Position statement: Notifying a woman to child protections services for exercising her right to not attend antenatal care appointments is not acceptable

Key points:

All women have the right to access culturally safe maternity care.

At some maternity services across Australia, women are being reported to Child Protection Services solely for not attending antenatal care appointments. This practice is not evidence based and should immediately cease as it causes significant harm to both women and their babies, families and communities.

We urge any maternity services upholding such a policy and/or practice to immediately revoke this practice and educate their staff accordingly.

Maternity services should address concerns regarding antenatal care attendance by working with consumer and community groups to identify and address barriers to accessing culturally safe, trauma-aware healing informed antenatal care.

Context

Pregnancy is an important time, with physical, cultural, social and emotional changes that can influence wellbeing. The Australian Pregnancy Care Guidelines[1] recommend that all women are offered antenatal care to support women to make informed choices about what they need. Central to these guidelines is woman-centred care which recognises the fundamental rights to self-determination:

> *"Woman-centred care focuses on the woman's unique needs, expectations and aspirations; recognises her right to self-determination in terms of choice, control and continuity of care; and addresses her social, emotional, physical, psychological, spiritual and cultural needs and expectations. It also acknowledges that a woman and her unborn baby do not exist independently of the woman's social and emotional environment, and incorporates this understanding in assessment and provision of health care."*

Section 2.2 emphasises

> "*In any health interaction, a woman has the right to determine what treatment she accepts or chooses not to accept…. Women have the right to decline care or advice if they choose, or to withdraw consent at any time and have these choices respected. It is important that the level of care provided does not alter because of this choice.*"

Despite clear endorsement and acceptance of these rights across maternity care services in Australia, we are deeply concerned by feedback from community members, Aboriginal Community-Controlled Health Organisations and maternity service providers about some maternity service practices to notify women to Child Protection Services based solely on not attending antenatal care appointments.

We strongly condemn this policy and/or practice because:

1. Women have a right to choose whether or not to attend antenatal care.
2. There are many reasons why women may not be able to attend antenatal care appointments (e.g. transport, childcare, financial issues).
3. Child protection notifications do not address any of these barriers and serve as a deterrent to accessing antenatal care not just for the individual woman but for other pregnant women in her community, thereby compounding harm and disadvantage.
4. Identifying and working with communities to address barriers to accessing antenatal care is an appropriate service level response to concerns about women not attending antenatal care.
5. Child protection notifications cause harm to parents, and antenatal care attendance is not in itself a risk to the child based on legislation and the role of child protection services. Notifications should only be made where there is a serious and legitimate concern for the safety and wellbeing of a child.

Closing the Gap

Aboriginal and Torres Strait Islander infants are over 10 times more likely to be removed from families and living in out of home care than non-Indigenous infants, and this number is increasing[2]. Addressing these disparities is a national Closing the Gap priority[3].

The reasons for the current high numbers of Aboriginal and Torres Strait Islander infants being removed from families are complex and stem from effects of intergenerational trauma, discrimination, violence and socio-economic deprivation associated with colonisation. This includes government policies to forcibly remove Aboriginal and Torres Strait Islander families, known as the 'stolen generations', which involved maternity services.

Inappropriate notifications to child protection services places a burden of over surveillance and immense unwarranted stress on parents and exacerbates the current crisis in Aboriginal and Torres Strait Islander infants being separated from families[4].

Many Aboriginal and Torres Strait Islander parents fear child protection services when attending maternity care as a result of these past policies and ongoing high numbers of infants being removed[5].

Many Aboriginal and Torres Strait Islander women report that they experience maternity care as culturally unsafe[6] and this is a reason for choosing not to attend antenatal care. Aboriginal and Torres Strait Islander women are also more likely to experience other barriers to attending antenatal care, including financial constraints, lack of transport, caring responsibilities, limited social support and experiences of culturally unsafe care.

Notifying women to child protection services in response to not attending antenatal care is a punitive response that represents a form of institutional coercive control and violence. This is likely to be experienced as a threat, which is trauma-inducing, culturally unsafe, and in stark contrast to the trauma-aware healing-informed culturally safe care, that services should aspire to provide.

These responses result in reduced access to health care, and other supports for children, parents and families, and are associated with greater incidence of harm. The National Safety and Quality Health Service Standards outlines the responsibilities of health services to provide accessible care and provide recommendations for actions to meet the needs of consumers, including for Aboriginal and Torres Strait Islander peoples[7]. This includes collaboration and partnerships with community-controlled services to improve access to culturally safe care and support services and increased employment of Aboriginal and Torres Strait Islander staff within mainstream services.

Ensuring access to Aboriginal and Torres Strait Islander led models of care delivered by a strong and supported Aboriginal and Torres Strait Islander Health Workforce can help to overcome these barriers and creates trust, belonging and genuine partnership between women families and services.

Notifying women to child protections services for not attending antenatal care appointments is not acceptable. We call on any maternity services upholding such practices to immediately revoke them and to reform their services, including educating their staff accordingly.

Services should address concerns regarding antenatal care attendance by working with consumers and community groups to identify and address barriers to accessing culturally safe, trauma-aware healing-informed antenatal care.

*This statement is a collaboration between members of the **Safest Start Coalition**, and the co-signed organisation's.*

We understand that some of the topics covered in this statement may bring up difficult emotions or can be distressing. If you feel overwhelmed or need someone to yarn to, there are services available to provide you and your family support including **13 YARN** (139 276) or **Lifeline Australia** (13 11 14).

If you have any questions about the statement, or would like to share experiences please email CATSINaM at enquire@catsinam.org.au

Reference List

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[4] Chamberlain, C., Gray, P., Bennet, D., Elliott, A., Jackomos, M., Krakouer, J., Marriott, R., O'Dea, B., Andrews, J., Andrews, S., Atkinson, C., Atkinson, J., Bhathal, A., Bundle, G., Davies, S., Herrman, H., Hunter, S. A., Jones-Terare, G., Leane, C., … Langton, M. (2022). Supporting Aboriginal and Torres Strait Islander families to stay together from the start (SAFeST Start): Urgent call to action to address crisis in infant removals. *Australian Journal of Social Issues, 57*(2), 252–273. http://doi.org/10.1002/ajs4.200

[5] Chamberlain, C., Gray, P., Herrman, H., Mensah, F., Andrews, S., Krakouer, J., et al. (2023). Community views on 'Can perinatal services safely identify Aboriginal and Torres Strait Islander parents experiencing complex trauma?'. *Child Abuse Review, 32*(1), e2760. http://doi.org/10.1002/car.2760

[6] Sivertsen, N., Johnson, T., Mehus, G., Ness, T. S. M., Smith, S., & McGill, J. (2025). What is known about Indigenous women's dissatisfaction of birthing experiences in mainstream maternity hospitals in Australia, Aotearoa, Canada, US, Kalaallit Nunaat and Sápmi? A systematic scoping review. *Frontiers in Public Health, 13,* 1495197. http://doi.org/10.3389/fpubh.2025.1495197

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