ACT Pre-Budget Submission 2025-26

Optimising the Midwifery Workforce and the Perinatal Experience for Families in the ACT

Foreword

The Australian College of Midwives (ACM) welcomes the opportunity to provide this pre-budget submission ahead of the 2025-26 ACT Budget. ACM is the peak professional body for midwives in Australia. ACM represents the professional interests of midwives, leading and strengthening the midwifery profession to enable midwives to work to full scope of practice (SoP), and is focused on ensuring better health outcomes for women, babies, and their families.

Midwives are primary maternity care providers working directly with women and families, in public and private health care settings across all geographical regions. There are 33,288 midwives in Australia and 1,356 endorsed midwives[1]. ACM is committed to leadership and growth of the midwifery profession, through strengthening midwifery leadership and enhancing professional opportunities for midwives.

The ACT Government has demonstrated commitment to women's health and maternity care with Maternity in Focus: The ACT Public Maternity System Plan 2022-2032. This plan includes commitments to increasing midwifery-led continuity of care, developing a Birthing on Country service and building a freestanding birth centre. Progress towards actioning these plans would be greatly improved by the prioritisation of funding to support the transitions.

Australian College of Midwives: Priorities for ACT 2025-2026

1. **Appoint an ACT Chief Midwife**
2. **Fund expansion of universal access to Midwifery Continuity of Care**
3. **Fund expansion of the homebirth program to the Northside Canberra Hospital**
4. **Incentivise and support all ACT hospitals to enable admitting rights for Privately Practicing Midwives**
5. **Continue funding for ACT Midwifery Student Scholarships beyond 2026**
6. **Support First Nations midwifery students and graduates**
7. **Fund Baby Friendly Health Initiative expansion**

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Recommendation 1: Appoint an ACT Chief Midwife

Queensland appointed its inaugural Chief Midwife in February 2024. An ACT Chief Midwife with a position description, level and delegation of equivalence to a Chief Nurse will indicate ACT's commitment to prioritising improved organisational culture and leadership in the territory. When midwifery leadership is embedded in a service, along with mentoring and cultural change, outcomes can be improved. The Midwifery Futures Report confirms this direction, with recommendation 2 calling for an Office of the Chief Midwife in each state and territory government to provide leadership and bring about positive change in maternity care. This recommendation is important in the ACT, especially given the scale and scope of Maternity in Focus. Appointing a Chief Midwife would prioritise the Maternity in Focus strategy and the advocacy needs of midwives and birthing families, and support the success of recommendations 2-7 of this submission.

Recommendation 2: Fund expansion of universal access to Midwifery Continuity of Care (MCoC)
Recommendation 2.1: Ongoing Midwifery Continuity of Care project officer position/s
Recommendation 2.2: Upskill midwives to work in MCoC roles
Recommendation 2.3: Expand MCoC models to include women experiencing complexity
Recommendation 2.4: Include regional NSW residents who birth in the ACT in MCoC care
Recommendation 2.5: Evaluate current Maternity Antenatal Postnatal Service (MAPS) and redesign to offer antenatal and postnatal MCoC

Midwifery Continuity of Care (MCoC) is a maternity care model where women see the same midwife or small group of midwives throughout their perinatal experience. MCoC provides evidence-based, high quality, high value maternity care[2]. Women and babies experience reduced interventions and better outcomes, both physically and psychosocially[3,4,5]. MCoC improves satisfaction with the birthing experience and can reduce birth trauma[6]. Midwives are also more satisfied working in MCoC models[7], with lower levels of burnout and psychological distress and higher workforce retention[8]. In addition, MCoC costs the healthcare system 22% less than other models of care [9]. Midwives provide MCoC in publicly funded models and in private practice. The Midwifery Futures Report recommendation 8 advocates for MCoC models being available to all women regardless of risk status.

An adapted MCoC model which excludes intrapartum care is an option which provides effective primary maternity care during the antenatal and postnatal period. This model of care, known as Maternity Antenatal Postnatal Service (MAPS), has demonstrated positive outcomes, and is well received by women[4]. It is the ACMs position that the majority of women in Australia should be cared for in a full MCoC model, and we recommend all women for whom this service is not currently available should be offered care in a MAPS model, followed by standard care. The ACM cautions against health services assuming or implementing MAPS as an acceptable replacement for full MCoC and defaulting to MAPS models of care due to assumptions about midwives' preferences or challenges setting up MCoC models.

Maternity in Focus: The ACT Public Maternity System Plan 2022-2032 recognises the importance of MCoC models of care with a commitment to increase MCoC to over 50% by 2028, which was later increased to a 75% target by 2032. Currently in the ACT, 32% of models of care offer continuity of care for the whole perinatal continuum (with any healthcare provider), with 16% through Midwifery Group Practice[10]. This has reduced from 20% in 2021[10]. In the 2023-24 financial year, only 23.4% of women who gave birth across the Canberra Health Service were cared for in an MCoC model[11]. There is a long way to go to meet target commitments.

A small antenatal / postnatal program has also started at Canberra Centenary Hospital and is labelled as MAPS, however it is important to note that this is not operating as a MAPS model as there is no caseloading (allocation of specific women to specific midwives). Midwives are rostered to antenatal or postnatal clinic, and there is therefore only occasional accidental continuity of care. It is important to ensure that this is not considered as contributing to continuity of midwifery care targets. Redesigning this program to offer continuity of care through the antenatal and postnatal periods would provide benefits for both women and midwives.

To support the committed expansion of this program to meet targets, we encourage the ACT Government to fund an MCoC Project Officer position at both Canberra Centenary and North Canberra hospitals. A project officer role has been funded for six months at North Canberra Hospital to develop new MCoC models which meet the ACT workforce needs and provide best quality care. In order to implement the work this project officer has started, the position needs to be funded for at least two years, and preferably with one position at each Canberra Hospital to meet their respective, unique needs. Current midwifery managers do not have capacity to undertake this work on top of their existing workloads. Meeting the 2028 Maternity in Focus goal of over 50% Midwifery Continuity of Care by 2028 will require dedicated effort, including some initial funding to support this. However, financial evaluations from other states in Australia consistently find that MCoC models are cheaper to run than non-MCoC maternity care[12] and thus it is likely that initial funding commitments will be rewarded with savings down the line.

The MCoC project officer role would progress actions which are required to transition the workforce effectively to MCoC in the ACT. These actions include:

- Renegotiation of the ACT Public Sector Nursing and Midwifery Enterprise Agreement to include Continuity of Care Midwifery employment conditions at all levels (currently only supported at Levels 1.1 or 2.4).
- Undertaking needs analysis and upskilling plan to assist the workforce to transition from ward-based to MCoC roles.
- Expansion of current MCoC models to include women and birthing people who are experiencing complexities (especially at North Canberra Hospital which currently only accepts women classed as low risk).
- Expansion of current MCoC models to include women and birthing people who are currently excluded including those undertaking shared care with their GP, and those who live regionally in NSW but travel to Canberra to birth (e.g. Yass, Murrumbateman).
- Supporting recruitment to scaled up and new MCoC models and evaluating their implementation.
- Negotiating with the ANMF and midwifery/executive management regarding implementing other/new models of MCoC such as MAPS.

Recommendation 3: Fund expansion of the homebirth program to the Northside Canberra Hospital – implementation within 12 months

Following a positive evaluation of the publicly funded homebirth program, access into the program was expanded to women across this ACT. This is a fantastic outcome for women and midwives, yet logistical barriers continue for women who live on the Northside of Canberra in accessing the program based solely out of the Centenary Hospital for Women and Children in the city's south. Midwives who work in the Northside Hospital Birth Centre are enthusiastic to offer homebirth from their hospital, and this would improve access for women who currently live Northside and do not wish to, or cannot travel to the south of Canberra to access their maternity care.

Recommendation 4: Incentivise and support all ACT hospitals to enable admitting rights for Privately Practicing Midwives in the short term, with steps towards this outcome within 12 months and universal admitting rights for PPMs within 1-3 years

Endorsed Midwives are midwives who have met the qualification requirements of the Nursing and Midwifery Board of Australia to prescribe scheduled medicines. This means they can provide primary maternity care services meeting all perinatal needs of a well woman and baby. Endorsed Midwives practice in public and private health services, in group practices, in General Practice clinics, and in private practice across Australia.

The Midwifery Futures Report found that 23.6% of midwives would prefer to work in private practice as their first choice. Private midwifery care represents only 2.1% of models of maternity care in Australia[13], but women cared for by PPMs report the most positive birth experiences and the lowest rates of birth trauma and obstetric violence[14]. With both women and midwives asking for more access to this model of care, there is an important opportunity to remove barriers and support the increase of midwives in private practice.

Currently, neither ACT public hospital has enabled admitting rights for endorsed Privately Practicing Midwives (PPMs), despite clinical outcomes for women cared for by PPMs with admitting rights being more positive than national statistics[15]. This is a significant barrier to midwives working in private practice.

The table below presents statistics on the number of Medicare item 82120 claims. Item 82120 is management of labour and birth in hospital by an endorsed midwife in an MCoC relationship with the woman.

Medicare item 82120 processed from July 2010 to October 2024

	NSW	VIC	QLD	SA	WA	TAS	ACT	NT	Total
Item 82120	267	531	4,764	28	268	1	**4**	60	5,923

As can be seen, admitting rights for PPMs are common practice in other states, especially QLD and Victoria.

Recent federal Government initiatives such as funding for homebirth insurance, the rollback of the requirement for collaborative arrangements, the expansion of prescribing rights to enable endorsed midwives to prescribe MS-2Step, and the Primary Care Nursing and Midwifery Scholarship Program are significant positive steps forward supporting midwives to work in private practice, but these federal actions need to be backed up by jurisdictional changes.

Recommendation 60 of the Report on Inquiry into Maternity Services in the ACT was '*The Committee recommends that the ACT Government dismantle barriers for private midwives to exercise visiting and rights of private practice to care for women who may need to be admitted in unforeseen circumstances in public hospitals*.' The ACT Government Response 'Agreed in Principle' with this recommendation, stating that '*ACT Government will consider the opportunities and ability for private midwives to provide care for persons who may need to be admitted in unforeseen circumstances in public hospitals in conjunction with the work in response to Recommendation 9*.' (page 27). It is noted that the response to Recommendation

9 does not mention privately practicing midwives (page 8). Despite this agreement in principle, neither public hospital has yet enabled admitting rights for PPMs.

It is noted that a working group was established to review the required elements to enable admitting rights for PPMs at a Midwifery Roundtable in September 2023 however there are no tangible developments as yet. Incentivising and supporting health services to provide admitting rights for PPMs via funding could remove barriers and improve women's access to their choice of maternity care.

Recommendation 5: Continue funding for ACT Midwifery Student Scholarships beyond 2026

As the future of the midwifery workforce, supporting midwifery students is an important priority. Midwifery students face significant financial hardship, and this is a driving factor in attrition and reduced diversity of midwifery graduates[18]. The financial impact of attending compulsory clinical placements and being on-call for birthing women contribute to placement poverty and attrition[18]. In 2024 the ACT Government invested in the future of midwifery in the ACT with the implementation of a $3000 per year scholarship until 2026. Anecdotally, this scholarship has had significant impact on retention of and full-time status of midwifery students in the ACT compared with the previous year. With the rising cost of living and the demanding nature of studying midwifery, including undertaking shift work and being on call for births in addition to timetabled classes and assessment items, student midwives continue to struggle with the ability to cover their living expenses. The Federal Government has recognised this with the establishment of a Commonwealth Prac Payment from July 2025 which will enable students to access a means-tested $319.50 per week while they are undertaking placement. This will help, but will not be enough to cover the high cost of living in the ACT. ACM requests continuation of the student scholarships to support the retention and growth of ACT's future maternity workforce beyond 2026.

Recommendation 6: Support First Nations midwifery students and graduates

First Nations professionals are under-represented in health care in general, and midwifery specifically. First Nations people who train as midwives improve both their own economic self-determination, and health outcomes for their community[19]. First Nations applicants are granted priority entry to the University of Canberra Bachelor of Midwifery degree, with reportedly good enrolment numbers, however with First Nations midwifery student completion rates generally lower than for non-First Nations students[20], and workforce attrition also a challenge[21], ongoing support is necessary. A First Nations student and new graduate program offering financial and mentorship support would assist with retention and continued career engagement. Queanbeyan Hospital offers the NSW Health Aboriginal Nursing and Midwifery Cadetships.

See the ACM 2025-2026 Federal Prebudget submission for more information.

Recommendation 7: Fund Baby Friendly Health Initiative expansion

Improving breastfeeding is a critical population health initiative, reducing incidence of long-term chronic health conditions for the infant and in ovarian and breast cancer rates for women who breastfeed[16]. Only 47.3% of infants in the ACT are exclusively breastfed for six months[17]. Supporting breastfeeding is in line with Best Start for Canberra's Children: The First 1000 Days Strategy and the Federal Early Years Strategy 2024-2034: First Action Plan 2024-2027 (priority focus area action 1.4: Increased support for breastfeeding). Baby Friendly Health Initiative (BFHI) is an internationally recognised, accreditation framework to protect, promote and support breastfeeding in hospitals and community health

facilities. Utilised world-wide and originally developed by the World Health Organization (WHO) and UNICEF, BFHI is led by the ACM in Australia.

BFHI provides a low-cost, high-yield intervention to considerably improve breastfeeding rates and improve a range of perinatal outcomes, impacting maternity care, preventative health, primary health care and closing the gap targets in Australia. Despite system-wide BFHI implementation being identified as a priority in the National Breastfeeding Strategy, and linked to key national and jurisdictional health strategies, it is not mandated or prioritised in Australia (with the exception of Tasmania). The National Breastfeeding Strategy implementation plan identified activities under 10 action areas. Priority 2 / Action 5 – *support for breastfeeding in health care settings / the Baby Friendly Health Initiative (BFHI)* **has not been funded or actualised**.

PRIORITY 2—SETTINGS THAT ENABLE BREASTFEEDING

2.1 Action area—Baby Friendly Health Initiative

Action	Detail	Responsibility
Implement the Baby Friendly Health Initiative (BFHI) in a higher proportion of hospitals and community health services	• Encourage and support more maternity hospitals and community health services to achieve BFHI accreditation.	Commonwealth and all states and territories
Integrate the BFHI in national accreditation	• Work with the Australian College of Midwives and the Australian Commission on Safety and Quality in Health Care to facilitate BFHI accreditation for all maternity and newborn care facilities and community health settings.	Commonwealth

Only 23% of Australian hospitals are currently accredited nationally. The 2023 World Breastfeeding trends initiative Australian report card scored an alarming 33/100. Rankings for national policy, governance and funding scored only 1.5/10. Further, AIHW breastfeeding data indicates large discrepancies in exclusive breastfeeding rates and challenges with breastfeeding data indicators with respect to collection, validity and digital health approach.

ACM advocates for jurisdictional mandating of BFHI accreditation in hospital and community settings, as it is in Tasmania. ACM recommends the implementation of Baby Friendly Health Initiative (BFHI) in all birthing and community health services as a solution to improving ACT breastfeeding rates. In the ACT only Canberra Centenary Hospital is currently BFHI accredited. North Canberra Hospital (formerly Calvary Public Hospital Bruce) was previously accredited, but this lapsed in November 2020. They are currently in the process of being accredited again, with assessment scheduled for March 2025. The ACT Government could improve BFHI coverage by providing funding or incentives for both Calvary John James Private Hospital and Tresillian Queen Elizabeth II Family Centre to undertake BFHI accreditation, and by designating recurring funding to ensure that both the public hospitals can maintain accreditation. ACM requests designated and recurrent funding to ensure 100% compliance with BFHI accreditation in all public health maternity and birthing services. The cost to accredit ACT health services would be as follows:

Health services accredited	Cost per three-year cycle (excluding GST)
Public hospitals only (Canberra Centenary Hospital and North Canberra Hospital)	$16,000
All public health services (public hospitals plus Tresillian Queen Elizabeth II Family Centre)	$20,000
All hospitals (public hospitals above plus Calvary John James Private Hospital)	$24,000
All public and private health services	$28,000

This represents an average cost per birth of approximately $3.38 (for the public hospital estimation). Considering the significant savings to the health system expected due to reduced acute and chronic illnesses, this would equate to financial savings to the health system as well as reduction in personal suffering.

END

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