

MEDIA RELEASE

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Maternity services need safe delivery in Queensland budget

AMA Queensland has called on the state government to restore collaborative maternity services with obstetric care as a priority in the health budget.

AMA Queensland President, Associate Professor Erica Gannon said the prioritisation of midwife-led models and funded home birth services have allowed alarming and false anti-medical narratives to flourish.

"Pregnancy and labour are major medical events, and women across Queensland should have access to hospital-based care that ensures their safety and that of their child," she said.

"Preferencing non-medical models perpetuates harmful misinformation that birth is low risk, and that obstetricians intervene unnecessarily.

"We need to trust science over social media."

AMA Queensland has called on the state government to expand the Office of the Chief Midwife to focus more broadly on collaborative models of maternity services.

This will ensure women have greater access to a range of safe birth models, especially multidisciplinary maternity teams that include both doctors and midwives.

Associate Professor Gannon said collaborative, team-based care allowed obstetricians, GP obstetricians, anaesthetists, paediatricians and midwives to work together.

"This model of care is safest for women and babies and is what attracts obstetricians to work in our public maternity units.

"The prospect of more centres - particularly in the regions - closing or downgrading their services because doctors don't feel safe working in them risks patient safety."

"Obstetricians and GP obstetricians report distrust and fear working in models that don't involve them in women's care until there is an emergency," Associate Professor Gannon said.

"We need these clinicians in our public hospitals to provide timely care throughout pregnancy and labour, not just when births go wrong.

"This is particularly important in the regions where the risk of adverse outcomes is greater.

"Expanded rural training pathways, flexible employment models, and rural workforce incentives are other measures needed to boost safe maternity care.

"Women should not have to travel hundreds of kilometres to give birth."

Associate Professor Gannon said other areas of women's health required serious investment to reduce adverse outcomes, including termination of pregnancy services, alcohol and other drug treatment services, and breast cancer screening and treatment.

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“Endometriosis and chronic pelvic pain are also critical and growing areas of need where women deserve access to a dedicated multidisciplinary, gynaecology-led model,” she said.

“The health care system must also reflect the disproportionate burdens carried by women experiencing chronic disease, disability and domestic and family violence.

Associate Professor Gannon said the women are also waiting too long for planned surgery due to waiting lists not only for treatment, but for initial specialist appointments.

“Outpatient delays include procedures such as endometriosis surgery, pelvic floor repair and hysterectomy, which can significantly affect quality of life and long-term health,” she said.

“Our Surgical Wait List Action Plan and Workforce Action Plan are profession-led blueprints that should be implemented to get more doctors into the system where they’re needed most and reduce waiting lists.

“Finally, an increase to the Patient Travel Subsidy Scheme would also reduce transport and accommodation costs for rural and regional Queensland women forced to travel for maternity care or other hospital treatment.”