Women’s experiences of maternity care during the height of the COVID-19 pandemic in Australia

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In this, the Year of the Midwife and the Nurse, we have again been reminded of the value of quality health care. Health and access to health care are basic human rights that we all rely on from time to time, but around the globe health care systems have been challenged by the unprecedented impacts of the COVID-19 virus. The pandemic has exposed shortfalls but has also highlighted the generally unspoken value of health care professionals.

While the focus has largely been on the direct and immediate threat of COVID-19 to the acute health care sector, the impacts on other sectors is now surfacing. Maternity care in Australia has seen some changes to the way antenatal and postnatal care are provided but also to the level of support that women can access across the full spectrum, most importantly during labour and birth.

The intention and rationale behind these decisions is legitimate – to protect health care workers and the public and therefore reduce potential exposure and transmission of the virus however the changes are proving to be inconsistent, confusing and stressful. They are understandably reactive to an ever changing landscape but the speed at which they are implemented hasn’t allowed for consideration of the short and long-term consequences on the maternity care workforce and more importantly, on women, babies and families.

ACM has sought to gain greater insight into the challenges and concerns of midwives, students and women by capturing their experiences through anonymous surveys. These are the results.
WOMEN'S EXPERIENCES OF ACCESSING MATERNITY CARE AT THE COVID-19 PEAK

We Surveyed Women Across Australia

Main Care Provider
*multiple response question

Primary Place of Care

26% reconsidered their place of birth
The main reasons...
- Fear of contracting COVID-19 in the hospital
- Told that they could not take support people to appointments
- Told that the option of homebirth was not available
- Worried their birth choices will be impacted
- No access to water immersion or entonox

26% reconsidered their care provider
The main reasons...
- Fear of contracting COVID-19 in the hospital
- Told that they could not take support people to appointments
- Told that they could not take children to appointments
- Unhappy with the care they were receiving
- Lack of face to face appointments
WOMEN’S EXPERIENCES OF ACCESSING MATERNITY CARE AT THE COVID-19 PEAK

Of the women who reconsidered their care options...

The actions they took

3% Transferred to a PPM
3% Looking for a PPM
22% Looking for publicly funded homebirth
19% Looking for community-based MGP
19% Looking for a birth centre
18% Looking for community antenatal care
23% Looking for community postnatal care

PPM: Privately Practising Midwife

3% Other - Freebirth

*The challenges they experienced

39% Contacted a PPM but they were booked out
60% Unable to find a PPM
60% Unable to access MGP
93% Can’t access publicly funded homebirth
78% Can’t find community antenatal care
71% Can’t find community postnatal care

*Of those who took action

Other challenges:
Cost of a PPM  Fewer face to face appointments

Major Concerns related to Covid-19

All women

73% Birthing alone
68% Baby’s health
59% Lack of Postnatal Support

Women who reconsidered their place of birth

76% Birthing alone
68% Baby’s health
57% Choices not being upheld

*multiple response questions
I always wanted/intended to give birth in my home. It is heart breaking and unbelievably disappointing that it’s taken Covid-19 for it to be seen by the wider community and medical professionals as the preferred option. For low risk, healthy women homebirth should ALWAYS be the first option. We shouldn't have to fight every step of the way and pay exorbitant costs to make it a reality.

It is extremely difficult for me to attend appointments as I have 2 children at home full time with no other care options, I was told I could only bring one child to hospital appointments and this would mean having to risk my 9 yrs old safety by leaving him home alone.

I am concerned policy could change to mean my support person won’t be able to attend. I fear my birth rights will be second priority to infection control. I feel the policies (phone appointments, PPE in labour etc) contradict with family birth centre model of care (why we chose this option).

The restrictions on support people at appointments and scans is really hard. I fear that my partner won’t be allowed with me during delivery which is just unfathomable.

I prefer continuity of service especially during these times. The lack of face to face and ‘rapid assessments’ is very impersonal. I feel pretty unsupported during these especially vulnerable times for pregnant women.

I do not mind restricting other visitors but denying my husband the right to be there, or me the support he provides is a disgusting standard of care which will have lifelong effects.

I am worried that my husband will not be able to be there with me. It takes two to make a baby, it’s not just about me. I can’t do this without him.

I am too high risk to attempt a home birth but I would love to. My human rights are being violated by only being allowed 1 hour access per day to any support post birth. My husbands human rights have been violated by only being allowed 1 hour access to his partner and child.

Perhaps continuity of care is the answer especially during these times. The lack of face to face and ‘rapid assessments’ is very impersonal. I feel pretty unsupported during these especially vulnerable times for pregnant women.

I also do not wish to be kept in hospital for unnecessary reasons, and then have to stay and not have my child and husband not able to visit.

Being a first time pregnancy I am finding a huge lack of information being provided. Understandably it is for the safety of patients and staff however I feel very isolated with no access to antenatal classes and with introduction of phone consults for antenatal appointments it’s a little daunting.

If my husband can’t be inside the hospital I would rather give birth in the car outside.
Introduction

In this, the Year of the Midwife and the Nurse, we have again been reminded of the value of quality health care. Health and access to health care are basic human rights, and as the start of 2020 has demonstrated, health care systems around the globe have been challenged by the unprecedented impacts of the COVID-19 virus. The pandemic has exposed shortfalls of our health care systems but also highlighted the generally unspoken value of health care professionals. Frontline health care workers have not only stepped up to the challenge but have risked their lives in doing so; sadly, many have fallen victim to the virus as a result of their commitment and dedication to health and wellbeing of others.

While the focus has largely been on the direct and immediate threat of COVID-19 to the acute health care sector, the impacts on other sectors are now surfacing. This is true of the provision of maternity care across Australia as social distancing and restrictions have elicited changes in the way that antenatal and postnatal care are provided but also the level of support that women can access across the full spectrum, most importantly during labour and birth. While the intention and rationale behind these decisions are legitimate – to protect health care workers and the public and therefore reduce potential exposure and transmission of the virus – the changes are proving to be inconsistent, confusing and continuously evolving. Arguably, they are reactive to an everchanging landscape which has not yet allowed for consideration of both the short- and long-term consequences not just on the maternity care workforce, but more importantly, on women, babies and families.

In a recent survey, the Australian College of Midwives (ACM) captured the maternity care experiences of nearly 3000 women in Australia at the height of the COVID-19 pandemic. This report details their responses.
Background
A pandemic, as defined by the World Health Organisation (WHO) (2010), is the ‘worldwide spread of a new disease’. While rare, the impacts and consequences of a pandemic are far-reaching and have been known to significantly impact the provision of maternity care. SARS and MERS are just two examples.

The COVID-19 virus, which is believed to have started in Wuhan, China in late 2019, is a new strain of coronavirus that results in respiratory symptoms ranging from mild to severe. Transmitted by secretory droplets of an infected person, COVID-19 is a highly infectious disease that spreads rapidly across the population and in the worst cases, can result in morbidity.

While the immediate threat of the virus to the community has been a key focus, it is now evident that there will be flow on effects from the acute phase of management and containment. It is acknowledged that there will be implications for the provision of maternity care in the short term and almost certainly ongoing consequences for women, babies and families in the longer term.

In response, the Australian Government and jurisdictional health care systems have mobilised to ensure safe, effective and continued service provision with attention to social distancing, infection control and universal precautions to minimise the exposure to and spread of coronavirus through the community. Rapid changes have been embraced by health care providers and other essential workers to maintain high quality service provision. This has been complemented by messaging that has encouraged people to exercise social distancing measures and to practice high levels of hygiene.

This messaging has had an excellent impact in managing the spread of COVID-19. However, as the extent of the pandemic has become clear and changes to the provision of maternity care have surfaced, the ACM received correspondence from concerned midwives, midwifery students and women all who were seeking information and guidance in order to adapt to the rapidly evolving situation. In response, ACM collated information to support these groups, while at the same time recognising the widespread confusion and uncertainty many were feeling particularly as they were receiving mixed messaging.

Women who contacted us prior to the development of the survey, expressed significant concern about the possibility of giving birth alone. This appeared to stem from important social distancing measures that had been put in place in health care facilities, including hospitals for the purposes of keeping all staff and clientele, safe. However, it was evident that the inconsistent information and rapid changes were causing additional anxiety and stress to an already stressful situation. Women also expressed concern with respect to attending a hospital or clinic for fear of being exposed to the virus with this confirmed and echoed by midwives around the country.
Giving women a voice
This report presents preliminary data from a survey of pregnant women across Australia and reflects not only their experiences but also greater insight into the challenges, uncertainties and fears that they have faced as a result of this rapidly changing situation. To date, more than 2750 completed responses have been collected.

The aim and purpose
The aim of this survey is to better understand the care that women are receiving and/or seeking in response to COVID-19 in order to inform Government and other key stakeholders.

Approach
In light of the feedback received from members, midwives and women as the COVID-19 pandemic escalated in March 2020, we sought to explore their experiences through a range of surveys. One of the surveys asked women to share their experiences of maternity care during the pandemic. This report details preliminary data from this survey.

Sample
The survey was made available to all women who were pregnant in Australia on 6 April 2020 and it remains open. As of the 1 May 2020, more than 2950 women have commenced the survey and of those, greater than 2750 have completed the survey in full.

Data collection tool
The data collection tool was a survey developed by the Chief Executive Officer and Midwifery Advisors of the ACM in response to the feedback received from members of the College, the wider midwifery community and midwives. While demographic data were kept to the state of residence, the survey primarily focuses on capturing women's experiences of accessing maternity care during the COVID-19 pandemic.

We specifically asked women about the main care provider, the location where the care was provided, where they intended to give birth and their concerns with respect to COVID-19. For comparison, we also asked women who had given birth before to share information about their most recent, previous pregnancy.

Questions were reviewed for readability and content. Once we were satisfied that the questions were able to capture the information we were seeking, the survey was hosted and disseminated through SurveyMonkey. Branching logic was used where necessary. Questions were primarily multiple choice, multiple response or text based.

Data collection
Dissemination to date has primarily been through social media, electronic direct mail to members and snowballing.

Data analysis
Responses received as of 1 May 2020, were retrieved and analysed using descriptive statistics. Numbers and percentages of responses to each of the questions are included throughout this report. Text responses received have been analysed thematically.
Results

Demographics
Due to the anonymous nature of the survey, demographic data were limited to the woman’s state or territory of residence. The following graph (Figure 1) provides a breakdown of the distribution of responses by place of residence.

![Figure 1: Place of residence by percentage (n=2957)](image)

Gestation
Women were asked to indicate their gestation at the time of survey completion. The responses are reflected in Figure 2.

![Figure 2: Gestation by percentage of responses](image)
Number of pregnancies

Women were also asked to indicate whether they were pregnant for the first time or had experienced pregnancies prior. Of those who responded, almost 40% (n=1171) indicated that this was their first pregnancy.

Of those who had been pregnant before (n=1795/2956, 60.4%), most indicated that they had experienced only one other pregnancy with numbers decreasing for each additional pregnancy as reflected in Figure 3.

![Figure 3: Number of prior pregnancies (n=1785)](image)

Experiences in the most recent previous pregnancy

Women were asked to share who had provided most of their care during their most recent previous pregnancy antenatally, during birth and in the postnatal period. This was a multiple response question. Overwhelmingly, women indicated that a midwife was their main care provider across antenatal (n=820/1712, 47.9%), labour and birth (n=1080/1711, 63.1%) and postnatal periods (n=670/1706, 39.3%).

The next most common responses to antenatal care were an obstetrician in a private hospital (n=333/1712, 19.5%), an obstetrician in a public hospital (n=311/1712, 18.2%) and a general practitioner (n=295/1712, 17.2%). 139 (8.1%) were cared for antenatally by a caseload midwife while 4% received care from privately practising midwife. 122 (7.1%) experienced a pregnancy loss. Of those who selected ‘other’, the most common responses were GP-obstetrician, GP shared care, midwifery group practice (MGP) and doula.

The next most common care providers during labour and/or birth after a midwife were an obstetrician in a public hospital (n=311/1711, 18.1%) and an obstetrician in a private hospital (n=272/1711, 15.9%). These were followed by a caseload midwife (7.4%), a GP (4%) or a privately practising midwife (PPM) (3.6%). 48 (2.8%) women selected ‘other’, with most who selected this indicating that they had experienced a pregnancy loss or had been cared for by a midwifery student. Other responses included a doula, theatre staff or no one as they indicated that they did not make it to the hospital.
Most women (n=1176/1708, 68.9%) indicated that they had given birth in a public hospital during their most recent, previous pregnancy. The second most common response was private hospital (n=340/1708, 19.9%). All responses to this question are depicted in figure 4.

With regards to postnatal care, the most common responses were midwifery care offered by a public hospital (n=670/1706, 39.3%) and maternal child health midwife or nurse (n=403/1706, 23.6%). The next most common responses were a GP (n=220/1706, 12.9%), postnatal midwifery service offered by a private hospital (n=124/1706, 7.3%), caseload midwife (n=97/1706, 5.7%) and a PPM (n=78/1706, 4.6%). A total of 114 women selected ‘other’. Responses most often suggested that they did not receive postnatal care or were seen by an obstetrician or community nurse.

Figure 4: Place of birth in the most recent, prior pregnancy by percentage of responses (n=1708)
Experiences during current pregnancy

Women were then asked a number of questions about the care they had received during their current pregnancy (pregnancy at the time of survey completion). The results are outlined below.

Main care provider to date

Women were asked to indicate who had provided the majority of care to date (by a multiple response question). Of the 2779 women who responded to this question, 1445 (52.0%) suggested that a midwife had provided the majority of their care to date. This included caseload (n=233, 8.4%) and PPMs (n=127, 4.6%). 942 (33.9%) indicated that most of their care had been provided by a GP while 554 (19.9%) suggested an obstetrician in a private hospital and 423 (15.2%) an obstetrician in a public hospital. Of those that selected other, the most common responses were midwifery group practice, GP-obstetrician or GP shared care. Other responses suggested that women had seen doulas or students while many had not yet seen anyone either due to early pregnancy or delays in appointments due to the pandemic.

Comparison with a previous pregnancy

We compared the results of the current pregnancy against the most recent previous pregnancy with respect to the care provider who had provided most of the woman’s antenatal care. This revealed some differences as depicted in Table 1 (represented by percentages of total responses). While it is acknowledged that not all women had experienced a prior pregnancy, the results suggest that more women are accessing care from a GP in their current pregnancy than in a prior pregnancy. While we are cautious about making any assumptions, we speculate that this is a direct result of the pandemic.

Other increases were noted for caseload midwives and PPMs, while there appears to be a decrease in the numbers of women accessing care from midwives and obstetricians in public hospitals. This is in line with anecdotal evidence and correspondence received by ACM from members.

<table>
<thead>
<tr>
<th>Main care provider</th>
<th>Prior pregnancy n=1712</th>
<th>Current Pregnancy n=2779</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midwife</td>
<td>1080 47.9</td>
<td>1097 39.5</td>
</tr>
<tr>
<td>Caseload midwife</td>
<td>126 8.1</td>
<td>233 8.4</td>
</tr>
<tr>
<td>PPM</td>
<td>62 4.0</td>
<td>127 4.6</td>
</tr>
<tr>
<td>GP</td>
<td>68 17.2</td>
<td>942 33.9</td>
</tr>
<tr>
<td>Obstetrician (public)</td>
<td>311 18.2</td>
<td>423 15.2</td>
</tr>
<tr>
<td>Obstetrician (private)</td>
<td>272 19.5</td>
<td>554 19.9</td>
</tr>
</tbody>
</table>
Where has care been provided
Women were asked to indicate where they had received most of their care to date. The majority of women suggested that they had attended a public hospital antenatal clinic. The next most common responses were a GP clinic or private obstetric consulting rooms. All responses are depicted in Figure 5.

Women were also provided with the opportunity to select ‘other’ and write additional comments with respect to this question. Many took the opportunity to indicate that their appointments had been offered through telehealth or over the phone and for small number, in a birth centre.

![Figure 5: Where care has been provided](Image)

Planned place of birth prior to learning of the COVID-19 pandemic
Women were asked to indicate their planned place of birth prior to learning of the COVID-19 pandemic. More than two thirds (n=1882/2773, 67.9%) indicated that they had planned to give birth in a public hospital. A total of 570 (n=2773, 20.6%) planned to give birth in a private hospital. Just over 6% (n=170) indicated that they had planned to give birth in a birth centre located within a hospital while 4.1% planned to given birth at home and 0.7% at a stand-alone birth centre.

Comparison with previous pregnancy
When comparing the planned place of birth for the current pregnancy with the place of birth in the most recent, previous pregnancy, percentages (Table 2) suggested that there were some changes. While we acknowledge that the actual versus intended place of birth cannot really be compared due to unexpected events or changes that may occur throughout the pregnancy, these data provide at least some form of baseline information. We also acknowledge that this could be biased in light of the pandemic.
Table 2: Comparison of place of birth (or intended place of birth) by percentage of responses

<table>
<thead>
<tr>
<th>Place of birth (*intended)</th>
<th>Prior pregnancy (n=1708)</th>
<th>Current pregnancy* (n=2773)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Public hospital</td>
<td>68.9</td>
<td>67.9</td>
</tr>
<tr>
<td>Private hospital</td>
<td>19.9</td>
<td>20.6</td>
</tr>
<tr>
<td>Birth centre in a hospital</td>
<td>3.8</td>
<td>6.1</td>
</tr>
<tr>
<td>Stand-alone birth centre</td>
<td>0.2</td>
<td>0.7</td>
</tr>
<tr>
<td>Home</td>
<td>3.2</td>
<td>4.1</td>
</tr>
<tr>
<td>Other</td>
<td>4.0</td>
<td>0.7</td>
</tr>
</tbody>
</table>

Reconsideration of original choices due to COVID-19

Due to the large amount of feedback that we had received from midwives and women about their concerns, we asked women whether the pandemic had made them reconsider any aspect of their prior choices with respect to care provider and place of birth. The responses are outlined below.

Have you reconsidered your care provider?

Of the 2771 women who responded to this question, 62.1% (n=1721) indicated that they had not considered changing their care provider while 11.8% (n=327) indicated that ‘they hadn’t really considered it.’ Over 26% (n=723) of women suggested that they had reconsidered their original choice of care provider.

For those women who had reconsidered their care provider, we asked them to provide reasons from a list of options. We also gave them the opportunity to disclose any other reason by including the option ‘other.’

Of the 713 women who responded to this question, almost 60% (n=422) were worried about attending the hospital for fear of contracting COVID-19. Almost 55% (n=392) had been told that they were unable to have a support person attend their antenatal appointments while 36% (n=258) indicated that they were unable to bring their children to their appointment. More than 22% (n=160) indicated that they were unhappy with the care that they are receiving. All responses are depicted in Table 3.

Have you reconsidered your planned place of birth?

Of the 2752 (n=63.6%) women who responded to the question asking if they had reconsidered their planned place of birth, nearly 30% (n=812) selected ‘yes.’ 1750 women selected ‘no’ while less than 6.9% (n=190) selected ‘I hadn’t really considered it.’

When asked to provide reasons as to why they had reconsidered their planned place of birth, the most commonly selected response to a set of predefined responses was ‘I am worried about attending the hospital for fear of contracting COVID-19’ and ‘I have been told that my chosen support people cannot attend my labour and birth’. Almost 30%, indicated that their intended place of birth does not offer homebirth. All responses are depicted in Table 4.
Table 3: Reasons for reconsidering care provider

<table>
<thead>
<tr>
<th>Reason</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am worried about attending the hospital for fear of contracting COVID-19</td>
<td>422</td>
<td>59.2</td>
</tr>
<tr>
<td>My health care provider is not able to provide alternative venues for my antenatal appointments</td>
<td>130</td>
<td>18.2</td>
</tr>
<tr>
<td>I have not been able to get in contact with my health care provider</td>
<td>37</td>
<td>5.2</td>
</tr>
<tr>
<td>I am not happy with the care that I am receiving</td>
<td>160</td>
<td>22.4</td>
</tr>
<tr>
<td>I have been told that my chosen support people are not allowed to attend antenatal appointments with me</td>
<td>392</td>
<td>55.0</td>
</tr>
<tr>
<td>I have been told that I am unable to bring my children with me to antenatal appointments</td>
<td>258</td>
<td>36.2</td>
</tr>
<tr>
<td>I do not have personal transport and rely on public transport and don’t want to increase my risk of getting COVID-19</td>
<td>25</td>
<td>3.5</td>
</tr>
</tbody>
</table>

Table 4: Reasons for reconsidering place of birth

<table>
<thead>
<tr>
<th>Reason</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am worried about attending the hospital for fear of contracting COVID-19</td>
<td>468</td>
<td>59.2</td>
</tr>
<tr>
<td>I am still attending the hospital for my antenatal appointments, but I am looking for alternative birthing options</td>
<td>188</td>
<td>23.8</td>
</tr>
<tr>
<td>I am planning to give birth at a hospital</td>
<td>364</td>
<td>46.1</td>
</tr>
<tr>
<td>I have been told that I am not able to access the option of water birth</td>
<td>121</td>
<td>15.3</td>
</tr>
<tr>
<td>I have been told that I am not able to use nitrous oxide (gas) in labour</td>
<td>107</td>
<td>13.5</td>
</tr>
<tr>
<td>I have been told that my chosen support people cannot attend my labour and birth</td>
<td>342</td>
<td>43.3</td>
</tr>
<tr>
<td>The hospital I intended to give birth at does not offer homebirth</td>
<td>232</td>
<td>29.4</td>
</tr>
<tr>
<td>I have been informed that I will not be able to stay in hospital after birth</td>
<td>103</td>
<td>13.0</td>
</tr>
</tbody>
</table>

Thematic analysis of ‘other’ responses

Women also had the option of selecting ‘other’ to inform of us of any additional reasons. A total of 220 responses were received for reconsideration of care provider and 194 responses for reconsideration of place of birth. A thematic analysis of responses was undertaken. Responses to each of the questions were combined for analysis. The following themes were identified. Quotes from women are included in support of these themes.

Lack of face-to-face appointments

Women commonly stated that antenatal and postnatal appointments had been offered via telehealth or other digital means. While face-to-face appointments were still offered in selected places, they were time limited and reflective of the government and jurisdictional restrictions. That is, women were not able to have their partners or support people present and social distancing was maintained. Reconsideration of care provider was in part prompted by the lack of face-to-face contact and concerns that assessments were not being undertaken.
How can a telehealth appointment check vital signs such as blood pressure, heart rates, feeling where baby is, thyroid checks etc. Just feel there is a lack of care for pregnant women right now.

I haven't been allowed to have any face to face appts at the hospital, I haven't had any physical assessments/routine antenatal care performed, I haven't been able to meet any of the midwives to build trust, hospital tours have been cancelled and it sounds like caseload midwifery isn't really happening. The phone appts are less than 10mins and feel like a quick box ticking exercise to make sure their paperwork is in order. It's not contracting Covid-19 that worries me. It's giving birth in an unfamiliar environment with restricted care provided by total strangers that scares me.

The delay between face-to-face appointments was also of concern to many women.

I have my glucose test on Friday and that will be the first time I would of seen someone face to face in 14 weeks. I had a over the phone consult with my doctor 3 weeks ago. And I have now lost my doctor and seeing someone I do not know as my doctor will be working with COVID 19 patients.

Worst care during this pregnancy. They stuffed up my initial appointment then gave me one 2 weeks later. Now there’s no plans to have any appointments until after 28 weeks and they are over the phone so I had to arrange all my blood tests including glucose tests otherwise they would have been missed. No one has checked fundal height etc.

Lack of support
Women commonly expressed that they were reconsidering their care provider or planned place of birth because they felt unsupported given the changes in the provision of care arising from the pandemic. This included the support they felt they should be receiving from health care professionals providing care but also the support that they wanted from their partner and family.

Being a first-time pregnancy, I am finding a huge lack of information being provided. Understandably it is for the safety of patients and staff however I feel very isolated with no access to antenatal classes and with introduction of phone consults for antenatal appointments it's a little daunting.

No partners in scans, what if there was no heartbeat? No one should be alone for that. Support person not being allowed to visit properly, wouldn't even mind if they had to stay the duration.

The restrictions on support people at appointments and scans is really hard. I fear that my partner won't be allowed with me during delivery which is just unfathomable. I prefer continuity of service especially during these times. The lack of face to face and ‘rapid assessments’ is very impersonal. I feel pretty unsupported during these especially vulnerable times for pregnant women.
Personal needs cannot be met
In response to the restrictions, women discussed that their personal needs could not be met and that this had prompted them to reconsider their care options. This included access to basic necessities, quality care, support throughout pregnancy, birth and the postnatal period and their choices.

I am a gestational diabetic with an iron deficiency and I can’t get groceries delivered. I can’t get the prenatal classes, prenatal yoga or prenatal hydrotherapy I need.

I am worried and have had no information about what will happen and what won’t happen. I’ve heard that I won’t be able to use gas, I’m petrified of having an epidural. I’m worried that my husband won’t be able to be by my side. If my husband can’t be inside the hospital I would rather give birth in the car outside. He has been isolating with me so that there is no possibility of contact with any infected person. I’m worried I won’t be able to stay in the hospital for the length of time we had planned. I have no family here just my husband. This is our first baby I’m only 30 and thought I would be looking forward to it all. Now I’m not.

I understand and support the restrictions however they are causing me a lot of grief and sadness. I am still breastfeeding my first. He will not be allowed in the hospital and I will not be allowed out to feed him (eg in car or something). Not being able to see my firstborn while in the hospital is awful. We also have no family support here so I am terrified I will deliver and be in the hospital all alone.

Birth choices impacted
Women spoke openly about their fears of not having their choices upheld and how this had influenced their decisions to explore other options for care.

I’m a concerned that I will not be able to have my chosen support team with me when I give birth. I am deeply concerned about the emerging trend globally away from the WHO recommendations, towards removing babies from mothers immediately. I am deeply concerned that covid-19 is providing hospital-based maternity services with an excuse to enforce unnecessary interventions.

I fear my birth rights will be second priority to infection control. I feel the policies (phone appointments, PPE in labour etc) contradict with family birth centre model of care (why we chose this option).

Why would I birth my beautiful child into an environment filled more than ever with ill, scared and panicked people. What a horrible energy and environment to bring a new human into. Also the rule changes are beyond ridiculous and come close to removing my rights as a birthing woman. My birth will be one of mental, physical and spiritual support not medical which is what is currently happening at local hospitals during COVID19.

The restrictions will not allow for the birth I want.
Caring for other children
Many women discussed the strain that the restrictions had placed on them in terms of caring for other children. Social distancing had limited available options for childcare including the reliance on their family members including grandparents. Women were told they were unable to bring their children to appointments but in many situations, had nowhere else for them to go. With respect to labour, the concern was that their partners would have to stay home to care for their other children and therefore miss out on the birth effectively meaning they would be birthing alone. This had prompted them to seek alternative care options.

I have three children 5 and under in the home. If I do not have someone come to help with them my husband will have to and I will not have him to support me.

It is extremely difficult for me to attend appointments as I have 2 children at home full time with no other care options, I was told I could only bring one child to hospital appointments and this would mean having to risk my 9yrs old safety by leaving him home alone. But if I don't attend appointments it is seen as not receiving antenatal care thus placing my baby at risk. It's absolutely ridiculous.

Inconsistent and insufficient messages and information
Women stated that there had been a lack of information and where they had been provided with information it was often inconsistent. This had caused concern and distress and hence they were looking for care options, namely options that offered continuity of carer, so as to access information and more importantly, consistency of information.

Unhappy with inconsistency of messages and constant last minute changes.

I have been having a hard time getting access to information as I have been told to stay away from the hospital and to go to private places for my scans and test which is costing me a fortune. I have felt so alone because my GP has become overwhelmed with appointment and I feel like I have to rely on google for answers.

My antenatal classes were cancelled and I have received no resources or information instead even after asking multiple times. Very disappointed with the level of care I am currently receiving.

I'm 18 weeks and have had absolutely no information what so every from anyone. I don't even know when I will be seeing a midwife or go to the hospital for an appointment.

Cancellation of services
Cancellation of services had also prompted women to source alternative options of care. They looked to privately practising midwives as a means of accessing information that they were hoping to receive from antenatal classes and other services that had been cancelled in light of the pandemic.

No longer being offered any antenatal or breastfeeding classes...they were cancelled with no alternative offered at all, not even something online Not being able to have two support people with me at the birth so I will be alone if my 1 person needs a break...this terrifies me.
In some circumstances, the publicly offered homebirth options had also been ceased as a result of the pandemic and in response, women contacted privately practising midwives. One also raised concerns that this would prompt women to birth without midwifery and/or medical assistance.

*I am seeking out a private midwife as the hospital setting has stated they will be removing the homebirth program. I am in the position to be able to hire a private midwife but for some people they may not and I feel that this will increase the freebirth rate if a homebirth is what they originally planned and wished for, which in turn will not be good for the ambulance system.*

*There have also been suggestions that caseload midwifery and the homebirth program offered at booked hospital may cease with the COVID crisis for which I am considering a private midwife homebirth.*

One woman even suggested that her nearest hospital had closed due to an outbreak and that this had made her consider the very limited alternative options.

*My hospital that I’m due to give birth at had actually closed due to an outbreak and the nearest hospital is over 100km away and overwhelmed now. It’s scary. My local hospital is due to open soon after a deep clean. I hope it opens in time!*

**What action was taken in response to the reconsideration**

We asked those who had reconsidered any aspect of their care to indicate what action, if any, they had taken. 75 (n=1039, 2.9%) women indicated that they had transferred their care to a PPM. A further 186 (18%) were looking for a PPM while 73 of these were also looking for a publicly funded homebirth service. An additional 156 (15%) indicated they were looking for a publicly funded homebirth option.

7.6% (n=195) of all women (n=2564) were looking for a birth centre while 7.5% (n=193) suggested that they were looking for a publicly funded community-based midwifery group practice. Many women were also looking for a community-based antenatal and postnatal care option; this made up 7.2% (n=184/2564) and 10.26% (n=263/2564) of all women who responded, respectively.

**Thematic analysis of ‘other’ responses**

We also offered women the option ‘other’ and encouraged them to provide additional information. A total of 487 responses were received. A thematic analysis was undertaken, and the following themes emerged.
Freebirth
Of the women who suggested that they had reconsidered their place of birth, 2.8% (n=29) suggested that they were considering freebirth (i.e. to birth at home without midwifery and/or medical assistance). The reasons for this included a previous traumatic birth, the cost of or lack availability to PPMs or that they viewed this as a better option to birthing in hospital in light of the pandemic.

I want to avoid hospital at all cost, traumatised by previous birth resulting in massive stress and emergency Cs. Would rather freebirth as much as possible if all is well rather than be subjected to that scrutiny and pressure again!!

I am considering freebirthing at home due to the costs of private midwives and not being able to access the publicly funded home births as I live rural.

I am considering free birth because private midwife care is far too expensive especially since I've lost my job and simply do not trust the public system.

I'm high risk so don’t have a choice
While many women indicated that they had reconsidered their options, many suggested that they felt they did not have a choice because they had been labelled ‘high risk’ or considered themselves as ‘at risk.’ Others were prepared to take a risk.

I am a high-risk pregnancy so am unable to home birth even though I'd like too.

Due to my slightly higher BMI - the community midwives can't take me on. Would love to use a private midwife but cannot afford this in this climate. Therefore, I don’t really have a choice and have to go to a public hospital, which makes me really nervous.

I already have a private midwife who was going to accompany me into the hospital. Even though I am classified as 'high risk' I am thinking of home birthing. The risk of physical and verbally abuse, the pressuring of unnecessary (and non evidence based) intervention are too high without my "security team" (my private midwife and mother - also a midwife) there to protect me.

Supposed to be having a c-section this time due to complications from my first birth, if I go into labour naturally then so be it, baby will be born at home. Funny how we are willing to risk our life and our baby's life because of the restrictions on visitors and support people. I'm sick of people saying be grateful you're healthy, they're just doing what's best, blah blah blah, I'm allowed to have feeling too and when you get put through as much stress and crap since your first birth people would understand this is the cherry on the cake. It's ridiculous, I don't even want visitors except for my own kids and baby's father.
Homebirth with a PPM
Most women who indicated that they were seeking a PPM indicated that they were doing so for the support, but also for the option of birthing at home. Many suggested that they would have preferred to access a publicly funded homebirth service or a birth centre, but none were available.

Planning home birth. Unfortunately not available in my area through the public system so I had to hire a private midwife.

I would sincerely love to birth in a birthing centre, however none exist in Melbourne. As a result I am considering a home birth as an alternative to the public hospital system, although it is not my ideal preference.

I have transferred to a private practising midwife who specialises in home birth so that I can achieve a relaxed experience with my chosen people around me. I also believe that the foot traffic in a hospital is so much larger in terms of how many people staff come into contact with and so the risks of infection are far lower in my own house.

I've considered homebirth but...
Many women commented and stated that while they had not changed their care options, they had considered homebirth but were unable to access the option due to barriers such as the lack of availability of PPMs, the cost of PPMs or their rural or remote location.

I am already aware that there are no privately practicing midwives in [place] who will support a home birth for me. My private Ob and private hospital remains the best of bad options. If I could have a midwife supported homebirth, I would change my plans immediately. I am not planning to freebirth, but I see many posts in birth support groups suggesting this will be the route many choose.

I looked into home birth, private midwife and doulas but the expense seemed too great and most were already booked as it was very late notice from me to organise. Also being my first birth, I am not confident about a home birth and am concerned about making that choice out of fear of the hospital. If this was a second birth then perhaps I’d feel more comfortable. For these reasons I feel a bit trapped like hospital is my only option.

Due to living in the country, my birth options are extremely limited. I would love to be able to birth at home but unfortunately this is not an option where I live. Birthing in a hospital right now with the current restrictions, especially regarding support persons and not being able to access gas during my labour for pain relief is causing me a lot of anxiety and negative thoughts around my ability to birth without other interventions. I feel stressed during this later stage of my pregnancy and really, really scared.
I have no other option
Other women stated that they had no other option whether this was due to their gestation, geographical location or complications they had experienced throughout their pregnancy.

I live in a rural location so don’t really have a choice.

I feel I am too far along to reconsider my care and birth plan.

I do not have a choice of elsewhere as there is nothing available within my area other than the public hospital.

I have no alternative options unless I travel 2 hours for other services.

Not sure what to do
Many women were uncertain about what all the changes meant for them and so stated that they did not know what they were going to do.

I’m not sure what any of that means. my GP is useless and had told me nothing, I had to remind her to refer me to the hospital and a midwife after learning that this was meant to be done after speaking with my sister in law.

I don’t know what I’ll do.

I didn’t know I had options.

Access to health care professionals for an actual conversation has been limited and I have absolutely no idea what my options are or what might be best.

Comparing with their intended place of birth
We then analysed responses of those women who had suggested that they had reconsidered their intended place of birth to determine the most common action. These actions are reflected in the following table.

<table>
<thead>
<tr>
<th>Intended place of birth</th>
<th>Transferred to a PPM (n=75)</th>
<th>Looking for a PPM (n=186)</th>
<th>Looking for a public homebirth service (n=229)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Public hospital</td>
<td>39</td>
<td>52.0</td>
<td>114</td>
</tr>
<tr>
<td>Private hospital</td>
<td>9</td>
<td>12.0</td>
<td>30</td>
</tr>
<tr>
<td>Home</td>
<td>16</td>
<td>21.3</td>
<td>19</td>
</tr>
<tr>
<td>Birth centre in hospital</td>
<td>5</td>
<td>6.7</td>
<td>19</td>
</tr>
<tr>
<td>Stand-alone birth centre</td>
<td>2</td>
<td>2.7</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>5.3</td>
<td>3</td>
</tr>
</tbody>
</table>

Table 5: Action prompted by COVID-19 by intended place of birth
Challenges experienced in reconsidering care options

We asked women what challenges they had faced, if any, in reconsidering any aspect of their care. More than half had indicated that they had not experienced any challenges but of those that had, almost 20% indicated that they had not been able to access a public homebirth service. Other challenges are reflected in Table 6.

Table 6: Challenges by total responses and percentage of those who took action

<table>
<thead>
<tr>
<th>Response</th>
<th>Of total responses n=1098</th>
<th>% of those looking</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have contacted a privately practising midwife but they are booked out</td>
<td>72</td>
<td>186</td>
</tr>
<tr>
<td>I have not been able to find a privately practising midwife in my area</td>
<td>112</td>
<td>186</td>
</tr>
<tr>
<td>I have not been able to access the public midwifery group practice</td>
<td>174</td>
<td>193</td>
</tr>
<tr>
<td>I have not been able to access the public homebirth service</td>
<td>212</td>
<td>229</td>
</tr>
<tr>
<td>I have not been able to source community-based antenatal care</td>
<td>144</td>
<td>184</td>
</tr>
<tr>
<td>I have not been able to source community-based postnatal care</td>
<td>108</td>
<td>263</td>
</tr>
</tbody>
</table>

More than 90% of women who were looking for a midwifery group practice or public homebirth service had been unsuccessful in sourcing the option while 78.2% of women indicated that they had not been able to find community-based antenatal care. With respect to PPMs, 60.2% of women suggested that they had been unable to find one in their area while 38.7% suggested that that had been in contact with a PPM, but they were booked out.
Thematic analysis of ‘other’ responses
We included the option of ‘other’. In response, we received a total of 155 comments. Analysis of these comments revealed the following themes.

The use of telehealth
The use of telehealth or appointments over the phone had raised concerns for women.

My only challenge is not seeing a health care antenatal professional at the hospital until I'm 28wks. Due to my previous pregnancy complications, I would have expected they would want to see and discuss a plan with me sooner.

It was really difficult to find a reputable source for antenatal classes online as contact classes had closed due to COVID. Also being late in pregnancy having care with my GP being turned into Telehealth consults has been daunting because it's my first pregnancy, I don't know what to expect or having that reassurance everything is okay. Late pregnancy women should be an exception to having Telehealth consults (with all the right safety and health precautions in place of course).

I am 20+4 with high blood pressure high risk pregnancy. I was told I have a high chance of losing the baby any day from 20 weeks onwards. But due to covid 19 I'm only allowed phone appointments. I don't see how that eases my anxiety and helps me stress less over this baby, when I can't be thoroughly checked over the phone.

Cost of a PPM
Women spoke of inequity of access to homebirth options and particularly, PPMs due to financial constraints. Some had taken out loans or accessed superannuation to pay for a PPM.

The cost of private midwifery care is very prohibitive and it's even harder to justify scraping together the funds when they are providing very minimal face to face care and the larger private midwifery groups are no longer providing continuity of care with one primary midwife. They haven't lowered their costs to account for the reduced level of care either. I feel stuck between a rock and a hard place.

I will be withdrawing from my superannuation to pay for my private midwife in order to birth at home, because it is the only option that is safe for me and my baby at this time and QLD has no public homebirth service.

I am worried about not being able to commit to spending the amount of money needed to fund a home birth but am terrified of birthing in the hospital.
Concerns related to COVID-19

In response to the many concerns that had been raised with us in response to the COVID-19 pandemic, we included a question which sought to explore these concerns from the perspective of women. In response to a multiple response question, women indicated their concerns against a range of predefined answers. They were also asked to indicate any other concerns they held by using the ‘other’ option.

All responses are depicted in Figure 6. Based on these data, the most common concern held by women was giving birth alone. This was followed by how COVID-19 would affect their baby’s health and not having support when they return home with their baby. Almost 50% indicated that they were concerned that their choice and preferences would not be supported.

Figure 6: Concerns related to COVID-19 by percentage of responses
Main concerns of those who had not reconsidered their place of birth

We analysed the responses of the 1750 women who suggested that they had not reconsidered their place of birth. The four major concerns held by this group by percentage of responses were:

- I am worried about having to give birth alone (n=1167/1750, 66.7%)
- I am worried about how it will affect my baby’s health (n=1094/1750, 62.5%)
- I am worried that I won’t have the support that I need when I come home with my baby (n=976/1750, 55.8%)
- I am worried about how it will affect my health (n=852/1750, 48.7%)

This was consistent with the overall responses depicted in Figure 5.

Main concerns of women who had reconsidered their place of birth

Similarly, the concerns of those women who had reconsidered their place of birth were analysed. The four major concerns by percentage of responses were:

- I am worried about having to give birth alone (n=619/812, 76.2%)
- I am worried about how it will affect my baby’s health (n=558/812, 68.7%)
- I am concerned that my choices and preferences will not be supported (n=518/812, 63.8%)
- I am worried about how it will affect my baby’s health (n=466/812, 57.4%)

We then analysed the responses of those women who had indicated that they had transferred their care to a PPM. The four main concerns were:

- I am worried about having to give birth alone (n=30/75, 40%)
- I am concerned that my choices and preferences will not be supported (n=30/75, 40%)
- I am concerned that I will be made to have interventions that I don’t want (n=30/75, 40%)
- I am worried about how it will affect my baby’s health (n=25/75, 33.3%)

Of the women who were looking for a PPM, the four main concerns were:

- I am worried about having to give birth alone (n=141/186, 75.8%)
- I am concerned that my choices and preferences will not be supported (n=135/186, 72.3%)
- I am worried about how it will affect my baby’s health (n=127/186, 68.3%)
- I am concerned that I will be made to have interventions that I don’t want (n=122/186, 65.6%)

Of the women who were looking for a publicly funded homebirth service, the four main concerns were:

- I am worried about having to give birth alone (n=178/229, 77.7%)
- I am concerned that my choices and preferences will not be supported (n=170/229, 74.2%)
- I am worried about how it will affect my baby’s health (n=154/229, 67.2%)
- I am concerned that I will be made to have interventions that I don’t want (n=151/229, 66.0%)
Thematic analysis of ‘other’ responses
In response to ‘other’, a total of 299 responses were received. Analysis of these data revealed the following themes.

Birthing alone
The major concern held by women surveyed was the possibility of giving birth alone. Women expanded on this concern in written comments.

I do not want to go into the birthing suite without my support system that is both my husband and doula. Policies are changing everyday and are getting stricter and in my antenatal appointments this has been changed from 2 support people, to 1, to me told prepare for none, and now I hear it is one person allowed with you just for one hour. I would stress about this in the birthing suite and do my body a disservice because I can't focus on what I need to do physically and therefore would be happier and healthier at home.

I am worried that my partner may not be able to be there for the entire labour and birth. It is his right to be there. I am worried that I have nowhere to go to ask questions now as I get rushed out of 15min appointments at the hospital. I am worried that I will be forced to have interventions and not have the birth I want. I am worried that I won’t feel supported or have anyone advocating for me. I am worried that my partner will miss out on supporting me and critical early time with the baby. I am worried that if I end up in an emergency section that my partner won’t be able to be there for the birth. I am worried that if I have to stay for days, my partner will miss out on so much time with us due to not being able to visit because of covid19.

It is terrifying to think at this time in my life when I am most vulnerable that I potentially face the prospect of having everything I've worked so hard for and paid ALOT of money for ripped out from under me at the last second. And on top of that, to face the possibility of birthing without any support or minimal support from known persons is utterly distressing - in a hospital situation this will only lead to more interventions and worse outcomes due to adrenaline and fear.

Choices impacted
Women discussed the impact that the pandemic had had on their choices. They expressed anger and frustration not only due to options such as nitrous oxide and water births no longer being offered but also the possibility of being interventions being ‘forced’ upon them.

Want no pain relief only water and massage as with first but water births are no longer allowed.

Baby is currently breech and I am concerned I will not be able to attempt a vaginal breech birth at another hospital or be even offered this as an alternative due to restrictions on leaving your local area (I am located 5hrs west of Syd). I feel like I will be told (if baby doesn't flip) that I will need to have a c-section in my local hospital and that is my only option. I feel like my options will be limited due to the crisis which is understandable but very disappointing for myself and how I feel going into this birth.
I am beyond concerned that we are being forgotten and neglected as pregnant and birthing women, that our rights and birth choices, our voices no longer exist or are a concern to the public hospital system and we are a huge inconvenience to them at this stage. I am very angry.

I am concerned non-evidence based knee jerk reactions are becoming policy without consideration to more favourable alternatives and without any consultation or regards to birthing mothers. And no care for the consequences... Excess stress is being imposed on pregnant mothers due to hospital policies for "everyone's" health but no regard for the known health impacts of that stress on mother and baby.

I am very very concerned about having interventions and time limits forced on me if birthing in hospital. I am so fearful that these will cause me to have another CSection which I do not want to have to every go through again.

I've had a healthy pregnancy and my hospital want to force me into a C-Section for their convenience!

**Mental health**

Women expressed concerns for their mental health as a result of the restrictions. This was compounded by existing mental health issues, a previous traumatic birth and the thought of giving birth alone, as examples.

I am extremely worried about the impact of giving birth alone on my mental health as I previously suffered perinatal anxiety and depression.

I feel an immense lack of support during this period as I am often told "Unfortunately we are no longer providing that service due to COVID-19". I have never experienced symptoms of anxiety, helplessness or depressed mood before until this time. I leave appointments feeling unheard with a lack of empathy. I previously felt excited about birth and now I am filled with uncertainty and dread.

My first birth was traumatic and I felt I was pushed out of hospital quickly nowhere near ready and I suffered postnatal depression and was diagnosed with PTSD from the birth trauma. I'm already anxious and overwhelmed thinking about this birth and the new pressures and anxieties and lack of options are really not helping.

Plus mental health implications from taking away support person. After a previous traumatic birth to then not have that person available. The confronting nature's of the staff in masks etc and nothing explained fully beforehand about what is expected, who can attend etc.

I can feel my mental health slipping with all of the uncertainty. Everybody tells you to be ok to ask for help to get rest and sleep, and now I won't even get more than a 15min call from a midwife post delivery?? I'd prefer to stay in my isolation and freebirth so that I can have the support of my mother in law.

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Open comments

Finally, women were offered the opportunity to share any further comments or feedback with respect to their care. A total of 753 comments were received. While the comments echoed the themes arising from previous questions, there were other concerns and issues raised that are reflected by the quotes below.

The lack of access to homebirth

The lack of access to the option of homebirth was raised consistently. Women called for this to be addressed in order for the maternity system in Australia to fulfil woman-centred care and to address the concerns related to birthing rights and birth trauma.

It baffles me that the homebirth program will be stopped and that rather than encouraging more women into the birth centre in a time like this (quicker births, less intervention = less time in hospital = less chance of contracting COVID) they are turning it into the COVID wing. I joined the birth centre upon rumours that the homebirth program might be extended, and thinking the birth centre was a good back up. Both of these options will be stopped, although the hospital keeps announcing carefully worded statements that imply nothing will change, which is untrue. They’ll be announcing the cessation of the HB program in June and the changes to the birth centre soon. It’s unacceptable. When already over 30% of Australian women emerge from childbirth traumatised, these changes will only make things worse. If we actually care about the health of babies we will do what we can to prevent trauma in their mothers.

The cost of accessing a PPM was reiterated. Responses revealed that barriers to PPMs and homebirth were leaving women with no other choice but to birth alone without midwifery or medical assistance.

Please help support other women like myself. I am lucky we could come up with the funds quickly. Others are not. And others are not even educated on what is out there and available to them. More needs to be done. Also my GP refused to provide a referral to any private midwife... That in itself is leaving women with no choice but to do this alone.

Basically I strongly believe that a public home birth service should be made available to all low risk women, especially during this time! Or that some other options for birthing in the community/ outside the hospital should be made available! This makes a hundred times more sense than cutting in on women’s birthing rights and options (first thing out of the gate!) and putting them and others in potential harms way. Forcing them to also make the choice between birthing unassisted or like me, footing a $5-7k bill in these uncertain economic times to hire midwives to offer home birth services (and still feeling nervous about whether this will be allowed given the ever changing circumstances).
The standards of care

It was evident that women held the view that the quality and standard of care had reduced since the commencement of the pandemic. They called for this to be addressed.

The standards and quality of care has gone to complete crap since coronavirus. The required support no longer exists in preference for 'the basics' in order to preserve health and fight the virus, forgetting entirely that midwifery care and the support needed around pregnancy birth and postnatal is so much more than ensuring a basic minimal level of physical wellbeing. What about holistic health and wellbeing? Maternity care has been stripped back to if you're alive and so is the baby, that'll do. Communication in particular is suffering, phone calls are insufficient to be 90% of care, we communicate with so much more than words. Understanding, openness and a two way conversation that facilitates empowerment and informed choice is not something we are used to doing completely over the phone and so it's not done well at all. I'll stop now because I could go on forever, but know this, women and babies are suffering as a result of the lowered standards of care. And the question really needs to be asked, is it worth it? You hold in your care not only my current health and wellbeing, but that of all my future pregnancies and births as well as setting up the lifelong health of my child. I've entrusted that to you, don't let me down.

I feel because I'm only just over halfway through my pregnancy I've been put on the back burner in regards to where and how I will give birth. I feel the hospital is dealing with what's happening now (day to day) instead of making future plans. This is putting more worry and stress on me. I feel like a fairly relaxed person but this added stress is stopping me from enjoying my pregnancy. Having more knowledge and more of a plan would help a lot. I also keep hearing horrible stories about more and more women without support people and having alleged procedures (eg, epidurals) forced on them.

It concerns me that this country cannot properly fund healthcare for women whether they wish to birth in a hospital or their own home let alone be able to have the same midwife if they cannot afford a private practice midwives. It should also be a women's choice as to how they wish to give birth even if they are informed of the consequences of not following what the hospital believe you should follow ie water birthing should be allowed for anyone no matter the health reasons as an example it requires less medical interventions.
Woman-centred care?
Women talked of their choices and decisions being challenged or even made without their input. They attributed this to the fact that policies had been made on little to no evidence. They called for better support and greater autonomy over choices that were important to them.

My last appointment I was told that a public obstetrician would be making a pregnancy and birth plan for me without consultation with me in order for them to control all aspects of my care so they can be sure what days and times people will be giving birth in order to have the correct staff on.

I don’t want to have to fight to have the birth I choose again with covid hanging around. I did not expect to be having another child amidst these crazy times. It just happened. Please try to support us pregnant and birthing women on the path we choose, give us informed options to make our informed decision for the birth my baby and I deserve. Please give us options in these difficult times for the health of us and our families.

A lot of the policies are irrational and cruel and have irrational rigidity with regards to enforcement (eg. Children cannot come, and you don’t have childcare options? Too bad no care for you!). I’m also concerned many aspects may become normal practice after the pandemic is done. Scientific evidence is not being used to make policies. Unintended consequences are not being considered or even heard. Mothers are being treated like leapers and like their needs are luxuries and they are idiots.

In 2020 it’s fairly appalling that women need to resort to freebirth because there is a lack of options. It’s appalling that women are stigmatised as uneducated and risky rather than educated and informed. If there is nothing wrong why be with sick people.

Removing choices from pregnant/birthing women is a gross negligence of care which will result in many negative consequences and adverse outcomes for women and babies. There is nothing remotely acceptable about what is currently happening in antenatal, birth, and postnatal ‘care’.

I am really concerned that these policies of no support people at appointments and even worse no extra support people at the birth will lead to widespread coercion of women into unnecessary interventions, especially the most vulnerable. I am also petrified of what will happen to women when they are in labour and it is so hard to advocate for yourself. I think that coercion, physical and verbal abuse (and this definitely occurs as I have experienced it) and general birth trauma will increase exponentially. Leading to traumatised mothers heading back to families unsupported because of covid 19, reducing their likelihood of bonding well with their baby, affecting their ability to breastfeed and to look after previous children. I think it is likely to increase rates of postnatal depression and PTSS. I am so glad that I have the option to homebirth or else my stress would be extreme.
Weighing it up

Women talked of the importance of weighing up the risk of COVID-19 against their needs. They described the impacts of the pandemic.

I believe that the overall health of pregnancy and birth outcomes to new families need to be weighed up against the risk of spreading COVID-19. We know that birthing in a safe, supportive environment provides better outcomes and taking away important aspects of birth could results in negative short and long term impacts. Also, a father is just as much a parent as the mother and excluding them from appointments doesn’t seem right when those are the key opportunities to get prepared and bond with the baby (particularly important as they are not carrying the baby). This is all heightened for first time parents like myself and my husband.

I have no fears for my ability to birth or my postnatal period. I’m a strong willed and determined woman with inside knowledge of the hospital system who is planning a homebirth. Despite this, I am constantly petrified beyond measure that my birth rights/choices and my support team are going to be taken away from me. In my home (to a lesser extent) but especially if we need to be in the hospital. It has put so much pressure on me. I cry every day. Fuck Covid19. I have immense respect and understanding for the healthcare systems and my friends and colleagues who are trying to navigate work during this scary world right now, but what about me? I AM STILL IMPORTANT. This pandemic will come and go, but my experience of pregnancy, birth and postpartum will stay with me and my baby forever.
Discussion

Our survey of almost 3000 women revealed the impact of the COVID-19 pandemic on maternity services around the country. Women not only responded to the prescribed questions, but they also shared their experiences through more than 3000 comments. The results highlight not only their thoughts and feelings about changes in care provision as a result of COVID-19 but also how these changes had influenced their choices and decision-making.

While the results suggest that there was little change in the care that women were seeking when compared with a prior pregnancy, the pandemic had influenced around 30% of women to reconsider their care provider and/or place of birth. The major trend appeared to be towards homebirth options (e.g. publicly funded homebirth model or a PPM). There was also evidence to suggest that some women were considering moving from a public hospital model of care to a private hospital model of care. While we are cautious in our interpretation of these data, it could suggest that women were seeking continuity of carer as well as an environment that was less likely to expose them to a large number of people and therefore, the virus. Others were seeking community-based options for the provision of antenatal and postnatal care. However, despite seeking these options, a large proportion of women indicated that they had not been able to source the care they were looking for. This not only included access to PPMs, but also community-based options for pregnancy and postnatal care. These data are not surprising given that research to date suggests that women have found it particularly difficult to access midwifery models of care and particularly, postnatal care across Australia. Figures suggest that less than 10% have access to a known midwife through a continuity of carer model while the scope of practice of a midwife to six weeks postnatal is notoriously underutilised. The latter of which was reflected by many women responding with ‘no one’ in response to the question asking them about who provided the majority of their care in the postnatal period following a previous birth.

The results also reveal a change in the main care provider when we compared the most recent prior pregnancy to the current pregnancy which could be attributed to the pandemic. Based on this comparison, women indicated that they were more likely to see a GP in the current pregnancy. There was also a trend towards women accessing care from a private obstetrician in a private hospital and care from midwives in birth centres or private practice. Based on the concerns raised by women throughout the survey, this appeared to be related to their fear of contracting COVID-19 by attending the hospital but more so by the possibility of giving birth alone. However, the downside of this was that they felt the quality of care had declined and that their choices were not supported. The comment data revealed that women explored options that were more likely to see their birthing options upheld with the most important being that of having their chosen support people and family in attendance. There was also reference to a lack of quality care marked by the fact that appointments were more likely to be offered through telehealth or other digital means leading to long delays between appointments and what women expressed as insufficient assessment of their own health and that of their baby’s.
Women felt isolated, alone and unsupported by the evolving changes. These changes had led to higher levels of anxiety, concern and distress which were further exacerbated by pre-existing health issues. Women openly expressed that they were fearful of the impacts that the restrictions and changes would have on their mental health. Women commonly voiced concerns about the decline in access to a health care provider and how this would impact not only their physical, psychological and emotional wellbeing but also the health of their baby. In light of this, they called for reconsideration of what they viewed were reactive decisions to the pandemic; they specifically called for their needs and preferences to be considered and respected.

In some situations, women expressed that the restrictions had resulted in lack of autonomy over decision making and choices with some even suggesting that their choices with respect to mode of birth had been decided for them. There was also significant concern held for the possibility of unnecessary interventions in order to see them “pushed” through the system. While many were able to take action to regain autonomy by seeking the assistance and support from PPMs or other available options, many women expressed that they ‘did not have a choice’ or ‘had no idea what their options were.’ For example, women who considered themselves high risk stated they had no choice but to give birth in a hospital while women who lived in rural or remote regions, suggested that they did not have the luxury of a PPM or midwifery model of care because it was not available to them and therefore, they ‘had no choice’ but to birth at the local hospital. While many also highlighted the care provided in the hospital was still a safe option, consideration appeared to extend beyond their physical concerns for themselves or their baby. Women wanted to be heard, to have options and more, to have their choices supported. It was clear that where this did not happen, they were willing to take action and seek alternative options of care to those which they had initially planned.

More concerninglly, our survey revealed that almost 3% of the more than 1000 women who had reconsidered their care, were considering birthing without midwifery or medical assistance at home (freebirth). While there has been some discussion relating to this growing trend over the last decade, the numbers of women seeking this option have remained relatively low. However, our results reflect an increase in response to the pandemic and we suspect that the number is likely to be higher based on women suggesting that there had been a lot of discussion in pregnancy and birth forums about women intending to freebirth. It is clear that women will seek freebirth where they feel their self-determination and autonomy are threatened. This appeared to be further exacerbated by the lack of availability to PPMs and the significant costs associated with employing a PPM.

While there are ongoing discussions about insurance and Medicare rebates with respect to homebirth, to date there remains no available solution. Despite there being a number of extensions to the homebirth insurance exemption that remains in place until December 2020, it is unlikely that this exemption will be extended further. As such, there is pressing need for a solution prior to this exemption ceasing in order to safeguard the future of private midwifery practice and women’s choice to birth at home.
The importance of support during labour and birth

Evidence has consistently demonstrated that continuous support through the childbearing journey improves outcomes for women, babies and families. This not only applies to labour and birth but also the provision of antenatal and postnatal care. A systematic review of 27 trials and more than 15000 women highlighted the value of continuous support during labour and concluded that women were not only more satisfied, but their outcomes were also improved (Bohren et al. 2017). Specifically, women were more likely to have a shorter labour, were less likely to use regional and other forms of analgesia and they were more likely to have spontaneous vaginal birth. This support also has benefits for the woman’s partner. A study by Bäckström and Wahn (2011) found that fathers were more likely to be positively involved when supported by a health care provider during labour and birth. The benefits of a known and trusted support person or birth partner are also well documented with the Bohren et al. (2017) systematic review also highlighting that continuous support from a family member or friend was associated with greater maternal satisfaction.

Feedback received from women and midwives suggested that directives had been put in place at many hospitals around Australia to minimise support people. Women in particular, highlighted that conflicting information had left them uncertain as to whether or not they were able to have a support person at all. Others were distressed by the fact that support persons were restricted to one. This was particularly the case where they had planned to have a doula or their mother in attendance in addition to their partner. Of all concerns raised, this was the most significant.

These results highlight that any clinical decision implemented must include a thorough risk-benefit analysis; one that extends to and addresses the impacts on those who the decision effects most. In this situation, the limitations of support people were anxiety-provoking and in some cases, appeared to be detrimental to women’s mental wellbeing. This ultimately prompted women to seek alternative options to their planned care provider or place of birth. As such, the value of a known support person during labour and birth and indeed, across the entire spectrum of care cannot be understated and needs to be considered in any future policies and directives as a priority.
Recommendations

Women who completed the survey, collectively highlighted the challenges that had been faced in navigating the system and finding options that met their needs and preferences. A significant number of the more than 750 responses to the open question (at the end of the survey), included a call to action directed at health care providers, policy makers and the government to address the needs of women and families by offering high quality, evidence-based maternity care. In light of these calls, there are a number of key recommendations that we make in consideration of both the pandemic and the future landscape of maternity care in Australia. These include:

- Greater access to midwifery continuity of care and carer across Australia
- Greater options of care including the development and provision of birth centres (as a compromise between hospital and home)
- Expansion of publicly funded homebirth options
- Facilitation of the expansion of private homebirth services through:
  - Inclusion of homebirth services in the MBS and,
  - Addressing the gap in indemnity insurance for homebirth
- Adoption of policies and guidelines that are underpinned by women reported outcomes to ensure that care provision is truly woman-centred
- Evidence-based guidelines to inform maternity care in light of the current and any future pandemic

This is not an exhaustive list but does reflect the key results of this survey. We specifically highlight the consistent call for increased access to midwifery models of care and more continuity of care from a known midwife. While there have been many recommendations to increase access to midwifery continuity of care and carer across Australia, with the most recent being the release of the new strategic directions for Australian maternity services in 2020, statistics suggest that less than 10% of women are able to access this model of care (Homer 2016). However, demand is increasing, and this appears to have heightened as a result of these unprecedented times. We implore the government and other key stakeholders to listen to the needs of women and families not only in light of the COVID-19 pandemic, but as we navigate the post-COVID-19 maternity care landscape.
Conclusion
In response to the COVID-19 pandemic, health care provision has undergone rapid changes. These changes, while made with the purpose of safeguarding both the public and health care providers, have resulted in widespread concern and anxiety. As evidenced by the results presented in this report, women and families are also experiencing concern and anxiety as they navigate the evolving situation. It is evident that women are seeking care that meets their needs and preferences and in light of the pandemic, they have found this particularly hard to access. The results further highlight that there is much to learn from these unprecedented events and that such learnings can inform maternity care into the future.
References

Bäckström, C & Wahn, EH 2011, 'Support during labour: first-time fathers’ descriptions of requested and received support during the birth of their child', *Midwifery*, vol. 27, no. 1, pp. 67-73.

