Tasmanian Government Response

Select Committee on Reproductive, Maternal and Paediatric Health Services in Tasmania

Minister's Foreword

The Tasmanian Government welcomes the Final Report of the Select Committee on Reproductive, Maternal and Paediatric Health Services in Tasmania. We thank the Committee for its recommendations and acknowledge the many individuals, clinicians and organisations who contributed their experiences and insights, often sharing deeply personal stories.

Improving access, quality and coordination of reproductive, maternal and paediatric health services is a priority for the Tasmanian Government. In the time since the Select Committee was first established in late 2023, the Tasmanian Government has continued to progress key initiatives and introduce new measures to support safe, contemporary and patient-centred care across reproductive, maternal and paediatric health services.

This Government is committed to ensuring Tasmanian women, babies and families receive safe, high-quality maternity care. Following concerns raised in 2024 regarding Maternity Services at the Royal Hobart Hospital, the Tasmanian Government acted decisively by commissioning an independent review of maternity services at the Royal Hobart Hospital. All 38 recommendations from this review have now been fully implemented by the Department of Health, strengthening governance, staffing, and clinical oversight.

The Tasmanian Government continues to invest in women's health across the State. This includes $3.8 million in the 2025-26 Budget to expand The Bubble women's health clinic in Launceston, and targeted support for endometriosis through a $4.7 million surgical robot and $1.2 million for awareness and diagnosis. From 1 July, eligible Tasmanians can now also apply for a rebate of up to $2 000 to help reduce the financial burden of accessing fertility care.

Investment in parenting and early years services is also strengthening support for families. The Tresillian North Intensive Parenting Unit, opened in November 2025, provides residential and outreach services across the North and North West. The new Intensive Residential Parenting Unit at St John's Park in the South is expected to open later in 2026. Together, these investments represent a coordinated approach to improving access to inpatient and residential parenting services across Tasmania.

To help meet increased demand for maternity services in Southern Tasmania, following Healthscope's decision to cease providing maternity services at the Hobart Private Hospital, the Tasmanian and Australian Governments have provided funding for infrastructure and equipment upgrades for the Calvary Lenah Valley Maternity Ward and the new Intensive Residential Parenting Unit at St John's Park. All major infrastructure and equipment upgrades at Calvary Lenah Valley have now been completed.

In line with the Committee's recommendations, the Department of Health is developing Tasmania's first Women's Health Strategy. This will provide an evidence-informed framework to guide future reforms and support safe, accessible and person-centred care. This will provide an opportunity for consideration of many of the recommendations in the Committee's report.

The *Midwifery Matters: Tasmanian Midwifery Workforce Strategy*, released in February 2026, outlines 20 actions to strengthen workforce capacity, capability and connection with families. As part of this work, the Department of Health is exploring options for a safe public homebirth service to improve choice and continuity of care.

The Tasmanian Government is also focused on improving health outcomes for children and young people, with a statewide Child and Young Person Health Service Strategy to be released later in 2026.

The Tasmanian Government has considered all 56 recommendations in the Committee's Final Report, and the table below outlines a more detailed response to each of these recommendations.

The Hon Bridget Archer MP

Minister for Health, Mental Health and Wellbeing

DATE

Recommendation		Response
Reproductive health services		
1	The Government prioritise access to no-cost or low-cost access to contraception and sexual healthcare.	**Supported** Improving access to affordable, community-based care has been a core aim of the changes to pharmacists' scope of practice that were introduced by the Tasmanian Government in 2024. These changes allow approved community pharmacists to resupply the oral contraceptive pill or provide assistance in the treatment of a Urinary Tract Infection, helping patients avoid a visit to a general practitioner (GP) to obtain a prescription. The Tasmanian Government supports improved access to no-cost and low-cost contraception and sexual and reproductive healthcare and is progressing a range of measures to address these barriers. The Department of Health (DoH) delivers support to a range of free services, including a statewide Sexual Health Service with clinics in each region, and free, confidential youth health services for young people aged 12 to 24 years, providing information, support and referrals for contraception and sexual healthcare. Access is further supported through partnerships with the non-government sector. The Tasmanian Government provides funding to support Family Planning Tasmania to deliver statewide clinical services and education. Over the next three years, the Tasmanian Government will provide Family Planning Tasmania with approximately $1.9 million to improve access to sexual and reproductive health services and provide education and information for all Tasmanians, focusing particularly on supporting the needs of priority populations. In November 2025, the Tasmanian Government announced a $3.8 million investment to expand health services for women and girls at The Bubble in Launceston. The Bubble provides sexual and reproductive health services, including antenatal care, pelvic health and gynaecological care. Patients are expected to be welcomed at the new, larger facility later this year.

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		In addition to ongoing funding to support its core work, the Tasmanian Government has also provided a Healthy Focus Grant to Women's Health Tasmania of $83,000 to work with migrant and refugee women to produce health promotion resources in community languages about sexual, reproductive, antenatal and perinatal health.[1] In November 2025, changes to the Medicare Benefits Schedule (MBS) came into effect under a national, Commonwealth-funded Women's Health Package, making long-acting reversible contraception, including inter-uterine devices (IUDs) and contraceptive implants more affordable and accessible for Tasmanians. For example, rebates for IUD insertion increased from $93.55 to $215.95, and implant insertion from $41.50 to $100.40. These changes reduce out-of-pocket costs and improve access to contraceptive options that best meet individual needs.
2	The Government fund training opportunities for medical practitioners in the provision of long-acting reversible contraception (LARCs).	**Supported in-principle** The Tasmanian Government notes the Committee's finding that Tasmania has a shortage of qualified practitioners able to provide long-acting reversible contraception (LARCs), which can impact timely access for women across the State. Improving workforce capability is an important part of improving access to contraception. A range of national workforce measures are currently underway to strengthen practitioner capability across Australia, including the AusLARC program, which provides free training for health practitioners in the insertion and removal of IUDs and implants. Scholarships are also available to support participation, particularly for practitioners in regional areas. These initiatives strengthen workforce capability, improve access to contraception, and support a coordinated and sustainable approach to women's health services.
3	The Government provide In Vitro Fertilisation (IVF) services in the	**Not supported** The Tasmanian Government has taken action to improve access to fertility treatment through a targeted IVF rebate. This will provide eligible individuals with up to $2,000 to assist with out-of-pocket costs associated with IVF and related treatments from 1 July 2026, supporting approximately 2,500 Tasmanians.

[1] The Tasmanian Government has provided Women's Health Tasmania approximately $1.01 million in grant funding over three years to 30 June 2028 to supports its focus on health promotion and allied health services, information and advocacy, research and development, capacity building and sector development.

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	Tasmanian Health Service.	Guidelines for the IVF and Fertility Support Initiative are now available, which specify that rebates can be accessed for a range of out-of-pocket costs, including IVF and other Assisted Reproductive Technology (ART) treatment cycles, including for fertility preservation. The rebate is for Tasmanian residents accessing services provided in Tasmania by TasIVF or Fertility Tasmania and is intended to contribute to costs above Medicare or private health insurance rebates. This targeted measure directly responds to affordability barriers identified by the Committee and will improve access to fertility treatment for Tasmanians, while informing broader reproductive health service planning. The THS does not provide IVF procedures through the public system and there is no current plan to include these services within the scope of the THS. However, as most ART services attract partial MBS rebates, the Tasmanian Government would welcome further Australian Government action to expand reimbursement and improve affordability as part of its ongoing women's health and wellbeing focus.
4	The Government review relevant legislation relating to parentage orders for surrogacy, with a view to simplifying and improving the process.	**Requires further consideration** The Department of Justice (DoJ) has participated in an interjurisdictional working group, under the auspices of the Standing Council of Attorneys-General, to examine potential ways to harmonise surrogacy laws across the country. The Australian Law Reform Commission (ALRC) is also currently reviewing surrogacy laws across Australia, with one of the express aims of the review being to identify "how to reduce barriers to domestic altruistic surrogacy arrangements in Australia." DoJ remains engaged in this issue and will consider all recommendations made by the ALRC but notes there is currently no plan for a review of Tasmania's legislation.
5	The Government increase collection of de-identified termination of pregnancy data to	**Supported in-principle** The Tasmanian Government acknowledges the Committee's finding in relation to collection of data on termination of pregnancy in Tasmania. DoH currently collects data to inform service provision and ensure services meet the needs of Tasmanians. This includes data on termination of pregnancy through hospital clinical coding and pharmaceutical prescribing. While

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	inform better service provision.	hospital coding may not capture all occasions of service, it provides an established basis for monitoring trends over time. The Tasmanian Government is committed to ensuring people have timely access to information on the full range of healthcare options during pregnancy, as well as access to services that meet their individual needs and circumstances. Existing data collection supports ongoing monitoring and informs a coordinated, evidence-based approach to women's health services. More broadly, Tasmania's move to an Electronic Medical Record as part of the Bluegum Digital Health Transformation will help reduce data gaps, allowing for improvements in collection of a range of health data including termination of pregnancy.
6	The Tasmanian Health Service develop and provide clear information and education resources about termination pathways in Tasmania for community and healthcare professionals.	**Supported** DoH supports timely access to information on the full range of pregnancy options, recognising the importance of enabling women to make informed decisions based on their individual needs and circumstances. This includes a range of existing initiatives to improve access to accurate, up-to-date information and support services. DoH funds Women's Health Tasmania to deliver Pregnancy Choices Tasmania, an online resource that provides accessible information on pregnancy and reproductive health options, including counselling and personal supports. It also features a comprehensive service directory, allowing users to search for services by provider type, termination and contraception services, travel distance, and inclusiveness measures, supporting informed and practical decision-making. Prescribed Health Services in Tasmania (which includes Family Planning Tasmania, Pulse Youth Health, the Link-Youth Health Service, Women's Health Tasmania, and the Women's Health Information Line) are another important avenue to provide free information, advice and counselling to Tasmanians on the full range of pregnancy options. These existing measures provide a strong foundation for access to information and support and contribute to a coordinated and accessible approach to women's reproductive health services.

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		DoH is committed to continuous improvement of its services and resources and will consider opportunities to strengthen information and resources available to Tasmanians and healthcare professionals on termination services and supports.
7	The Government provide public access to Medical Terminations of Pregnancy (MToP) at no out of pocket cost.	**Supported in-principle** The Tasmanian Government is committed to ensuring women have timely access to information on the full range of healthcare options during pregnancy, as well as access to services that meet their individual needs and circumstances. Access to termination services is affected by legislative, clinical and geographic factors and it is important that timely and accurate information is available to women regardless of their location. DoH currently provides a range of reproductive health services statewide, including access to medical and surgical terminations through public hospitals. DoH also works with non-government organisations to support access to information on pregnancy options and services, including terminations. From 2025-26, more than $3.2 million over three years has been committed to Women's Health Tasmania to deliver core women's health services, and support access to sexual and reproductive health services. In Tasmania, no-cost options are available to support access to termination services in the public health system. For women who are ineligible for Medicare, fees associated with this service are supported by the Tasmanian Government funded Women's Health Fund or, in some limited cases, through the Youth Health Fund. These mechanisms provide pathways to remove barriers and improve access to medical termination of pregnancy and surgical termination of pregnancy. As noted in the response to Recommendation 6, Prescribed Health Services also offer free information, advice and counselling to Tasmanians on a full range of pregnancy options including terminations. Comprehensive information on how to access low or no cost medical and surgical termination services in Tasmania is provided on DoH's website as well as the online resource Pregnancy Choices managed by Women's Health Tasmania (www.pregnancychoicestas.org). DoH will consider whether there are other barriers to accessing medical termination of pregnancy, such as the cost of medical imaging, that need to be addressed.

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8	The Government removes barriers and improves access to Medical Termination of Pregnancy (MToP) and Surgical Termination of Pregnancy (SToP).	**Supported** The Tasmanian Government remains committed to ensuring that all women can access information on the full range of healthcare options during pregnancy, as well as services that meet their individual needs and circumstances. Medical and surgical terminations of pregnancy are available across all three regions of Tasmania through the public health system, and through non-government providers. As noted above in response to Recommendation 7, comprehensive information on how to access low or no cost medical and surgical termination services in Tasmania is provided online through DoH's website, as well as Women's Health Tasmania's online resource, Pregnancy Choices. Medical terminations are available for pregnancies of less than nine weeks gestation through GPs, non-GP specialists, and Family Planning Tasmania clinics. Surgical terminations are available through major public hospitals in all three regions of Tasmania. Recognising that termination of pregnancy is a highly personal decision, these services are supported by confidential counselling and information resources provided by both DoH and non-government providers. DoH is also progressing a range of initiatives to support equitable access to termination services, regardless of where people live. DoH works closely with non-government providers, which play an essential role in extending service reach across the State. From 2025-26, more than $3.2 million over three years has been committed to Women's Health Tasmania to deliver core women's health services, and support access to sexual and reproductive health services. This includes the delivery of the Women's Health Fund, which provides financial support to those who choose, or are required to travel within Tasmania or interstate to access termination services. Funding also supports the provision of accurate, up-to-date information through a dedicated website and information line covering termination services, pregnancy options and contraception care, helping to address the lack of community awareness identified by the Committee. To further support access to these services, the Tasmanian and Australian Governments are providing more than $1 million in combined funding to June 2027 to Link Youth Health Service to support access to medical and surgical termination services. Link Youth Health Service also administers a dedicated fund to assist Tasmanians

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		with medical costs associated with termination of pregnancy. The Tasmanian Government is also providing Family Planning Tasmania with approximately $1.9 million in 2026-27 (as part of a three-year agreement) to deliver health services that support improved sexual and reproductive health for Tasmanians, including pregnancy options, which covers medical terminations. DoH recognises that access to termination services depends not only on service availability, but also on the enabling systems and frameworks. *Tasmania's Reproductive Health (Access to Terminations) Act 2013* provides a legislative framework for Tasmanians to access termination services. The Act removed some of the previous barriers to service delivery, to help improve the health and wellbeing outcomes for Tasmanians. This includes enabling termination up to 16 weeks' gestation with consent, and beyond 16 weeks where specific clinical criteria are met, supported by appropriate specialist involvement. The Act also includes referral requirements where a practitioner conscientiously objects and establishes access zones around facilities providing terminations to protect patients and staff. To ensure equitable access to surgical terminations, DoH has established a referral pathway for GPs and Prescribed Health Services to refer anyone seeking surgical terminations to a public hospital across all three regions of Tasmania. DoH is committed to continuous improvement in its services and resources and will consider further opportunities to improve access to termination services and the full range of pregnancy healthcare options, including through ongoing partnerships with non-government organisations.
9	The Government make the Youth Health Fund easier to access.	**Supported** The Youth Health Fund is administered by the Link Youth Health Service with funding support from DoH. The purpose of the Fund is to provide and facilitate access to quality and confidential health and wellbeing services to young people aged 12-24 across Tasmania. The Link Youth Health Service receives over $1 million in combined Tasmanian and Australian Government funding across two years from 2025-26 to support service delivery, including facilitating access to medical and surgical terminations. This includes just over $637,000 for the Youth Health Fund. Referral protocols have been designed to ensure the Fund is available to the young people who it need the most, and that referrals are made by youth sector professionals best placed to facilitate wraparound supports from other

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		sectors (such as housing, food, and/or financial support). The criteria for who can refer applications was broadened in 2024 to allow nurses in GP practices who offer women's reproductive health services to complete applications with young people for referral to the Fund. There is also flexibility in place around referral protocols and criteria where applications are extremely time critical. These changes and flexibility allowances have been communicated to key sector organisations. DoH will further consider options to improve access to termination services and information and support for this cohort of young people, including options via the Youth Health Fund.
10	The Government prioritise the development and implementation of best practice standards for post termination care in the Tasmanian Health Service, including education and training for health professionals.	**Supported in-principle** As noted in response to Recommendation 8, DoH recognises that decisions relating to medical termination of pregnancy are highly personal, and access to timely, appropriate and compassionate post-termination care is essential to supporting both physical recovery and emotional wellbeing. DoH is committed to supporting this outcome through the delivery of targeted follow-up clinical care, counselling and information services within the public health system, as well as through partnerships with non-government providers. Anyone who has a surgical termination of pregnancy in the Tasmanian Health Service (THS) is provided with individualised post-procedure care that is tailored to their specific needs and circumstances. After the procedure, individuals receive information and practical support to connect with appropriate ongoing care and community resources. This follow-up may take place in a hospital or clinic, with a GP, or through community-based services, depending on the person's preferences and clinical needs. Counselling services are provided through a range of organisations, including the Royal Hobart Hospital (RHH) Grief and Loss phone line, Family Planning Tasmania, Women's Health Tasmania, and the Link Youth Health Service. A key example of post-termination counselling support in Tasmania is the peer support program delivered by Women's Health Tasmania. This program engages Peer Workers, people who have themselves experienced a termination within the Tasmanian health system, to offer empathetic, lived-experience-informed support to others following a termination. Additionally, Gidget House, located in Hobart and Launceston, delivers face-to-face and virtual care-based support for a range of perinatal mental health issues, including those associated with pregnancy termination. Gidget House

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		is funded by the Australian Government, with the facilities provided by the Tasmanian Government. Other support services include *ForWhen*, a free, short-term care-navigation phone line that connects people to perinatal mental health services and supports in their local area. *ForWhen* is funded by the Australian Government. DoH is committed to ensuring consistent, high-quality, person-centred support across Tasmania, and will consider opportunities to further strengthen post-termination care.
Maternal health services		
11	The Government develop a women's health strategy, including reproductive and maternal healthcare, to inform service provision and guide infrastructure development.	**Supported** The Tasmanian Government supports the Committee's finding that a women's health strategy would provide a clear policy framework to guide service planning, workforce development and future infrastructure investment across Tasmania. DoH has commenced development of a comprehensive strategy for the provision of women's health services in Tasmania. Developing a Women's Health Strategy presents an important opportunity to build on existing initiatives and to strengthen women-centred care across the health system. This includes improving access to safe, timely and appropriate reproductive and maternal healthcare across Tasmania and in our rural and regional communities.
12	The Government conduct an audit of available maternal and reproductive healthcare infrastructure in Tasmania.	**Supported** To help identify and respond to gaps, understand existing capacity, and plan for future service needs, the Tasmanian Government supports the recommendation to conduct an audit of available maternal and reproductive healthcare infrastructure in Tasmania. As highlighted in the response to Recommendation 11, understanding current and future service requirements is a key consideration in developing the Women's Health Strategy, and will help inform future infrastructure development.

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		The development of the Women's Health Strategy will provide a framework for DoH to consider its existing services, assess infrastructure capability and identify priorities for future maternal and reproductive healthcare investment.
13	The Government work with private obstetricians to recommence service provision in the North West.	**Supported in-principle** Ensuring women in North West Tasmania have the option of accessing both public and private maternity care was a central principle in the transition of maternity services from the North West Private Hospital to the THS in 2023. The THS established and operates a shared care model where private consultants and their patients can access an equivalent model of care but using THS midwives and facilities. To strengthen the maternity workforce and ensure sustainable, high-quality service delivery across the North West region, DoH offers a range of workforce recruitment and retention incentives for relevant positions. These include an allowance in lieu of private practice schemes, a North West retention allowance, relocation accommodation and assistance, and professional development support. DoH also continues to ensure the public maternity service is positioned to provide high-quality, safe care for mothers and babies across the North West.
14	The Government investigate the feasibility of the establishment of a dedicated Tasmanian women's and children's hospital.	**Not supported** Tasmania's relatively small and dispersed population does not support the establishment of a dedicated women's and children's hospital in the State. DoH has an established approach to strategic health service planning that, in addition to addressing immediate service pressures, anticipates and plans for future challenges and opportunities to ensure services are designed to meet the evolving needs of the Tasmanian community. Effective planning promotes an integrated, whole-of-system approach that considers interactions between health, human and social services, as well as broader whole-of-government priorities. Service planning requires consideration of resources such as infrastructure (buildings, equipment and technology), human resources (clinical and non-clinical staff), and service support functions (clinical and non-clinical). These

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		efforts are underpinned by the *Long-Term Plan for Healthcare in Tasmania 2040* and *Health Workforce 2040 Strategy*. DoH will continue to focus on how best to deliver services for women and children in Tasmania. This includes ongoing work to strengthen innovation and excellence within existing services, alongside the rollout of initiatives aimed at improving health outcomes for women and children.
15	The Government ensure a continuity of care model is available to all pregnant people in the Tasmanian Health Service, including a focus on midwifery-led care.	**Supported** DoH's midwifery workforce strategy, *Midwifery Matters 2025-2030*, emphasises the critical importance of midwives in Tasmania's maternity system to provide care to individuals and families across the full continuum of pregnancy, birth and the postnatal period. As outlined in detail in DoH's submission to the Inquiry, maternity and post-partum care is delivered through a range of approaches within Tasmania's public health system, including midwifery-led models of care, obstetric-led care, medical clinics for people with specific health needs, and dedicated clinics and services to help prepare for birth and parenting. Tasmanians may access or be referred to the public maternity service of their choice, which is generally the service nearest to their place of residence, or that offers their preferred model of care. Patients may also be referred to the RHH, as the State's tertiary centre for complex and/or high-risk obstetric care. There are a range of midwifery-led models of care utilised within the THS that vary across the three regions of Tasmania. These include the Midwifery Group Practice model, where a patient is cared for by a primary and back-up midwife for their pregnancy, labour, birth and postnatal needs; and the Know Your Midwife or Team of Midwives models, where a patient is cared for by a team of midwives, in consultation with doctors, during their pregnancy. Across all three regions, Midwife Satellite Clinics are utilised to ensure these maternity services are available to people within their local community. DoH recognises that demand for midwifery led models, where they can safely be offered in Tasmania, can exceed availability, meaning some people do not receive their preferred model of care. Improving access to continuity of care is important not only for clinical outcomes, but also to support people to feel safe, informed and supported

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		throughout pregnancy and birth. A long-term action under *Midwifery Matters 2025-2030* is to ensure every family can choose and has access to a midwifery continuity of care model. DoH will achieve this through evaluating and building on existing models of care and innovating to support new models of care. Additionally, investigation of a continuity of care model for all pregnant people within the THS will be considered as part of the development of DoH's Women's Health Strategy.
16	Every pregnant person is offered the opportunity to develop a birth plan in consultation with health professionals and that these birth plans are recognised, respected and followed.	**Supported** The Tasmanian Government supports the Select Committee's recommendation relating to birth plans, including that these are developed in consultation with health professionals and are recognised, respected and followed. As part of antenatal appointments provided through the THS, a midwife or doctor will discuss models of care with the individual patient and as part of these conversations, the midwife or doctor will make an assessment on the model of care that will best suit the individual and their baby, to keep them both safe. When a model of care is agreed, arrangements will be made to suit each individual situation. DoH acknowledges the Select Committee's finding that in the past, some people receiving care in the THS have not had the opportunity to prepare a birth plan, and some birth plans have not been recognised or followed. DoH's actions under *Midwifery Matters 2025-2030* will strengthen and enhance antenatal services for patients and families, including improving access to information, strengthening continuity of care, and supporting shared decision-making in preparation for labour and childbirth. Further information on birth plans is provided in response to Recommendation 33 below, including the development of comprehensive birth plans that include consideration of unexpected birth events and potential interventions.
17	The Tasmanian Health Service ensure postnatal home support is available to families after	**Supported** Timely, accessible and family-centred support after discharge is critical to the wellbeing of mothers, babies and families and DoH recognises that families transitioning home following NICU or SSU care may require additional support. A Neonatal Follow-up Clinic operates out of southern Tasmania from the RHH Paediatric Clinic to review:

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	discharge from the Neonatal Intensive Care Unit (NICU) or Special Support Units (SSU).	• Babies born at less than 32 weeks gestation (i.e. very preterm) and/or with birth weight less than 1.5 kg; and • Late preterm and term babies with specific conditions requiring specialised follow-up (such as congenital heart disorders and neurological disorders). Specialised follow-up in the Clinic helps to promptly identify problems in this high-risk group of infants and initiate early intervention. Infants are referred to this clinic on discharge from the NICU, or by direct referral from a paediatrician. Neonatologists or paediatricians at the Follow-up Clinic may review babies beyond two years of age, if they were born extremely preterm or were very growth restricted at birth, or if there are other concerns. Those babies who will clearly require follow-up into later childhood will be transitioned to an appropriate paediatric clinic or private paediatrician. The Allied Health team at the Follow-up Clinic includes a physiotherapist, psychologist, occupational therapist and a speech pathologist, and assists in assessment and management of developmental problems. Cross referrals are made to other paediatric services as required, including the Paediatric Rehabilitation Service, Early Intervention Service, Audiology, Ophthalmology and Dietician Services. Some specialised services, such as the Follow-up Clinic, are consolidated at the RHH for safety and quality reasons, as Tasmania's largest hospital and major referral centre. This is based on the principles of the Tasmanian Role Delineation Framework, which determines the clinical capacity of a health facility to provide services of a defined clinical complexity. Eligible families can be supported through PTAS to travel for their care. Across Tasmania, the THS also provides postnatal care through hospital follow-up, midwifery-led care, breastfeeding and lactation support, and referral to ongoing community services. Child Health and Parenting Services (CHaPS) receives a referral for every child born in Tasmania and provides developmental checks, parenting support, infant feeding advice, mental health screening, and home visits for families with children aged 0 to 5 years. Additional support is available through CHaPS Parenting Centres in the South, North and North West for families with mild to moderate or more complex needs, allowing families to move between universal, targeted and more intensive supports depending on their circumstances.

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		DoH is further strengthening postnatal supports through the new Intensive Residential Parenting Unit at St John's Park in the South and the new Tresillian North Intensive Parenting Unit at the Launceston Health Hub, which will provide more intensive residential support for families experiencing postnatal challenges, including families whose babies have been discharged from NICU or SSU.
18	The Government develop a standard model of care for pregnancy loss and bereavement care in Tasmania.	**Supported** The Tasmanian Government acknowledges the significant physical, emotional and psychological impacts of pregnancy loss on individuals and families. Ensuring compassionate, consistent and evidence-based bereavement care across Tasmania is a priority. Best practice bereavement care is sensitive and respectful and enables informed decision-making, recognises parenthood and supports memory making. DoH is actively working to improve the services and supports available to people experiencing pregnancy loss and bereavement. This includes initiatives to strengthen workforce capability, coordination and consistency of care for those experiencing perinatal loss. DoH is undertaking an ongoing project with $1.2 million in funding support from the Australian Government, as part of the *Stillbirth Autopsies and Investigations Federation Funding Agreement* to deliver: • the development and dissemination of evidence-based guidelines for perinatal loss • supported multidisciplinary education and case reviews to ensure information is provided to bereaved families regarding available postmortem investigations and the benefits of understanding cause of death following a stillbirth • education and training in bereavement care, supporting more confident, compassionate and culturally responsive midwifery care • improved collaboration across maternity services in the North, North West and South of Tasmania, and • a comprehensive gap analysis to identify current and future workforce, service and system needs. Further detail on related initiatives and actions is also outlined in the response to Recommendation 19.
19	The Tasmanian Health Service	**Supported**

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	provide separate, dedicated space for pregnancy loss and bereavement care in Tasmanian hospitals.	The Tasmanian Government recognises the importance of providing private, respectful and compassionate environments for individuals and families experiencing pregnancy loss and bereavement. Each THS birthing facility currently has specially designed areas intended to provide greater privacy and dignity for bereaved parents. This includes a specialised family unit at the RHH, a dedicated bereavement room at the Launceston General Hospital (LGH), and private, dedicated spaces at the North West Regional Hospital (NWRH) for parents and families experiencing infant loss. These spaces aim to minimise distress and support families during an exceptionally difficult time. While dedicated spaces are already available at Tasmanian public hospitals, DoH will continue to consider opportunities to further strengthen and standardise the provision, design and use of separate pregnancy loss and bereavement spaces through ongoing infrastructure planning and development.
20	The Tasmanian Health Service review antenatal classes, including updating content and improving accessibility and availability of classes.	**Supported** DoH recognises the importance of providing antenatal education that is accessible and responsive to family needs across Tasmania, to support positive pregnancy, birth and early parenting outcomes for individuals, infants and families. DoH provides a range of antenatal education options across Tasmania. Hospitals South offers face-to-face group antenatal classes and group tours at the K Block Maternity Unit at the RHH. In the North and North West, antenatal education is provided through a mix of online resources, such as educational videos, and telehealth sessions. While DoH aims to ensure all Tasmanians can access antenatal education, it is acknowledged that access can be challenging in some circumstances, particularly for people living in rural and remote areas. Work is already underway to address these challenges, with Hospitals North West progressing initiatives to improve access to antenatal education and care, so people can access education and advice more easily within their communities.
21	The Government increase funding and support for peer led	**Supported in-principle**

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	parenting and family groups.	The Tasmanian Government acknowledges evidence heard by the Select Committee that peer support is valuable for helping people adjust to parenthood. DoH recognises peer support can be beneficial for discussing shared experiences and for informal education on a range of topics such as maternal healthcare, birth, and breastfeeding. DoH offers a range of group-based initiatives to support women, babies and their families. As set out in response to Recommendation 48, DoH delivers CHaPS New Parenting Groups to first-time primary caregivers and their babies between the ages of six weeks and six months. CHaPS also run clinician-led parenting centres which offer day services and support on an individual or group basis for a range of parenting needs, including: • breastfeeding and feeding • sleep and settling • post-natal wellbeing and depression • positive parenting behaviour management • social and emotional development • child and parent relationship and communication • toileting and toilet training, and • general parenting difficulties. In 2026-27, the Government will provide $80,000 to the Australian Breastfeeding Association (ABA) Tasmania to support its work to help women and families with breastfeeding, including the delivery of its program of local, peer-led meet-up groups. These groups are facilitated by ABA Tasmania's qualified volunteers that can offer skilled support and encouragement with breastfeeding, mixed-feeding or other concerns relating to feeding. The Tasmanian Government has entered into a bilateral agreement with the Australian Government to deliver Thriving Kids, a national program providing foundational supports for children aged 8 and under with developmental delay or autism who have low to moderate support needs, and their families. The Tasmanian Government will consider opportunities to respond to this recommendation as part of its implementation of Thriving Kids to connect children and families to the right supports. This could, for example, include group or peer-based

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		family support and capacity building programs. Thriving Kids will be rolled out in stages from October 2026, with full implementation expected by 1 January 2028.
22	The Government include reproductive and maternal healthcare in the curriculum for Tasmanian schools.	**Requires further consideration** The Tasmanian Government notes that all jurisdictions have agreed to use the Australian Curriculum in Australian government schools. The Australian Curriculum and Reporting Authority (ACARA) is responsible for designing and maintaining the Australian Curriculum, which sets out what students should learn and the expected standards of achievement at each year level. Currently, reproductive and sexual health education is covered in the Australian Curriculum: Health and Physical Education. In Years 7-10, this includes a focus on sexual and reproductive health, including relationships, consent, contraception and sexual health. Maternal healthcare is not currently a distinct topic in the Health and Physical Education curriculum. However, related topics cover puberty and how physical changes prepare the body for reproduction, and respectful relationships and family contexts. ACARA regularly reviews the curriculum to keep it relevant and effective by consulting with teachers, experts, and the public, updating content to reflect new knowledge, technologies, and societal needs, and ensuring alignment with national priorities (such as literacy, numeracy and digital skills). Jurisdictions are involved through formal national governance review processes coordinated by ACARA and overseen by Education Ministers. It is through this process that any changes to the Australian Curriculum are required to progress.
23	The Government improve breastfeeding education and support services in the Tasmanian Health Service and ensure access to ongoing	**Supported** The Tasmanian Government is committed to providing a supportive and enabling environment for breastfeeding across its services, which include hospitals and other healthcare services where women and families learn to breastfeed. As outlined in DoH's submission to the Select Committee, all Tasmanian maternity services are Baby Friendly Health Initiative (BFHI) accredited and align with the principles set by the World Health Organization's 'Ten Steps to Successful Breastfeeding'. In February 2026, the THS adopted a Statewide Breastfeeding Policy, which

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	assistance when required.	provides clear direction on expectations to promote, protect and enable successful breastfeeding throughout all areas of the THS and ensure compliance with BFHI Standards. THS services follow these Standards to make sure they provide families with the best information and support about infant feeding both before and after their baby is born. Parents have access to specialist Lactation Consultants in each hospital and upon discharge families receive information on how to contact professional and voluntary breastfeeding and parenting support in the community. Lactation Consultants will also follow-up referred complex breastfeeding cases during the immediate post-discharge period. CHaPS also support families with breastfeeding (and bottle feeding, as required) in the following ways: • Child Health Assessments offered at two weeks, four weeks, eight weeks, six months, 12 months and two years include information, advice and support around breastfeeding. Support is also offered before the first assessment at two weeks, if no other appropriate service is available or accessible. • An Infant Feeding Assessment is offered at or before the four-week Child Health Assessment, which specifically explores breastfeeding in detail, including positioning, attachment, and sucking behaviour. • New Parent Groups are offered to all first-time primary caregivers when their child is aged between six weeks and six months and provide an opportunity for connection between parents and parental education across a wide range of topics, including breastfeeding. • A targeted response to breastfeeding concerns through referral to a Parenting Centre or Sustained Nurse Home Visiting Program. • CHaPS staff are provided with training and education related to breastfeeding, including a mandatory breastfeeding education package; sharing the latest in research and reports around breastfeeding; providing links to breastfeeding conferences, webinars and eLearning opportunities; clear and accessible referral pathways to lactation consultants; and presentations from lactation consultants at staff meetings to support professional development. The Tasmanian Government is providing $80,000 in 2026-27 to ABA Tasmania for delivery of breastfeeding support services to Tasmanian women in the community.

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		DoH is committed to continuous improvement of its services and resources and will consider opportunities to further improve breastfeeding education and support services for women and their families.
24	The Government collect and make publicly available breastfeeding data in Tasmania.	**Supported** The Tasmanian Government notes the Select Committee's finding in relation to publicly available breastfeeding data in Tasmania and recognises the importance of strengthening transparency and access to this information. DoH collects and uses a range of data to monitor maternal and infant health outcomes, including breastfeeding. Currently, data is captured through established systems such as ObstetrixTas for public maternity services and the Tasmanian Perinatal Data Collection Form for private hospitals and independent midwives, in accordance with the *Obstetric and Paediatric Mortality and Morbidity Act 1994*. These systems provide a range of information on pregnancy and birth outcomes across Tasmania, including whether infants are breastfeeding on discharge, and are used to support research, service planning, workforce training and continuous improvement in care. Breastfeeding outcomes are also monitored through CHaPS, which collects breastfeeding data at key child health assessment points at eight weeks and six months postpartum. As of 31 March 2026, the eight weeks postpartum breastfeeding data indicates breastfeeding rates of 76 per cent in the North, 70 per cent in the North West, and 78 per cent in the South. The six-month postpartum breastfeeding data indicates breastfeeding rates of 66 per cent in the North, 56 per cent in the North West, and 65 per cent in the South. DoH will consider further opportunities to strengthen public reporting and transparency of breastfeeding outcomes.
25	The Government fund and facilitate professional development in women and family centred maternal healthcare and breastfeeding for health practitioners	**Supported in-principle** Supporting the health and wellbeing of Tasmanian parents, children and families is a key priority of the Tasmanian Government. DoH is committed to ensuring Tasmanians have access to the health services they need, and Tasmanian infants, children and their families can thrive as part of a healthy community. This includes provision of safe and high-quality care to women, their babies and families, which is woman and family-centred. In 2019, all Australian governments agreed the *Woman-centred care: Strategic directions for Australian maternity services* and to the principle that women should have access to continuity of care with the care provider(s) of their choice, including midwifery continuity of care. As outlined in response to Recommendation 15, maternity and post-

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	within the Tasmanian Health Service.	partum care are provided through a range of approaches within Tasmania's public health system, including midwifery models of care, medical clinics for women with specific health needs, and dedicated clinics and services to help prepare for birth and parenting. Women can access or be referred to the public maternity service of their choice. Actions within *Midwifery Matters 2025-2030* are focused on providing woman and family-centred care. For example, a short-term action is to implement a refreshed 'Woman at the Centre' Culture Strategy statewide, including mandatory Cultural Safety Training, Informed Consent education and Bereavement training. As noted in response to Recommendation 23, there are a range of initiatives in place across the THS to support women to breastfeed. These initiatives are guided by the THS' Statewide Breastfeeding Policy, which provides clear direction on expectations to promote, protect and enable successful breastfeeding throughout all areas of the THS and to ensure compliance with BFHI Standards. Training in the Policy's requirements is provided by Lactation Consultants, clinical or staff educators, and is required for all staff who have access to women and children who are breastfeeding, including nursing, midwifery, medical, allied health and ancillary staff (at orientation and every three years thereafter). In terms of staff professional development, DoH is prioritising improving access to high-quality maternity services which can best support women, babies, and their families. For those working in maternal services, DoH provides a wide range of training and development opportunities to help staff reach their full potential. This includes short courses, graduate development programs, e-learning, conferences, performance development appraisal, and staff exchanges and rotations.
26	The Government embed culturally sensitive knowledge and practices in the provision of maternal and reproductive healthcare in	**Supported** The Tasmanian Government is committed to delivering maternal and reproductive healthcare that is culturally safe, respectful and responsive to the diverse needs of Tasmanians. DoH's *Diversity, Equity and Inclusion Framework 2024–27*, together with its CARE values (Compassion, Accountability, Respect and Excellence), provides the foundation for cultivating both a workplace and a health system that reflects the diversity of the Tasmanian community and actively embraces and promotes equity, inclusion and belonging. These frameworks guide efforts to improve health and wellbeing outcomes for people of

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	consultation with stakeholder groups.	all cultures, including Aboriginal and Torres Strait Islander people, LGBTIQA+ communities, and culturally and linguistically diverse (CALD) populations identified in the Select Committee's Final Report. Targeted initiatives are in place across the THS to support culturally responsive maternity care. In the South, the Midwifery Group Practice model provides priority access for women who identify as Aboriginal and Torres Strait Islander and delivers in-reach antenatal services at the Tasmanian Aboriginal Centre for low-to-medium risk pregnancies. In the North, the LGH has a dedicated midwife who attends the Tasmanian Aboriginal Health Service on a weekly basis to provide antenatal care. In the North West, a 0.5 FTE Aboriginal Health Liaison Officer is employed within Maternity Services, and collaboration with the No. 34 Aboriginal Health Service continues to strengthen community engagement and culturally appropriate care. DoH's *LGBTIQA+ Action Plan 2024–27* further supports inclusive and affirming healthcare by focusing on three key objectives: • the provision of equitable, inclusive and accessible services to improve health outcomes; • collaboration with LGBTIQA+ organisations and community members to continuously improve health systems and service delivery; and • implementation of education, learning resources and initiatives that promote inclusion, acceptance and understanding across DoH. Actions under the Plan include reviewing and expanding learning resources related to LGBTIQA+ inclusion, protecting and promoting the rights of intersex people accessing health services, and improving mental health and wellbeing through ongoing consultation with LGBTIQA+ communities to better respond to their needs. *Midwifery Matters 2025-2030* also recognises that Tasmanian women and families, including gender-diverse and non-binary people, members of the LGBTIQA+ community and those from CALD backgrounds, have varied and intersecting health needs. As noted in the response to Recommendation 25, *Midwifery Matters 2025-2030* includes an action to implement a refreshed, statewide *Woman at the Centre* Culture Strategy, incorporating mandatory cultural safety training, informed consent education and bereavement care training.

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		In addition, DoH provides funding to organisations such as Family Planning Tasmania and Women's Health Tasmania, which deliver targeted services, training and resources to support culturally responsive care for migrant and refugee communities. To further support equitable access, the THS provides free interpreter services for non-English-speaking patients, and for Deaf or hard of hearing patients, through the Statewide Interpreter Booking Service.
Homebirth and professional indemnity insurance		
27	The Government fully fund and support public homebirth in Tasmania.	**Requires further consideration** The Tasmanian Government is committed to strengthening choice, continuity and quality in maternity care within the THS to ensure families feel supported to navigate pregnancy, labour and birth in ways that are safe, person-centred and responsive to their individual needs and preferences. A long-term action under *Midwifery Matters 2025-2030* is to establish clinically informed pathways for alternative midwifery models of care that support access and choice, such as public homebirth and Birthing on Country models. DoH is currently exploring options to introduce a high-quality and safe public homebirth service in Tasmania. This would bring Tasmania into alignment with other states and territories and provide the community with greater choice in person-centred models of care that align with their needs and choices. Developing a publicly funded homebirth program is also in line with DoH's *Health Workforce 2040* strategy, as it would strengthen midwifery continuity of care models and allow Tasmania to be more competitive in recruiting midwives and supporting them to practise to their full scope. DoH has been carefully assessing submissions from a recent consultation period on the Tasmanian Public Homebirth Program Draft Consultation Paper. Feedback during the consultation process was largely positive and supportive of developing a public homebirth model in Tasmania. DoH will continue to work with key stakeholders to examine a policy and service model for public homebirth. Central to this work will be developing policies and service models that meets the needs of people in Tasmania

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		who receive antenatal care through the THS and provide safe and quality outcomes for individuals and their babies.
28	The Government investigate the establishment of public birth centres co-located with public hospitals in Tasmania and continue conversations with proponents of The Birth House in Hobart.	**Requires further consideration** As noted above in response to Recommendation 27, DoH is working with key stakeholders to examine a policy and service model for public homebirth. The co-location of public birth centres with public hospitals will be considered as part of this process. Currently, anyone pregnant in Tasmania may access or be referred to the public maternity service of their choice, which is generally the service nearest to their place of residence, or that offers their preferred model of care. Maternity and post-partum care are provided through a range of approaches within Tasmania's public health system, including midwifery models of care, medical clinics for people with specific health needs, and dedicated clinics and services to help prepare for birth and parenting. Further details about antenatal care provided through the THS are provided in response to Recommendation 33.
29	The Government investigate the need for and provide travel assistance to facilitate public homebirth.	**Requires further consideration** DoH recognises travel for specialised health services, including maternal health services, can be costly for Tasmanians who live a long way from the healthcare services they need. PTAS travel subsidies are available for independent midwifery services for people who have a low-risk or uncomplicated pregnancy. Subsidies are also available more broadly for specialised medical services provided by the THS and most specialist medical services covered under Medicare. This includes obstetrics and gynaecology services provided through the THS. Travel assistance for public homebirth will be considered as part of DoH's examination of a policy and service model for public homebirth, noting travel assistance is already provided through PTAS to support equitable access to specialist medical services not available locally for Tasmanian residents. This includes providing subsidies for transport, accommodation, and travel costs.

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30	The Government develop policies and procedures for admitting rights for Privately Practising Midwives (PPMs) in all public hospitals.	**Supported** DoH supports continuity of care models that promote a positive labour, birth and post-partum experience overall, noting this is a protective factor against unexpected and unwanted interventions. DoH is addressing this recommendation through a short-term action in *Midwifery Matters 2025-2030*, which is to establish a clinical pathway which would allow for admitting rights for PPMs to Tasmanian public hospitals. Building on this, a long-term action in *Midwifery Matters* is to ensure that all midwifery continuity of care models work collaboratively with other health and community services that support families to provide wrap-around care during the critical stage of a child's first 1,000 days of life.
31	The Government reestablish consultation on the medication formulary for midwives with a view to removing the formulary from the *Poisons Act 1971* in line with other states.	**Supported** The Tasmanian Government notes the Committee's findings that Tasmania is the only Australian state or territory that maintains a legislated list of approved medications for endorsed midwives. Other jurisdictions regulate midwifery prescribing through professional standards, endorsement, and clinical governance frameworks, rather than fixed legislative formularies. DoH recognises this can be restrictive in an environment where contemporary midwifery practice needs to ensure individualised care and timely access to medicines for patients. DoH is addressing this recommendation through a long-term action in *Midwifery Matters 2025-2030* to review the Tasmanian Midwifery Formulary under the *Poisons Act 1971* to explore enhancements to prescribing practice for Endorsed Midwives.
32	The Government advocate to the Federal Government to ensure the Professional Indemnity Insurance (PII) scheme is fit for purpose and does not	**Supported** The Tasmanian Government recognises the importance of a national PII scheme that enables PPMs to work to their full scope of practice and supports women and families to make informed choices about their maternity care. Insurance available to PPMs currently covers antenatal and postnatal care, but not birth. As part of the 2024-25 Federal Budget, the Australian Government committed $3.5 million over four years (and ongoing funding of $400,000 per year thereafter) to expand the Midwife Professional Indemnity Scheme to provide cover for PPMs providing homebirth services, PPMs providing intrapartum care services during labour outside of a

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	restrict private midwifery practice.	hospital prior to a planned hospital birth, and specified entities providing intrapartum services under Birthing on Country models of care. The Commonwealth is seeking to identify a private provider that will offer comprehensive insurance cover for PPMs providing homebirth services. In the interim, Tasmania, alongside other jurisdictions, agreed to an extension of the current PII exemption until 31 December 2026 under the Health Practitioner Regulation National Law to support the implementation of a PII product for PPMs underwritten by the Commonwealth. This exemption means PPMs will be able to provide intrapartum care outside a hospital setting (homebirth). DoH will continue to advocate for an appropriate national PII scheme for PPMs that removes the reliance on time-limited exemptions.
Birth trauma, consent and complaints		
33	All pregnant people have the opportunity during pregnancy to develop a birth plan during pregnancy in consultation with health professionals. Birth plans should include consideration of unexpected birth events and potential interventions.	**Supported** The Tasmanian Government supports anyone who is pregnant and receiving care in Tasmania's public health system having the opportunity to discuss labour and childbirth with a maternal healthcare professional, including developing a birth plan. Those receiving antenatal care in the THS have planned appointments with maternal healthcare professionals leading up to childbirth. At these appointments, a midwife or doctor will discuss models of care with the individual, which are based on support from midwives, midwifery teams, GPs and obstetric doctors, as well as shared care which is a combination of some of these options. The midwife or doctor will make an assessment on the model of care that will best suit the individual and their baby, to keep them both safe. They will discuss this with the person involved and when a model of care is agreed, arrangements will be made to suit their situation. The Tasmanian Health Service also offers opportunities for people to learn more through birth and parenting classes, online and telehealth antenatal education and a tour of where they will give birth, which includes how to access the facility afterhours, where to park, what happens in hospital, and length of stay.

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		Anyone pregnant is encouraged to prepare a birth plan and to share this with their maternal healthcare professional(s) and support people prior to labour, and to bring it with them to hospital. Birth plans provide an opportunity for an individual to share their preferences and specific needs, and might include: • names of support people • how they will personalise the environment • positions for labour and birthing • chosen methods of pain relief, and • preferences if there are unexpected events and how things may be adapted. Further information on supports during antenatal care is included below in the response to Recommendation 35. These interactions and planning are critical to support people to prepare for labour and birth, to understand potential interventions, to make informed decisions should unplanned events arise, and to promote a positive birth experience overall. While birth plans are an important communication and planning tool, there may be situations where clinical or safety considerations mean that elements of a birth plan cannot be followed. In such circumstances, the safety and wellbeing of the pregnant person and baby must remain the most important consideration, with maternal healthcare professionals clearly communicating the reasons for recommended changes. DoH notes the Select Committee's finding that in the past some people receiving care in the Tasmanian Health Service have not had the opportunity to prepare a birth plan, and some birth plans have not been recognised or followed. DoH's actions under *Midwifery Matters 2025-2030* will strengthen and enhance antenatal services for patients and families, including improving access to information, strengthening continuity of care, and supporting shared decision-making in preparation for labour and childbirth.

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34	The Tasmanian Health Service provide a dedicated urogynaecology service in the State.	**Requires further consideration** Tasmanians can currently access the Continence and Women's Health Physiotherapy Service in the THS, which assesses and treats a range of pelvic floor conditions including incontinence, prolapse, bladder and bowel symptoms, and pain. Women's Health Physiotherapists also run antenatal education classes for women during pregnancy to support and prepare for birth and minimise potential pelvic floor issues and incontinence. DoH is actively working to strengthen workforce capacity through recruitment, training and retention initiatives and remains committed to achieving world-class health services for all Tasmanians. Improvements in the delivery of women's health services and the recruitment of additional women's health specialists will be considered through future service planning.
35	The Tasmanian Health Service develop and provide consent and informed consent education resources for use with patients during antenatal care.	**Supported** The Tasmanian Government recognises that informed consent is a fundamental component of safe, respectful, and person-centred maternity care and is a core expectation guiding the delivery of maternity services within the THS. Informed consent is an expected standard of practice for both midwives and medical practitioners as set by the relevant professional governance bodies including the Nursing and Midwifery Board of Australia and the Royal Australian and New Zealand College of Obstetrics and Gynaecology. Informed consent is embedded within DoH's maternity care management pathways and forms the basis of our maternity teams' values. It is achieved through discussions and shared decision-making with the patient, based on an understanding of their goals, concerns and treatment options. Patients receive a maternity information package that covers informed consent. Patients have the right to decline a recommended course of action, and their decisions are respected and supported through an established maternity care framework. DoH is committed to continuous improvement in its services and resources and will consider opportunities to further strengthen the resources currently provided to patients and their families during antenatal care.

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36	The Tasmanian Health Service adopt the internationally recognised definition of obstetric violence and educate staff and patients about birth trauma and obstetric violence.	**Supported** The Tasmanian Government thanks everyone who shared the experiences of birth trauma with the Select Committee and acknowledges the significant and long-lasting impacts this experience can have for individuals and their families. DoH will further consider existing legislation, policies and practices to strengthen and enhance services, and ensure that patients and their families receive high quality, trauma-informed and safe women-centred care – before, during and after childbirth. This should include the best approach for relaying updated information to all maternal healthcare professionals, and to patients and their families during antenatal care, to support a positive pregnancy and birth experience, as well as post-partum and longer-term recovery where trauma is prolonged.
37	The Tasmanian Health Service provide the Better Birth with Consent Workshop, or a similar program, to all maternal health professionals.	**Supported** The Tasmanian Government recognises the importance of providing ongoing education and professional development opportunities for healthcare professionals to support respectful, trauma-informed and women-centred care. Following the Independent Investigation of RHH Maternity Services, DoH fully implemented a range of important changes to improve service delivery during pregnancy and childbirth, and to families following the birth of a child. This included a focus on ensuring patients receive adequate information about induction of labour, the reasons why it is being recommended, and ensuring informed consent is obtained. Learnings and best practice have been shared and implemented across the State where required/possible. DoH will further consider this recommendation, noting that actions to build workforce capacity and capability are already progressing under *Midwifery Matters 2025-2030* (including informed consent education as part of the refreshed Woman at the Centre Culture Strategy, see Recommendation 55) and other DoH strategic workforce plans. This will include considering how to build on existing training and professional development opportunities for all maternal healthcare professionals and to ensure the inclusion of contemporary content that supports the delivery of high quality and safe women-centred care.

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38	A review of the Tasmanian Health Service complaints handling processes, with a view to providing a more trauma-informed process.	**Supported in-principle** Following the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings (2023), DoH established a Statewide Complaints Management Oversight Unit (SCMOU) to improve its complaints management process. SCMOU works within a trauma-informed, women-centred complaints management model, offering flexible ways to provide feedback (including for complaints, compliments and general feedback) and improved information about DoH's complaints process. SCMOU is directly responsible for managing serious complaints and incidents. DoH will further consider how existing complaints handling processes can be strengthened to ensure they are consistently trauma-informed, compassionate and responsive. This will occur alongside current and future work to deliver overall improved supports and health services for Tasmanians during pregnancy, childbirth and post-partum.
39	The Department of Health implement an open disclosure scheme similar to that operating under the Victorian Charter of Human Rights and Responsibilities Act 2006.	**Supported in-principle** The Tasmanian Government is committed to ensuring all Tasmanians have access to a world class, innovative and integrated health system delivering high-quality, trauma-informed and safe patient-centred care. A core component of this commitment is ensuring patient safety and wellbeing, and empowering vulnerable people, including children, young people and people with disabilities. Should things go wrong with the care provided and if any patients experience unintentional harm, DoH has an open disclosure policy and processes which commenced in March 2025. The policy is trauma-informed and patient-centred and has been informed by the Australian Charter of Healthcare Rights prepared by the Australian Commission on Safety and Quality in Health Care and associated framework and guidance. Under the current policy, it is a health service provider's core obligation to have open and honest conversations with a patient and their family, carer or other support person about the harmful event, with an opportunity provided to them to relate their experience. It includes a health service provider acknowledging the event and providing a sincere apology or expression of regret, as soon as possible after the harm is recognised.

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		DoH notes the Select Committee's recommendation that it implement an open disclosure scheme, similar to Victoria's which has had a legislative basis since 2007 in a charter of human rights and responsibilities. DoH will consider this recommendation in the context of its recently established open disclosure policy and processes, and Tasmania's legislative framework.
Perinatal mental health services		
40	The Government ensure the adequate funding and provision of perinatal mental health support services in Tasmania.	**Supported** The Tasmanian Government funds and delivers a range of services and programs to support mental health and wellbeing across the continuum of care throughout the perinatal period, including universal primary care services, targeted secondary care services and specialist intensive care services. Since its submission to the Inquiry in September 2024, DoH has progressed work to strengthen the capacity, equity of access, and integration of perinatal mental health services across Tasmania, focusing on expanding access to early intervention, intensive parenting support, and care across the continuum. Significant service expansion has occurred since the Inquiry commenced. For example, the Tresillian North Intensive Parenting Unit became operational in December 2025. This service expands residential parenting support in Northern Tasmania, providing care for families with children under three years experiencing challenges related to sleep, feeding, behaviour, and emerging perinatal mental health concerns. This service is complemented by the Tasmanian Government's partnership with Tresillian which has established a statewide parenting helpline (TASBUB), improving access to early advice, triage and support for families across Tasmania. Further expansion of intensive parenting supports is underway through the development of the CHaPS Intensive Residential Parenting Unit at St John's Park, a 24/7 facility expected to become operational later in 2026. This facility will deliver a more holistic, best-practice model of care, consistent with the Committee's recommendation for permanent, state-run inpatient mother and baby-style services and improved step-up/step-down options. In the interim, the Mother Baby Unit at the RHH continues to operate and provide intensive support to mothers and infants with complex psychosocial and mental health needs, acknowledging the Committee's finding that this

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		interim model does not represent best practice but remains a critical component of current capacity. Further information about these services is outlined in response to Recommendation 44. The Tasmanian Government's investments build on and complement existing services across the perinatal mental health care continuum. Parents can access mental health support through the Perinatal and Infant Mental Health Service (PIMHS) or through Access Mental Health, Tasmania's statewide support, triage and referral phone line. Community-based PIMHS also provide ongoing support statewide, while more acute needs may be managed through Statewide Mental Health Services inpatient or residential care. Noting the Committee's findings regarding workforce capability, DoH has also progressed a new partnership with Gidget Foundation Australia to support mental health professionals to undertake specialised perinatal mental health training, increasing the availability of skilled clinicians across the system. DoH continues to develop its next Tasmanian Mental Health Strategy, building on the achievements of *Rethink 2020* and responding to the changing needs of Tasmanians. Through the new Strategy, DoH will continue to strengthen a more person-centred, integrated mental health system. Noting funding of primary care and many early intervention services is an Australian Government responsibility, DoH also continues to work closely with the Commonwealth to progress sustainable, community-based solutions that enhance early intervention and improve mental health outcomes for Tasmanian families.
41	The Government establish an expert working group, including not-for-profit organisations and peak bodies, to investigate and recommend a holistic model for the provision of perinatal	**Supported in-principle** The Tasmanian Government recognises that a hospital environment may not be the most appropriate option for all families, and the evidence presented to the Committee highlights the need for stronger collaboration with not-for-profit organisations, peak bodies and services with lived experience expertise in service planning and design. The THS is currently leading work to establish a perinatal healthcare model that offers a range of stepped care options across community-based, public and private settings, extending beyond traditional hospital-centred care. This service model will emphasise collaboration and integration across government, non-government and private

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	mental health services.	sector providers. A collaborative approach will assist in identifying service gaps, strengthen pathways of care and inform the design of a more responsive and holistic perinatal mental health system.
42	The Tasmanian Health Service develop and implement clear perinatal mental health service navigation pathways.	**Supported** This recommendation aligns with existing and planned reforms being progressed by the Tasmanian Government to improve coordination, access and integration across Tasmania's mental health services. The Tasmanian Government is committed to delivering a coordinated and integrated mental health system that improves the mental health and wellbeing of all Tasmanians. Consistent with this commitment, a key action of the Tasmanian Mental Health Reform Program has been the review of the role and function of the statewide mental health helpline. Access Mental Health is a 24/7 mental health support, triage, and referral phone line operated by DoH. The service provides counselling, information about available mental health services in Tasmania, and assistance with referrals to appropriate services. It is available to all callers within Australia, including GPs and other health professionals seeking to make referrals on behalf of patients. In addition, DoH operates the Central Intake and Referral Service (CIRS), a joint initiative of the Tasmanian and Australian Governments. CIRS provides information, advice and service navigation support for mental health and alcohol and other drug services and acts as a centralised entry point across the public, private and community sectors. CIRS accepts referrals, including electronic referrals, from GPs and other providers and facilitates access to the most appropriate services. CIRS also delivers the Medicare Mental Health Phone Service for callers from Tasmanian postcodes. DoH has integrated Access Mental Health with CIRS to improve initial screening, triage and referral into eligible public mental health services where appropriate, supporting clearer pathways and reduced duplication for both consumers and referrers. As noted in the response to Recommendation 41, the THS is currently leading a project to develop a long-term strategy to strengthen access to parenting, perinatal and infant mental health services in Tasmania. This work is informed by a Steering Committee comprising key parenting, perinatal and infant mental health stakeholders and focuses on improving service integration, capacity and continuity of care.

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43	The Tasmanian Health Service introduce universal perinatal mental health screening of both birthing parents and non-birthing parents, and where needed, support networks and families in both the antenatal and postnatal period.	**Supported** The Tasmanian Government recognises the importance of parents and caregivers having access to screening in the antenatal and postnatal period to help them connect with the supports they need. DoH is progressing work to improve consistency and coverage of perinatal mental health screening by integrating a standardised screening tool across public antenatal and postnatal healthcare settings. As part of this work, CHaPS have updated its guideline for use of the Edinburgh Postnatal Depression Scale to include the offer of screening to non-birthing parents. CHaPS clinicians offer this screening to non-birthing parents who attend the eight-week Child Health Assessment. Where non-birthing parents raise mental health concerns at other appointments, clinicians engage in clinical discussion, offer screening as appropriate, and facilitate referral to relevant supports where required. CHaPS Child and Family Health Nurses (CFHNs) proactively discuss mental health and wellbeing with parents, provide parenting strategies and advice to support perinatal wellbeing, and identify early signs of distress. CHaPS also deliver secondary and targeted services through Parenting Centres across Tasmania, providing a stepped approach to care and additional support for families with mild to moderate or more complex needs. The Australian Government has provided Tasmania with $2.66 million in funding through the Bilateral Schedule on Mental Health and Suicide Prevention to support perinatal mental health screening, with a further $377,952 anticipated in 2026-27. This funding is complemented by an in-kind contribution from the Tasmanian Government and is being used to build on existing screening infrastructure, improve system capability and strengthen pathways to care.
44	The Government establish State-run permanent inpatient mother baby units in each region of Tasmania.	**Supported in-principle** The Tasmanian Government recognises the importance of accessible, high-quality perinatal mental health and parenting support services across Tasmania. As outlined in response to Recommendation 40, significant investment is underway to establish and strengthen State-run inpatient and residential mother and baby services.

Recommendation		Response
		As noted by the Committee, and acknowledged by DoH in its original submission, the interim Mother Baby Unit at the RHH, which was established following the closure of St Helens Private Hospital in mid-2023, remains a critical component of current capacity. A six-bed Intensive Residential Parenting Unit is being developed at St John's Park and is expected to become operational later in 2026, supported by $3 million in Australian Government funding and $4.4 million from the Tasmanian Government in the 2025-26 Budget. This will include relocation of the RHH Mother Baby Unit and establishment of a Transition to Home model at the RHH, which will enhance capacity and improve patient flow through the existing maternity unit and provide a more contemporary model of care. The Tasmanian Government is also addressing inequity in access to perinatal mental health services in regional and rural areas of Tasmania through the delivery of residential parenting units and expanded perinatal mental health services in the North and North West. In the North, the 2024-25 State Budget committed $9 million over four years to partner with Tresillian Family Care to establish a four-bed Intensive Parenting Unit in Launceston. The Tresillian North Intensive Parenting Unit opened in November 2025 and delivers residential, day, and mobile services across northern Tasmania. Perinatal mental health services are also being incorporated into major mental health precinct redevelopments at the LGH and NWRH. Together, these investments represent a coordinated and staged approach to strengthening inpatient and residential mother-baby services across Tasmania. Ongoing consideration of statewide accessibility, regional demand and system capacity will inform longer-term planning and future decisions regarding the provision of permanent inpatient mother-baby services in each region, recognising that different service configurations may be required to meet regional needs.
45	The Government evaluate the public awareness and effectiveness of the Tresillian TAS BUB Parent's Help Line.	**Supported** TASBUB commenced operations in July 2024. While call volumes were initially low, despite targeted media and promotional activity, demand increased following the transition of the CHaPS Birth, Pregnancy and Baby telephone service to TASBUB in December 2024. As of 31 March 2026, the service had received a total of 2,243 calls during the 2025-26 financial year, representing an average of approximately 249 calls per month. This indicates a steady increase in utilisation as awareness of the service has grown and service pathways have been clarified.

Recommendation		Response
		DoH will continue to consider the role, effectiveness and integration of TASBUB, as part of its broader service planning.
Child Health and Parenting Service (CHaPS) and paediatric health services		
46	As a matter of urgency, the Government recruit additional Child and Family Health Nurses (CFHNs), paediatricians and General Practitioners with Special Interests (GPwSIs) to meet the level of need.	**Requires further consideration** The Tasmanian Government welcomes the Select Committee's findings that CHaPS is highly valued and trusted by the Tasmanian community and healthcare practitioners. CHaPS continue to deliver its full range of services while facing the recruitment and retention challenges that are also being experienced across the broader health workforce both nationally and locally in Tasmania. The recruitment of additional CHaPS nurses, paediatricians and GPs with Special Interests (GPSI) will be further considered as part of ongoing service and workforce planning, noting this recommendation aligns with work already underway within DoH. For example, in February 2026, the Tasmanian Government announced 300 new Registered Nurses are joining Tasmania's health system as part of its Transition to Practice Program to support nurses early in their career, including within community health services like CHaPS. DoH is also delivering new scholarships to upskill and support nurses to gain a Master of Nurse Practitioner qualification, recently introduced by the Tasmanian Government, as a measure to further strengthen the health workforce. In February 2026, three Medicare Mental Health Kids Hubs were opened at East Tamar, Burnie and Jordan River, jointly funded with the Commonwealth, providing free mental health and wellbeing services with no referral required for children aged 0-12. The Tasmanian Government is further strengthening services for children and young people. This includes more than $6.6 million in new and increased funding to address paediatric wait lists for conditions like ADHD and autism, and boosting specialist services by recruiting additional paediatric cardiologists, geneticists, and other sub-specialists, in addition to expanding statewide paediatric rehabilitation.

Recommendation		Response
		The Tasmanian Government also looks forward to considering the findings and recommendations of Tasmania's Parliamentary Inquiry into the Assessment and Treatment of ADHD and Support Services when available, and to further improving access to assessment and treatment for people living with ADHD.
47	The Government fund and deliver as a priority, four-year-old health checks to all Tasmanian children.	**Supported** CHaPS offer the four-year-old health check, called the Healthy Kids Check, from centres across all regions of Tasmania. In addition, the Tasmanian Aboriginal Centre also provides four-year-old health checks statewide. This check is a valuable opportunity for families to review and discuss their child's growth and development with a nurse before they start school, and to support early intervention if any concerns are identified. The Healthy Kids Check, as with all CHaPS services, is voluntary and there can be many reasons why parents and carers may not attend, including not being aware, conflicting schedules as children get older, and sometimes access difficulties. CHaPS have a range of strategies in place to engage flexibly with families as their children grow, including providing virtual care/telehealth appointments. In 2024, CHaPS expanded the role of its Enrolled Nurse workforce, who now play a key role in completing, following up, and promoting Healthy Kids Checks. Also in late 2024, CHaPS began offering its CHaPS Connect Sessions as a community engagement initiative available statewide. CHaPS Connect provides families with children aged between two and four with advice and information around growing, learning and playing. This allows CHaPS to encourage families to make bookings for a health check before a child starts school. Additionally, as part of its funding to support the Thriving Kids program, the Australian Government will fund Medicare-subsidised GP health checks for three-year olds to assess their health and development and refer to appropriate supports as needed, including Thriving Kids services. Once available, this three-year health check will provide a further opportunity for families to review their child's development and access any additional supports.
48	The Tasmanian Health Service provide additional Child and Parenting Health Service	**Supported in-principle** DoH offers a number of New Parenting Groups to support parents, primary caregivers and families with babies between the ages of six weeks and six months. These groups are also open to those who are not first-time primary

Recommendation		Response
	(CHaPS) parenting groups for all parents or caregivers.	caregivers. CHaPS also run clinician-led parenting centres which offer day services and support on an individual or group basis for a range of parenting needs (refer to Recommendation 21 for further details). The Tasmanian Government's *It Takes a Tasmanian Village* Child and Youth Wellbeing Strategy recognises the importance of services and supports for new parents within the first 1,000 days from conception, and groups offering parental education and networking during this period have been shown to improve psychosocial wellbeing of families and enhance emotional and behavioural outcomes for children. An important community role of CHaPS is to guide parents in connecting to local support networks. New Parent Groups support this goal as part of an ongoing therapeutic relationship between caregivers and local CHaPS clinicians. New Parent Groups are facilitated by CHaPS Registered Nurses over the course of four weekly, 90-minute sessions. The preferred delivery model is face-to-face and is offered wherever possible, but sometime telehealth groups are an option if face-to-face sessions are not possible. Sometimes participants choose to continue to meet once the CHaPS facilitated sessions end. DoH is committed to families having access to the right care, in the right place, at the right time to support children to have a healthy start in life. As noted in response to Recommendation 46, DoH is implementing workforce measures to assist with service delivery capacity, including at CHaPS. The CHaPS workforce operates flexibly with staff able to provide support across regions when areas are experiencing higher staff vacancies, such as short-term staff relocations to maintain service delivery in rural or regional areas. Through its established service planning and design processes, CHaPS will ensure it can continue to deliver parenting groups that are accessible, family-centred and aligned with community need. These groups play an important role in supporting early childhood development and promoting positive outcomes for children and families across Tasmania.
49	The Government increase funding to the Early Childhood Inclusion Service (ECIS) to enable a	**Requires further consideration** The Tasmanian Government notes the important role the Early Childhood Inclusion Service (ECIS) plays in the development and delivery of best-practice educational inclusion support to children and their families in Tasmania.

Recommendation		Response
	return to the delivery of more community place-based services.	ECIS is delivered by the Department for Education, Children and Young People (DECYP). It is a statewide service delivered by teacher-qualified staff, who provide direct educational support to eligible children from birth to four years not yet in their Kindergarten year, with diagnosed disability and/or developmental delays, and their families. ECIS operates primarily in community based early learning settings such as Launching into Learning (LiL), Pre-Kinder programs, and Child and Family Learning Centres (CFLCs) to support a child's transition to Kindergarten. ECIS does not deliver therapeutic health support, but partners with other services, such as those provided by the National Disability Insurance Scheme (NDIS), parents and carers to provide a whole of community approach to support children to achieve individual learning and inclusion goals. During 2026, ECIS has used a multi-tiered system of support to identify and allocate resources to families to address the increase in demand for service delivery. Services include meeting families at local community locations as well as providing options for time limited small groups. A revised leadership model is also being trialled in North West Tasmania with the goal of improving the delivery of consistent and aligned support to children and families. As noted in response to Recommendation 21, the Tasmanian Government has entered into a bilateral agreement with the Australian Government to deliver Thriving Kids, a national program providing foundational supports for children aged 8 and under with developmental delay or autism who have low to moderate support needs, and their families. The Tasmanian Government will consider opportunities to respond to this recommendation as part of its implementation of Thriving Kids to connect children and families to the right supports. The role of ECIS is being considered as part of the broader ecosystem of early interventions and supports that will be developed under this program. Thriving Kids will be rolled out in stages from October 2026, with full implementation expected by 1 January 2028. The Tasmanian Government has undertaken community consultation for Thriving Kids between April and June 2026, to ensure it is designed with the people it aims to support. This consultation is critical to how the program will be delivered across Tasmania.

Recommendation		Response
50	The Government review referral processes for Autism Spectrum Disorder (ASD) assessment, including exploring the expansion of Tasmanian Autism Diagnostic Service (TADS) referral pathways to include General Practitioners, Child and Family Health Nurse (CFHNs) and psychologists.	**Supported in-principle** The Tasmanian Autism Diagnostic Service (TADS) is a free community service delivered by DECYP which provides comprehensive assessment and diagnosis for children and young people under 18 years of age who are suspected of having autism. Referrals to TADS are accepted from paediatricians, psychiatrists, and psychologists, with direct referrals from psychologists now possible (accompanied by a medical evaluation from a GP), to help address delays and reduce pressure for families and healthcare professionals. Improvements are also planned to online content about TADS, so that information about the referral and assessment process is clear, as well as content about other services that may assist families. As noted above in response to Recommendation 49, the Tasmanian Government will consider opportunities to respond to this recommendation as part of its implementation of Thriving Kids, a national program providing foundational supports for children aged 8 and under with developmental delay or autism who have low to moderate support needs, and their families. Demand for public paediatric services in Tasmania related to mental health and behavioural issues in young people is increasing, consistent with broader Australian trends. Noting some autism-related services are provided in public paediatric neurodevelopmental and behavioural clinics in the THS, this recommendation will also be further considered as part of DoH's existing work to bolster services for children and young people.
51	The Government expand the provision of allied health services in Child and Family Learning Centres (CFLCs).	**Requires further consideration** DECYP operates its network of CFLCs in partnership across government and non-government service providers to offer place-based services to improve the health, wellbeing and learning outcomes of children in their early years, from pregnancy to five years. Across the CFLC network, allied health services are provided based on community need, with services including physiotherapists, psychologists, social workers, and speech and language pathologists. DoH services may also be provided in some CFLC settings to support access to CHaPS, antenatal and paediatric services across Tasmania.

Recommendation		Response
		This recommendation is being further considered under the development and implementation in Tasmania of Thriving Kids. Consideration will include the role of CFLCs in the new ecosystem of early interventions and more broadly as a place-based service, and how CFLCs will partner with service providers, including allied health, going forward and deliver across individual sites, regionally and statewide.
Education and workforce		
52	The Government continue to provide workforce incentives to increase the midwife, nurse and General Practitioner workforce in Tasmania.	**Supported** In Tasmania, nationally, and internationally, there are known challenges in attracting and retaining the health workforce required to support health systems. The Tasmanian Government notes the Committee's findings that there is a sustained local, national and international shortage of midwives that is contributing to workforce pressures in Tasmania. As a priority, DoH is undertaking a range of coordinated actions to address these challenges, strengthen the health workforce, increase its capacity and ensure its sustainability over time for all Tasmanians. In terms of current initiatives, DoH has a package of incentives to support the recruitment of nurses and midwives in Tasmania, which includes: • Transition to Practice program for registered nurse graduates commencing in 2025 and 2026 as part of a three-year Expanded Support Program, which includes clinical support, professional development, and scholarship incentives. • $10,000 scholarships for graduates who start in the THS Transition to Practice program and remain employed for a period of at least three years (available for graduates who commence employment in 2025 and 2026). • Supporting employment pathways for nursing and midwifery graduates from the University of Tasmania, including a guarantee of employment for up to 350 graduates per year (for those commencing up to and including the 2026 intake). • Permanent recruitment of nurses and supporting change of employment status from fixed term to permanent for nurses and midwives who meet the relevant criteria.

Recommendation		Response
		• Internal career progression within the THS through promotion without advertising for current staff who have qualified as either enrolled or registered nurses. • Relocation allowances of up to $15,000 for nurses and midwives employed in the THS for at least three years. In partnership with Brand Tasmania, DoH has also pursued international and interstate recruitment as part of *Health Workforce 2040*, Tasmania's long-term strategy to shape a health workforce that meets the needs of Tasmanians now and into the future. These recruitment activities have resulted in 449 qualified registered nurses attracted and working in the THS through an international nursing campaign in May 2025. Scholarships recently opened to registered nurses to gain their Master of Nurse Practitioner qualification, which will support strengthening the nurse practitioner workforce in the THS. Scholarship recipients will provide a three-year return of service guarantee as a nurse practitioner in DoH. Looking to the future, an action in the *Midwifery Matters 2025-2030* over the medium-term is to establish statewide sustainable, diverse, and supported entry-to-practice pathways with targeted initiatives for regional and Aboriginal students. In addition to providing career development opportunities for those involved, it will also support DoH's commitment to deliver high-quality, trauma-informed and safe patient-centred care for Tasmanians engaging with the THS and their families. Workforce retention is also an important part of a sustainable workforce. Medium-term actions in the Midwifery Workforce Strategy to support and value our midwives throughout their careers include: • Establishing statewide Midwifery Career Support Programs (e.g. Transition to Practice Programs and Early Career Support Programs, Mid-career Leadership, Endorsement). • Introducing a statewide Midwifery Professional Mentorship program to strengthen professional supervision and support for midwives practising in Tasmanian services. Tasmania's recently released Nurse Practitioner Strategy 2025-2030 also includes a range of actions to grow the nurse practitioner workforce and recruit nurse practitioners with skill sets that address Tasmanians' healthcare needs.

Recommendation		Response
		Further information on workforce recruitment and the actions DoH is taking to strengthen the health workforce and increase its capacity is provided in response to Recommendations 34 and 46. While primary care policy and funding is an Australian Government responsibility, DoH continues to undertake activities to grow the GP workforce in Tasmania. This includes through the Rural General Practice Settlement Incentive, which provides incentive payments of up to $100,000 per participant over five years to attract up to 40 new GPs to rural and regional Tasmania.
53	The Government prioritise as a matter of urgency the ongoing development of graduate and undergraduate midwifery degrees with the University of Tasmania.	**Supported** The Tasmanian Government notes the Select Committee's findings that Tasmanians who undertake midwifery training interstate often remain interstate, which can contribute to ongoing workforce shortages in Tasmania through a lack of tertiary pathways to midwifery in the State. DoH has been actively working with universities to support access to midwifery degrees for Tasmanians. Currently, students on placement within Tasmania's public Maternity Services are enrolled with one of four interstate universities. These universities offer online learning and residential intensive schools (Tasmanian-based or interstate). Re-establishing the University of Tasmania (UTAS) Graduate Diploma of Midwifery provides a key opportunity to build a home-grown workforce and improve long-term stability. This course commenced in June 2026. Tasmania also has a small number of Direct Entry Bachelor of Midwifery students enrolled interstate, providing an option for Tasmanians without an undergraduate degree to pursue midwifery as a career. Additionally, *Midwifery Matters 2025-2030* outlines the following actions DoH will progress in the medium term: • Establish statewide sustainable, diverse, and supported entry-to-practice pathways with targeted initiatives for regional and Aboriginal students. • Partner with UTAS to establish postgraduate offerings that support career advancement for midwives. • Increase midwifery postgraduate education enrolment numbers through funding streams within the Tasmanian Nursing and Midwifery Scholarship Program.

Recommendation		Response
		• Implement a statewide digital learning platform to increase the reach of professional development opportunities to rural and regional midwives, including integrated mentorship and professional supervision. Together, these actions reflect a strong and coordinated approach to rebuilding Tasmania's midwifery workforce through locally accessible education pathways and targeted workforce development.
54	The Tasmanian Health Service implement the 'Count the Babies' policy.	**Requires further consideration** There are a range of midwifery workload management tools in use across Australia. Tasmania and New South Wales use the Birthrate Plus® methodology, while other jurisdictions including Queensland, Victoria, the Australian Capital Territory, South Australia and Western Australia have adopted or are in the process of moving to 'midwife to patient ratios' as the industrially agreed workload management policy. Under a ratio model, allocation of care to babies is explicitly described as opposed to a tool like Birthrate Plus®, where care to babies is incorporated in the assessment of the service's clinical needs. DoH and the unions have agreed to move to a nurse to patient ratio approach to managing workloads, and this is also being considered in the context of maternity services. Other states and territories that have implemented ratios in maternity services report that care to babies is better described in a ratio model and better understood by midwives and consumers. Regardless of the workload management methodology that is utilised, DoH's standard for its maternity services remains ensuring safe, high quality and evidence-based care for mothers and babies.
55	The Government work with providers of tertiary and continuing professional development education in Tasmania to ensure cultural awareness	**Supported in-principle** The Tasmanian Government recognises the importance of embedding culturally safe practices across the health workforce to improve equity, access and health outcomes for all Tasmanians, noting the Committee's findings related to access to maternal health care for Aboriginal and Torres Strait Islander and culturally and linguistically diverse Tasmanians, as well as the LGBTIQA+ community.

Recommendation		Response
	training is implemented into all degrees and programs for health professionals.	Providing culturally safe healthcare requires ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism. Recognising this, a short-term action in the *Midwifery Matters 2025-2030* is to implement a refreshed 'Woman at the Centre' Culture Strategy statewide, including mandatory Cultural Safety Training, Informed Consent education and Bereavement training. DoH currently has an Aboriginal Cultural Respect in Health Services course and a LGBTIQA+ Inclusive Healthcare course available as recommended learning for all staff in its online education system. Under *Tasmania's Plan for Closing the Gap 2025-2028*, DoH has committed to continuing to implement the *Improving Aboriginal Cultural Respect Across Tasmania's Health System Action Plan 2020–202*6 including responding to workforce issues, reviewing cultural respect training, collecting cultural safety data and improving data collection and use. DoH is continuing to develop culturally respectful environments and improve the visibility of Tasmanian Aboriginal culture across all health services. DoH worked with Tasmania's Aboriginal Community Controlled sector and key stakeholders to co-design and undertake an Aboriginal Health Roundtable in early July 2026 to identify priorities to improve health and wellbeing and progress the Closing the Gap priority reforms in the State. The *Health Revolution: 20-Year Preventive Health Strategy*, which was released in June 2026, also includes a focus on respecting culture and embracing diversity in health services delivery.
56	The Government create more FTE positions in women's and paediatric physiotherapy in the Tasmanian Health Service.	**Requires further consideration** DoH acknowledges the critical role women's and paediatric physiotherapists play in supporting women and children in the perinatal period and early years of life. DoH currently has 5.8 FTE in pelvic health physiotherapy and 8.6 FTE in paediatric physiotherapy. Tasmanians can currently access specific outpatient clinics for physiotherapy (continence and women's health) and physiotherapy (paediatrics) in the North, North West and South of Tasmania.

Recommendation		Response
		For continence and women's health physiotherapy, services support women in pregnancy and post-natal recovery, and for issues such as pelvic floor dysfunction and bladder or bowel issues. Women's Health Physiotherapists also run antenatal education classes for women during pregnancy to support and prepare women for birth and minimise potential pelvic floor issues and incontinence. A referral is required for these clinics from a GP, medical practitioner within the hospital, other medical practitioners, or other healthcare professionals. DoH will continue to assess the right staffing mix to strengthen services for Tasmanian women and children through ongoing workforce planning and broader service planning priorities.

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