

By whom, how and where will we be delivering our babies in 20 years time?

Chris Wilkinson
FRANZCOG

Subspecialist in Maternal
Fetal Medicine

2026 has been a very cold year, especially in Europe since global warming made the gulf stream stop flowing. With this and the advance of the glaciers into North America, immigration to Australia has hit record levels. Our health care system in Australia is working well despite the pressures of a population of over 50 million. Having a baby today, however, is very different from how it was at the turn of the century.

Blue version

Prime Minister Howard, of course, has been re-elected again (and at 86 years old, he still does his power-walk every day). Of course, everyone now sees a specialist obstetrician after the debacle of the 2010s when the maternal and perinatal mortality rate shot up, associated with the medical specialist shortages. After midwives took over as lead carers in pregnancy, (made compulsory after Peter Costello defected to the Democrats, held the balance of power and traded the legislative changes to appease the radical birth lobby), the critical mass of obstetricians declined to the point where effective training of specialists could no longer occur. After losing access to specialist obstetric services, the counter establishment movement had to fight tooth and nail to empower women to have full continuity of care and access again to an obstetrician (30 per cent of labouring women needing to be referred, often after many delays, to a disinterested specialist surgeon who performed the often too late caesarean section). The right to effective analgesia in labour took a huge struggle to regain, as obstetric anaesthetists had been made extinct by medicolegal pressures and a rejection of the lifestyle demands on those few still providing services. Fortunately, by a steady political and consumer led campaign, effective, evidence-based medical care by obstetricians is now again the norm, and midwives have returned to their supportive role. Since the multi-centre term vaginal birth versus caesarean section trial was published (Hannah *et al.* Lancet 2021; 476 (11249) 825–833), and showed the statistically significant improvement in outcome by elective caesarean section at 38 weeks (with increased maternal satisfaction and economic advantages that gave the health economists and bureaucrats apoplexy), our caesarean section rate is now approaching that ideal 100 per cent. This time, of course, the pendulum will stop swinging.

Red version

Prime Minister Gillard has been re-elected now for her third term. It was such a strategic coup for the radical midwife lobby when, as health minister under the Macklin government, she passed the legislative changes that separated obstetrics from gynaecology, and with a

simple stroke of the pen forced a politically naïve RANZCOG to split into RANZCG and RANZCO. This allowed a much shorter training time, and improved recruitment rates for younger doctors dramatically to RANZCG. However, RANZCO became unsustainable after only five years, and was absorbed into the Royal Australasian College of Surgeons. The RACS members now provide a very effective but expensive caesarean section service for the midwives and doulas who now deliver all babies in Australia, but curiously, the caesarean section rate continued to increase, just as it did in New Zealand in the late-1990s and early-2000s when members of the New Zealand College of Midwives took over the majority of lead care roles on maternity services. Midwifery training is now six years and occurs in medical schools. This was a necessary expansion of training since midwives also treat all medical complications, do complex prescribing and are now in the process of undertaking surgical training to take over caesarean section provision. The doulas are, however, mounting a political campaign to improve their role. 'We want childbirth to become a more natural event, and resent just being the midwives' handmaidens,' said a spokesperson for the Australian and New Zealand College of Doulas.

Yellow version

2026 has been a good year politically for Prime Minister Stott Despoja. After months of negotiation with US President Oprah Winfrey, she has finally achieved a withdrawal of 500 of our 50,000 troops from Iraq, the first troop reductions in the 23 years that that war has been raging. On a more positive note, the PM has also just made history as the only Prime Minister of any country ever to have a baby born whilst in office. Her twins were, rather unusually, born under the exclusive supervision of a doula in her Parliament House office suite. As we all know, almost all pregnancies are now managed under the supervision of a midwife/obstetrician team, with over 50 per cent of babies born at home. The teams are a group of two obstetricians, and six midwives, all of whom meet the expectant family and provide exceptional continuity of care. Since only about a third of the women need referral during birth to the obstetricians in the team (a figure that has been consistent since the middle of last century), the workload is pretty evenly divided, but each professional does what they have expertise at and are accessible to, and know and respect each other. They also have the lowest suicide and burnout rates of any health professionals, a complete reversal of the trends only 20 years ago. The model is the same in both the public and private systems, and works well in each. There are obligatory audit and further education commitments with each team, and the model of care seems to give the best medical results and patient satisfaction. It is curious that the Prime Minister has chosen an option of care that the evidence from the randomised controlled trials of the 2010s does not support, but it probably demonstrates that the Democrats will always do things a little differently.