

RIGHTS

Pregnant people have the right to balanced, accurate information about prenatal screening and any ensuing results before, during and after such procedures occur.



CHOICE

Promoting pregnant people's choice in their health care, following informed consent in all decision-making points (see Slide 3); supporting feminist theory and acknowledging that reproductive coercion may not only be from partners.

THE IMPORTANCE OF TIME AND SPACE

Pregnant people (or those planning a pregnancy) rely upon healthcare professionals for accurate and balanced information in order to make fully informed choices. This requires time and availability to process all information required.

COLLABORATION

Improved training and education for all healthcare professionals interacting with pregnant patients to ensure prenatal screening results are delivered in a patient-centred and neutral manner, respectful of patient choices. Ensure referral pathways to associated support services are in place and always offered.

INFORMATION

Ensure it's presented neutrally; and ensure you're not implicitly expressing bias through what you do, and don't, include.

ATTITUDE

Ensure you're not communicating bias through your attitude as well as the words you're sharing. (e.g. 'most people choose to terminate')

ROUTINIZATION

Sometimes referred to as 'screening creep', the autonomy of prospective parents is compromised where a decision to participate in screening is presumed as part of 'routine' pregnancy care (e.g. 'but everybody these days does the test')

BROADER CULTURAL CONTEXT

Negative attitudes about a 'life of suffering' in combination with messages around the benefits of genetic advances / screening technology can reinforce such attitudes. Medical model vs social model of disability. (e.g. 'you can have this test to make sure nothing is wrong with the baby')

KEY DECISIONS & REFERRAL POINTS



People considering pregnancy / already pregnant have the right to accurate, unbiased information and support as they make choices about screening, diagnostic tests & continuing or terminating a pregnancy. The flow chart to the right is a simplified outline of the choices available to pregnant people in relation to prenatal screening at **3 key points**:



Improved access to post-screening counselling (such as genetic counselling; or non-directive pregnancy counselling) will be another focus of this project. Currently in Queensland, pregnant people may only be able to access genetic counselling well into their second trimester, and usually only once referred to a Maternal Foetal Medicine team following a high-chance screening or diagnostic result.

