agency (AHPRA) does not engage well with consumers either, often advising that procedures were performed under

implied consent, resulting in no action toward provider and no real response to consumer's concerns.

Health Service policies and guidelines are often not updated to be in line with WHO guidelines in a timely manner, and are not freely available to consumers, with consumers regularly being advised "this is policy" without being provided with access to said policy. "Policy" in facilities also often varies depending on the care provider and is based on organisational convenience/management such as resource management or timelines rather than evidence based outcomes.

References available on request, further communication welcome.

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