

24 January 2025

National Maternity Project Team
New South Wales Health
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Via email: MOH-NationalMaternityWorkforceStrategy@health.nsw.gov.au

National Maternity Workforce Strategy

Thank you for the opportunity to contribute to the development of the National Maternity Workforce Strategy (the strategy).

As the Public Advocate for Queensland, I undertake systemic advocacy to promote and protect the rights and interests of Queensland adults with impaired decision-making ability.¹ There are several conditions that may affect a person's decision-making ability, including intellectual disability, acquired brain injury, mental illness, neurological disorders (such as dementia) or alcohol and drug misuse. While not all people with these conditions will experience impaired decision-making ability, many of them will at some point in their lives.

I congratulate the Health Workforce Taskforce (HWT) on taking steps to build a resilient and sustainable maternity workforce across Australia. I am optimistic that the strategy will result in positive outcomes for adults with impaired decision-making ability who utilise maternity services.

Relevantly, the gaps in the provision of maternity services are among the issues I am exploring in a project being undertaken by my office on parents with cognitive disability. The project was prompted by numerous accounts to my office about parents with cognitive disability being prevented from parenting, or restricted in their parenting, because of misconceptions about the impact their disability may have on their capacity to care for a child. The resulting report, to be released later this year, will discuss issues relating to the support provided to parents with cognitive disability in Queensland and will include a series of recommendations for reform.

I support the recommendations made in the National Maternity Workforce Review Phase One Report (Phase One report) and would like to put forward the following for consideration in developing the strategy.

I note on page 16 of the Phase One report that, in the consultation and engagement process to inform the scope of the National Maternity Workforce Review (the review), women with disabilities were referenced as a possible 'priority group'. I certainly share this position given the concerns raised by stakeholders I have consulted with regarding maternity care provided to people with cognitive disability. Stakeholders have observed that women with disabilities, should they become pregnant, are less likely than their non-disabled peers to have access to prenatal, labour and delivery and post-natal services. They can even be turned away from such services should they seek help, or chastised because they have decided to have a child.²

I encourage the Taskforce to recognise the maternity care provided to women with disabilities as a priority area and ensure their specific needs are addressed in the strategy.

¹ *Guardianship and Administration Act 2000* (Qld) s 209.

² World Health Organization, *Promoting sexual and reproductive health for persons with disabilities: WHO/UNFPA guidance note*, 2009, p. 10.

The second recommendation in the Phase One report that focuses on fostering collaboration and integration across different sectors and professions is of particular importance for women with cognitive disability. Women with cognitive disability often need to engage with any number of organisations throughout their pregnancy journey, including health and allied health professionals, the National Disability Insurance Agency (NDIA), advocacy organisations, and child protection agencies. A multidisciplinary approach that facilitates these bodies working collaboratively would allow for the complex needs of women with disability to be better addressed during the maternity period. I would support any measures in the strategy that would facilitate collaboration of this nature to support women with cognitive disability.

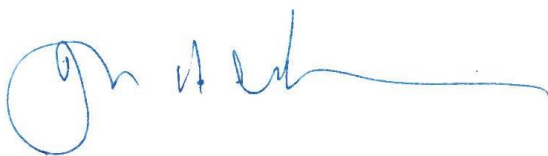
Recommendation six, which promotes training and development of the maternity workforce, presents an opportunity to better support women with cognitive disability through their maternity period. Research has indicated a lack of disability specific knowledge and awareness among healthcare professionals, with midwives reported to have insufficient training or time during appointments to provide adequate support to women with intellectual disability.³ In fact, it has been reported that community level midwifery staff will not see women with disabilities, arguing that their birthing process will need the help of a specialist or will require a caesarean section.⁴

The maternity workforce would benefit from specialised education and training in how to recognise that someone may have a cognitive disability, understanding their support needs, and having the skills to facilitate communication to provide information in an accessible way. It is important that any initiatives to promote training and development of the maternity workforce consider the need for greater understanding of the ways to better support women with cognitive disability who access maternity services.

I note under recommendation eight, there is recognition of 'the need to identify gaps in the maternity workforce and areas with critical shortages, particularly in regional, rural, and remote locations' (p. 31). My discussions with stakeholders have confirmed the need for heightened expertise across the maternity workforce on the ways to support women with cognitive disability throughout their pregnancy and into the postpartum period. Addressing this gap in expertise in the maternity workforce, a gap which is exacerbated in regional and remote areas, would be an important step in improving outcomes for parents with cognitive disability.

Thank you again for the opportunity to provide a submission to the development of the National Maternity Workforce Strategy and I look forward to contributing further to the development of the strategy as it progresses. If you require clarification of any of the issues raised in this correspondence, please contact my office on 07 3738 9513.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'John Chesterman', with a long horizontal flourish extending to the right.

John Chesterman (Dr)
Public Advocate

³ P Pérez-Curiel, E Vicente, M Lucía Morán, and L E Gómez, *The Right to Sexuality, Reproductive Health, and Found a Family for People with Intellectual Disability: A Systematic Review*, 2023, p. 18.

⁴ World Health Organisation, *Promoting sexual and reproductive health for persons with disabilities: WHO/UNFPA guidance note*, 2009, p. 10.