



# National Maternity Services Plan 2013 – 2014 Annual Report

## **National Maternity Services Plan: 2013-14 Annual Report**

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# ABBREVIATIONS

<b>AHMAC</b>	Australian Health Ministers' Advisory Council
<b>AIHW</b>	Australian Institute of Health and Welfare
<b>CCPHPC</b>	Community Care and Population Health Principal Committee
<b>DoH</b>	Australian Government Department of Health
<b>FGM</b>	Female Genital Mutilation
<b>HWA</b>	Health Workforce Australia
<b>IMPACT</b>	Integrated Multi-agencies for Parents and Children Together Programme
<b>MaCCS</b>	Maternity Care Classification System
<b>MBS</b>	Medicare Benefits Schedule
<b>MCP</b>	Maternity Connect Program
<b>MGP</b>	Midwifery Group Practice
<b>MIM</b>	Maternity Information Matrix
<b>MSIJC</b>	Maternity Services Inter Jurisdictional Committee
<b>MSOAP</b>	Medical Services Outreach Assistance Programme
<b>NAHSSS</b>	Nursing and Allied Health Scholarship and Support Scheme
<b>NHMRC</b>	National Health and Medical Research Council
<b>NMBA</b>	Nursing and Midwifery Board of Australia
<b>NMDDP</b>	National Maternity Data Development Project
<b>NNMEAN</b>	National Nursing and Midwifery Education Advisory Network
<b>NPDI</b>	National Perinatal Depression Initiative
<b>NPESU</b>	National Perinatal Epidemiology and Statistics Unit (University of NSW)
<b>PBS</b>	Pharmaceutical Benefits Schedule
<b>RHOF</b>	Rural Health Outreach Fund
<b>RMW</b>	Refugee and Migrant Women
<b>RWAV</b>	Rural Workforce Agency Victoria
<b>VMR</b>	Victorian Maternity Record
<b>WACHS</b>	WA Country Health Services

# EXECUTIVE SUMMARY

*The National Maternity Services Plan (the Plan)* sets out a five year vision for maternity care across Australia, commencing in 2011. The Plan recognises the importance of maternity services within the health system and provides a strategic national framework to guide ongoing policy and programme development.

Annual Reports against the Plan have been published for the 2010-11, 2011-12, and 2012-13 periods. During the period 2013-14, progress under the Plan has been very positive in light of the economic climate. The four key priorities of the Plan – access, service delivery, workforce and infrastructure have been addressed with a number of significant achievements. These include:

- The identification of eight remaining core maternity indicators to be developed and implemented;
- Services by participating midwives totalled 51,676 with \$3,872,443 in Medicare benefits paid;
- As at 1 July 2014, there were 91 midwives with prescriber numbers and in the period 1 July 2013 to 30 June 2014, there were 254 midwife prescriptions dispensed;
- The Medical Services Outreach Assistance Programme (MSOAP)-Maternity Services measure was consolidated with a number of rural health outreach programmes to form the Rural Health Outreach Fund (RHOF). Maternity and paediatric health is a priority under the RHOF;
- Completion of Module 2 of the National Evidence Based Antenatal Clinical Practice Guidelines;
- The National Perinatal Depression Initiative (NPDI) Project Agreement continued to fund activities for 2013-14; and
- A Project Agreement for continuation of the NPDI in 2014-15 was offered to states and territories.

As the Plan is progressed into the later Years 2014 -16, the Maternity Services Inter Jurisdictional Committee (MSIJC) will maintain responsibility for the development, implementation and monitoring of the action items as identified in the Plan.

All Australian governments and relevant agencies should be congratulated on the achievements to date. A continued collaborative working relationship between these key stakeholders will ensure the continued success for the implementation of the remaining key actions of the Plan.



Ms Tracy Martin  
Chair  
Maternity Services Inter-Jurisdictional Committee

## BACKGROUND

The Plan was endorsed by the Australian Health Ministers' Conference, comprising of members of state and territory governments and the Australian Government, in November 2010. The Plan recognises the importance of maternity services within the Australian health system and provides a national framework to guide policy and programme development over five years from 2010-2015.

The Plan's aim is to improve co-ordination and ensure better access to maternity services across Australia. The Plan identifies four key priority areas:

- Access;
- Service delivery;
- Workforce; and
- Infrastructure.

These priorities were identified through review and consultation, and reflect the high demand for maternity services that are responsive to the needs of all Australian women, their partners and their families. Actions are outlined under each of the four priority areas.

In addition, the Plan acknowledges that maternity care should be evidence-based and woman-centred. The Plan indicates that comprehensive maternity care requires service planning that is cognisant of and responsive to women's needs and preferences and their ability to access objective, evidence-based information that supports informed choices within a system that emphasises safety and quality.

The Plan recognises that some sectors of the population, including Aboriginal and Torres Strait Islander people and rural and remote communities, experience poorer maternal and perinatal outcomes. Within the four key priority areas, the Plan includes actions that specifically aim to reduce these inequalities.

In February 2011, the Australian Health Ministers' Advisory Council (AHMAC) endorsed the MSIJC to take responsibility for the development and monitoring of the implementation of the Plan, in consultation with government and non-government stakeholders. The MSIJC has prepared this 2013-14 Annual Report, which provides a summary of highlights, key achievements and progress against action items of the *National Maternity Services Plan: Implementation Plan for the Middle Years (2013-14)*.

Annual Reports against the Plan have also been published for the 2010-11, 2011-12 and 2012-13 periods. Copies of the Annual Reports can be accessed from the maternity publications page on the Australian Government Department of Health website at <http://www.health.gov.au/internet/main/publishing.nsf/Content/maternity-pubs>.

# ACHIEVEMENTS AND PROGRESS

The Plan's achievements are supported by the ongoing collaborative efforts of Commonwealth, state and territory governments and various stakeholders.

Over the 2013-14 period considerable progress has been made against the four key priorities of the Plan as detailed in this report.

## **PRIORITY 1 – ACCESS**

Actions under this priority include increasing access for Australian women and their family members to:

- maternity information that supports their needs for maternity care;
- local maternity care by expanding the range of models of care; and
- high quality maternity care in rural and remote Australia.

### **PRIORITY 1 – ACCESS – KEY ACHIEVEMENTS OF 2013-14**

- The national *Pregnancy, Birth and Baby* helpline has received 152,471 calls since it commenced operation. From 1 January 2013 – 30 June 2014, the *Pregnancy, Birth and Baby* website had 595,328 visits and 1,171,476 page views.
- The midwifery measure was introduced on 1 November 2010. Eligible midwives have provided 100,881 Medicare Benefits Schedule (MBS) rebateable services during the period 1 November 2010 and 31 December 2013.
- On 1 November 2010, the Pharmaceutical Benefits Schedule (PBS) listed certain medicines that can be prescribed by endorsed midwives. Between 1 July 2013 and 30 June 2014, there were 254 midwife prescriptions' dispensed through the PBS and as at 1 July 2014, there were 91 midwives with PBS prescriber numbers.
- The NT has amended its respective drugs and poisons legislation to allow eligible midwives access to prescribing rights.
- The NT is implementing strategies to develop consistent approaches to the implementation of clinical privileging and credentialing for private midwives to public hospitals.
- From 1 July 2013, the MSOAP-Maternity Services measure was consolidated with a number of rural health outreach programmes to form the RHOF.

## **PRIORITY 1 - PROGRESS REPORT**

### ***Pregnancy, Birth and Baby Helpline* (1800 882 436)**

The *Pregnancy, Birth and Baby* helpline (the helpline) is a national service providing information, support and counselling for women, partners and their families 24 hours a day, seven days a week.

Over the 2013-14 period, the helpline received 47,365 calls; the website had 439,331 visits and 848,612 page views.

### **Core Maternity Indicators**

The National Core Maternity Indicators report was published in 2013 by the Australian Institute of Health and Welfare (AIHW) and the University of NSW. The National Core Maternity Indicators provide a baseline for monitoring changes in practice and outcomes of maternity services across Australia using 10 nationally agreed clinical indicators.

The AIHW has been contracted by the Australian Government under the auspice of MSIJC to develop the remaining eight clinical indicators:

1. High risk women undergoing caesarean section who receive appropriate pharmacological thromboprophylaxis;
2. Inborn term babies transferred/admitted to a neonatal intensive care nursery or special care nursery for reasons other than congenital abnormality;
3. Third and fourth degree tears for (a) all first births and (b) all births;
4. Significant blood loss of > 1000 ml during first 24 hours after the birth of the baby (i.e. major primary Post-Partum Haemorrhage) for (a) vaginal births and (b) caesarean sections;
5. Women delivering vaginally who have had one baby by caesarean section previously and no other pregnancies of more than 20 weeks gestation;
6. Separation of baby from the mother after birth for additional care;
7. One-to-one care in labour; and
8. Caesarean sections without compelling medical indication <39 weeks (273 days).

A report on the set of eight indicators will also be published by AIHW.

### **Midwifery Models of Care**

The *Maternity Care Classification System* (MaCCS) was developed by the University of NSW National Perinatal Epidemiology and Statistics Unit (NPESU), in consultation with the Nomenclature for Models of Care Working Party, to allow items with similar characteristics to be grouped for comparison while still having sufficient precision to uniquely identify different models of care.

As the MaCCS is a theoretical model it requires further development prior to implementation. This includes, the development of the Model of Care Data Set Specification and the pilot testing of the MaCCS questionnaire which is scheduled to commence late 2014.

### **Access to Maternity Models of Care**

Increasing access to the range of maternity care models available to all Australian women, in particular those in rural and remote areas, is a priority under the Plan. Progress to facilitate the expansion of a range of models of care continues.

This includes the implementation of:

- continuity of care programmes and midwifery led models of care ranging from caseload/team models to continuity of antenatal and postnatal care; and
- maternity care programmes that utilise midwives to their full scope of practice.

States and territories continue to implement stages of the programmes for midwifery models of care.

## **PROGRESS SNAPSHOT**

### Australian Capital Territory

The Canberra Midwifery Programme continues to provide continuity of midwifery care to 25% of women who birth at Canberra Hospital.

Calvary Health Care Birth Centre is complete and commenced operations in March 2014. It is expected the birthing capacity will expand by approximately 240 births per annum.

### New South Wales

The Nursing and Midwifery Office is currently undertaking an evaluation of initiatives to increase access to midwifery-managed models of care (for normal risk women) and continuity of carer programmes to inform ongoing support. Early feedback has identified the value in supporting midwives to develop professional relationships that promote collaboration and in so doing support seamless transfer of care for women who move between maternity facilities.

### Northern Territory

The NT Midwifery Group Practice (MGP) models continue to operate successfully in Darwin and Alice Springs and have been established in Tennant Creek to service the Barkly region.

The Commonwealth has continued funding for elements of the MGPs in Alice Springs and Darwin for a further 12 months via the Indigenous Early Childhood Development National Partnership Agreement.

The Royal Darwin Hospital is piloting Group Pregnancy Care programmes.

The implementation of the New Services Framework provides opportunities to develop a more integrated maternity services system within Primary Health Care.

### Queensland

A Maternity Services Dashboard survey was conducted between July 2013 and December 2013. It identified ten facilities stating an intention to implement a midwifery-led model of maternity service. Of these ten facilities, four are investigating implementation within the next six months. The facilities indicating intent are in addition to the existing continuity of care / midwifery led care services currently in place in Qld.

### South Australia

Sustained Midwifery Group Practice Models (ranging from low to all risk) exist at the three major metropolitan maternity hospitals. Caseload models of care have continued at four sites in rural SA.

### Victoria

Midwife-led maternity models continue to operate successfully at the Royal Women's Hospital and Barwon Health. A number of midwife-led birthing models of care have also

been established at health services in metropolitan, regional and rural Victoria, to enhance continuity of care and ensure the sustainability of birthing services.

#### Western Australia

An audit of midwifery-led models of care took place in May 2014. The results of the audit have been presented to the Director General and State Health Executive Forum

The Women and Newborn Health Network Continuity of Midwifery Carer Reference Group continues to support services interested in implementing the midwifery-led models of care.

WA Health Access Agreement for eligible midwives were finalised and all maternity sites are reviewing how to implement this locally.

#### Tasmania

The MGP model was extended to include additional midwife positions to meet growth in demand. In April 2014, a second MGP commenced at the Launceston General Hospital. The model currently provides care to low risk women who met the criteria for MGP.

'Know Your Midwife' and 'Team Midwifery' models continue at other maternity services across the state.

### **Collaborative Arrangements**

Since the introduction of MBS and PBS arrangements, midwives have reported ongoing difficulties establishing collaborative arrangements with individual practitioners.

Midwives reported an issue with the lack of credentialing, admitting and access rights for eligible midwives in public hospitals. Considerable work has been undertaken at a jurisdictional level to develop consistent approaches to clinical privileging for eligible midwives in public hospitals.

Over the 2013-14 period, 49,979 Medicare rebateable services were undertaken by participating midwives with \$3,675,864 paid in Medicare benefits.

On 1 September 2013, legislation was amended to provide additional avenues for participating midwives to demonstrate collaboration with doctors. Agreements can now be made between eligible midwives and hospitals and with individual medical practitioners such as obstetricians and GPs with obstetric qualifications. States and territories are responsible for ensuring that these changes are reflected in their own credentialing arrangements and admitting rights for eligible midwives in public hospitals.

### **PROGRESS SNAPSHOT**

#### Australian Capital Territory

Legislation has been completed in the ACT to enable clinical privileging of private eligible midwives.

A Deed of Collaborative Practice and Licence Agreement has been drafted and is undergoing final consultation with key stakeholders and negotiations to commence the credentialing process.

### New South Wales

A draft policy *Clinical Privileging for Privately Practicing Midwives* has been developed. The policy reflects changes to the Determination which came into effect on 1 September 2013. The changes identify that a collaborative arrangement can be between a privately practicing midwife and a health service.

### Queensland

The most recent (Jul 2013-Dec 2013) maternity service report identifies that 19 eligible private practice midwives in Qld had access/collaborative arrangements with four public birthing facilities.

One hospital and health service has implemented access arrangements for private practice midwives in relation to ante-natal and post-natal care and two are in the final stages of having collaborative frameworks in place.

In addition, 12 other facilities will be implementing private practice midwifery access/collaborative arrangements. It is anticipated that five will implement such arrangements commencing in the 2014-15 year.

In 2013, the Queensland Department of Health concluded the second data collection exercise to populate the Maternity Services Dashboard. The Dashboard identifies the range of maternity service choices available to women, the percentage of women accessing the various models of care available and the short to long term service development intentions (including the introduction of midwifery models) of each facility that provides maternity services.

As part of the government's plan to reintroduce rural maternity services, one rural facility is expected to provide maternity (including birthing) services in 2014.

### Victoria

An implementation framework for Victorian public health services was published in 2013. The framework applies where women are planning to give birth in a public hospital as a private patient of an eligible midwife.

The framework outlines the policy and regulatory environment relating to collaborative arrangements with eligible midwives.

### Western Australia

An Operational Directive was issued in February 2014. Western Australian Health has agreed to support credentialing of eligible midwives and nurse practitioners into public health facilities.

### South Australia

The Clinical Privileging Admitting and Practice Rights for Eligible Midwives within SA Health Maternity Services Policy Directive has been developed and final legal advice is in progress.

### Northern Territory

Legislative amendments to the Health Practitioner Bill were tabled and endorsed by the NT Parliament enabling privately practicing midwives to practice in the NT.

The development of an implementation framework including an Access Agreement for clinical privileges is underway.

### **Prescribing Course for Scheduled Medicines**

Prescribing courses for scheduled medicines continued to be offered by Flinders University, Griffith University and the University of Canberra.

The Commonwealth continues to offer nursing and midwifery scholarships (under graduate, post graduate, continuous professional development), particularly midwifery prescribing course scholarships under the Nursing and Allied Health Scholarship and Support Scheme (NAHSSS).

The NAHSSS provides a maximum of \$10,000 per year for under graduate studies, \$15,000 for post graduate scholarships and up to \$7,500 for each of the midwifery prescribing course scholarships.

The NAHSSS awarded 92 scholarships to midwives in 2012 (two declined and four withdrew), and 85 scholarships in 2013 (one declined and 12 withdrew); to undertake Nursing and Midwifery Board of Australia (NMBA) approved prescribing courses.

All jurisdictions have amended their respective drugs and poisons legislation to enable eligible midwives to prescribe, administer and supply scheduled medicines. The NT amendments to the Health Practitioners Bill were endorsed in the NT Parliament in February 2014 to enable privately practicing midwives to practice in the NT.

A total of 91 midwives have been issued with a PBS prescriber number as at 30 June 2014.

### **Access to Public Antenatal Care Services**

The *National Survey of Access to Public Antenatal Care Services 2012* is currently undergoing endorsement through the AHMAC process. Further information on this project is included in the 2011-12 Annual Report.

## **PROGRESS SNAPSHOT**

### Australian Capital Territory

Calvary Health Care has expanded to five antenatal outreach clinics in the North of Canberra. One of the clinics is conducted at the University of Canberra incorporating the Centering Pregnancy model of antenatal care.

### Northern Territory

Antenatal Care continues to be delivered across a range of both urban and remote sites. Options to increase access for outreach clinics in urban settings are being explored.

A mapping exercise has been undertaken to ensure all remote health centres have access to a midwife to provide antenatal and postnatal care.

### New South Wales

A number of public hospitals provide antenatal, birthing and postnatal care, with additional facilities providing antenatal and/or postnatal care only.

#### Queensland

The delivery of antenatal services in community settings is well established and likely to increase over the medium term due to the increasing numbers of services planning to offer midwifery models of care.

Currently 68% of women in Qld receive antenatal care via GP shared care or midwifery led models.

#### South Australia

SA has sustained a collaborative partnership project between the Department of Early Childhood Development and South Australia Health midwifery led antenatal care.

Additional sites for community based antenatal care have been established at two more metropolitan sites.

#### Victoria

There are 50 Victorian public hospitals supporting women by providing antenatal, birthing and postnatal care. A number of other hospitals also provide antenatal and postnatal care only.

Victoria continues to support programmes targeting vulnerable and at risk women and their families during the antenatal period including the Healthy Mothers Healthy Babies programme, the Koori Maternity Service programme and the Cradle to Kinder programme. Programmes may include outreach services to increase access for vulnerable women and women with access limitations.

#### Western Australia

WA Country Health Services (WACHS) are currently undertaking a project to review enhanced access to antenatal care within two rural regions.

All Aboriginal Maternity Group Practices in north and south metropolitan areas have received additional funding to continue service provision.

#### Tasmania

There are four Tasmanian public hospitals providing maternity services (one being a small rural hospital with low birthing numbers). Each major hospital provides antenatal and postnatal care in the community and increasingly uses funding opportunities for outreach programmes for rural communities within their geographical parameters. Some of these outreach models have extended into the areas of lactation and allied health services.

### **Publicly Funded Homebirth**

The Plan identified a continuing demand for publicly funded homebirth services to be made available within a safe and high quality health system. States and territories are

investigating the provision of publicly funded homebirth services, with a number of jurisdictions expanding these services.

## **PROGRESS SNAPSHOT**

### New South Wales

NSW Health is supporting Local Health Districts to implement publicly funded homebirth sites wherever possible.

### Northern Territory

Publicly funded homebirth services continue to operate successfully in Alice Springs and Darwin. A new practice framework has been endorsed to enhance clinical governance and address clinical risk issues.

### Queensland

Consideration of publicly funded homebirth is ongoing. The Qld Department of Health has finalised a discussion paper for the Minister for Health's consideration regarding publicly funded homebirths in Qld.

### South Australia

The SA Government's policy on planned homebirth, originally endorsed in 2007, was reviewed and endorsed in December 2013.

### Victoria

Publicly funded home birthing continues to be provided at two metropolitan hospitals in Victoria.

An independent evaluation of the homebirth pilot commissioned by Victoria was positive and supported the continuation of the programmes offered at the pilot sites and supported expansion to other health services.

Victoria is currently working with Monash Health, Western Health and the Royal Women's Hospital to develop guidance material for public health services on the implementation of a homebirth model of care.

### Western Australia

A publicly funded midwifery led model of care, known as the MGP in Broome is progressing toward offering homebirth.

AHMAC requested the Health Workforce Principal Committee to lead a project to explore Professional Indemnity Insurance for Privately Practicing Midwives undertaking homebirths. WA has been given the lead in this project and a project officer has been appointed until December 2014.

## **Community Based Care**

A primary objective of the Plan is to provide women who live in rural and remote Australia with access to maternity care provided close to home, supported by a safety and quality framework as well as a network of referral, consultation and outreach services.

A nationwide survey of remote location service providers to ascertain the characteristics of successful community based care was conducted by MSIJC. Following the survey a report was prepared, *Successful Characteristics of Community Based Maternity Services in Remote and Very Remote Australia* (the Report) to inform future planning for delivering maternity services in remote and rural communities.

The MSIJC are currently seeking further clarification on the Report before it can be approved and forwarded for endorsement through the Community Care and Population Health Principal Committee (CCPHPC) and AHMAC process.

### **Medical Specialist Outreach Assistance Programmes - Maternity Services**

From 1 July 2013, the MSOAP-Maternity Services measure was consolidated with a number of rural health outreach programmes to form the RHOF. The RHOF aims to improve access to medical specialists, GPs, allied and other health professionals for people living in regional, rural and remote Australia.

There are four health priorities under the RHOF: maternity and paediatric health, eye health, mental health and support for chronic disease management. Services addressing need outside these priorities may also be supported.

In 2013-14, more than 570 services relating to maternity and paediatric health were provided in 300 locations nationally. These included visits by 72 different types of health professionals including Aboriginal health workers, clinical nurse specialists, diabetes educators, midwives, obstetrics and gynaecology specialists, lactation consultants, dieticians, Sudden Infant Death Syndrome educators and ultrasound technicians.

### **PROGRESS SNAPSHOT**

The MSIJC are currently reviewing the *Successful Characteristics of Community Based Maternity Services in Remote and Very Remote Australia* report

#### Victoria

Victoria is implementing the outcomes of the project on community-based maternity services in remote and very remote Australia.

#### Northern Territory

The NT Midwifery Services have been mapped to ensure all remote communities in the NT have access to a midwife for antenatal and postnatal care.

#### South Australia

SA Country Health is working in collaboration with the Rural Flying Doctor Service to access pregnant women in remote communities and ensure quality antenatal care.

#### Tasmania

Tasmania's outreach programmes are well established in the West Coast and Circular Head Communities.

## **PRIORITY 2 – SERVICE DELIVERY**

Service delivery actions under the Plan aim to ensure:

- maternity services are high-quality and evidence based;
- further development and expansion of culturally competent maternity care for Aboriginal and Torres Strait Islander people; and
- maternity services are appropriate for women who may be vulnerable due to medical, socioeconomic and other risk factors.

### **PRIORITY 2 – SERVICE DELIVERY - KEY ACHIEVEMENTS OF 2013-14**

- On 12 June 2014, the National Health and Medical Research Council (NHMRC) approved the Second and Third Trimester Antenatal Care Guidelines (Module 2) and they are anticipated to be endorsed by AHMAC late 2014.
- The National Evidence-Based Antenatal Care Guidelines are a resource for all health professionals involved in providing maternity care, and compliment their local guidelines and to provide consistency of antenatal care across Australia.

## **PRIORITY 2 – PROGRESS REPORT**

### **Antenatal Care Guidelines**

To ensure the safety and quality of maternity services, a key action under the Plan involves the development of national evidence-based antenatal care guidelines.

The *Clinical Practice Guidelines Antenatal Care – Module 1* were endorsed by AHMAC in December 2012. The Guidelines are intended as a resource for all health professionals, in many different settings, who are working with women in the early antenatal period.

The *National Evidence-Based Antenatal Care Guidelines - Module 2* were approved by NHMRC on 12 June 2014. Module 2 of the antenatal care guidelines, covering the second and third trimester is anticipated to be endorsed by AHMAC late in 2014.

### **Maternal Mortality and Morbidity Report**

The Plan indicates the need to develop national databases to support the implementation of performance benchmarks, ensure that data definitions enable appropriate and valid data collection, ensure definitions are consistent across jurisdictions and services and provide national data on primary maternity care.

The development of the *Maternal Deaths in Australia 2006-2010* report is one component of the Australian Government funded National Maternity Data Development Project (NMDDP) being undertaken by the University of NSW NPESU in affiliation with the AIHW.

The *Maternal Deaths in Australia 2006-2010* report is anticipated to be published by AIHW in late 2014.

## **Culturally Competent Maternity Care**

The Plan identifies that particular attention be given to improving birth outcomes for Aboriginal and Torres Strait Islander people, and the development and expansion of culturally competent maternity care. This includes undertaking research on international evidence-based examples of birthing on country programmes.

Research has been undertaken and a framework has been developed by MSIJC titled *Characteristics of Cultural Competent Maternity Care for Aboriginal and Torres Strait Islander women*. The purpose of the framework is to assist health services to maximise their effectiveness in providing maternity services to Aboriginal and Torres Strait Islander women and their families that are culturally sensitive and meet their needs, while ensuring safety and quality are maintained. The document was endorsed by the Health Policy Priorities Principal Committee in April 2012 and will be made available on the AHMAC and Department of Health (DoH) websites in the 2014-15 year.

## **PROGRESS SNAPSHOT**

### New South Wales

NSW has identified a critical stocktake of culturally competent maternity care as a new project. Work on the project is expected to commence in the 2014-15 year.

### South Australia

The Aboriginal Family Birthing Programme continues at five sites in rural SA including three metropolitan sites.

Cultural statements to support the SA Perinatal Practice Guidelines are in progress.

### Victoria

The Koori Maternity Service programme operates at 14 sites across Victoria, including 11 Aboriginal Community Controlled Health Organisations and three metropolitan health services.

A culturally sensitive and appropriate care pathway for Aboriginal and Torres Strait Islander women throughout their pregnancy journey has been developed and implemented at Barwon Health.

The Aboriginal Neonatal Identification project is working to improve accurate identification of Aboriginal babies in Victorian hospitals. Project resources developed at four sites will be disseminated more broadly across Victorian maternity services.

### Western Australia

Ongoing funding has been secured for Aboriginal Maternity Group Practices in north and south metropolitan areas to continue service provision.

WA Health in conjunction with the Telethon Kids Institute is undertaking research in relation to the provision of culturally competent maternity care. The *Young Women's Voices regarding Maternity Care and Supporting Pregnant Aboriginal Women* report was recently completed and made available. In addition, *Families during the Patient Journey through Services* report is being finalised.

## **National Perinatal Depression Initiative**

The NPDI increases perinatal mental health screening for all women accessing maternity services. Jurisdictions through the NPDI continue to provide training, mentoring and supervision of staff undertaking perinatal mental health screening.

The Commonwealth has provided funding to the states and territories for activities under the NPDI Project Agreement in the 2013-14 year.

### **PROGRESS SNAPSHOT**

#### Australian Capital Territory

Routine screening practice of perinatal depression is continuing throughout the ACT.

An Implementation Plan for 2013-16 has been developed to guide key objectives of the NPDI.

#### New South Wales

Formal referral pathways for women experiencing depression and mental illness have been established with perinatal mental health services.

Options for evidence-based maternity care for women receiving mental health care have been developed.

#### Queensland

Perinatal mental health screening is offered to all women accessing maternity services. Qld Health is participating in the National Perinatal Mental Health Data Development project run by the AIHW and the University of NSW NPESU. This project will assist in gathering information about antenatal mental health screening.

#### South Australia

The South Australian Health Perinatal Practice Guidelines are currently under review through the South Australian Maternity and Neonatal Clinical Network.

The SA Government continues to support Mental Health Clinical Practice with the use of referral pathways for women experiencing mental health concerns or depression during pregnancy.

#### Victoria

The delivery of a six-phase implementation strategy for perinatal mental health training for midwives caring for women in the antenatal period is complete. The preliminary outcomes of an evaluation of routine psychosocial screening indicate a 5% increase in screening rates since 2011.

The Metropolitan Perinatal Emotional Health Program at Sunshine Hospital is a Victorian trial under the National Perinatal Depression Initiative. The programme is committed to early detection, support and treatment for pregnant women experiencing feelings such as sadness and anxiety during pregnancy and early parenthood. The program team works closely with the midwives, obstetricians and paediatricians within maternity services at Sunshine Hospital.

### Western Australia

Health professionals and community service workers continue to be trained in the use of the Edinburgh Postnatal Depression Scale and psychosocial assessment tools.

WACHS has maintained training in perinatal mental health for all midwives.

### Tasmania

Antenatal screening and post natal follow up is provided routinely. Midwives undertake perinatal mental health training to assist in screening and referral processes.

## **Maternity Care models for at risk women.**

Under the Plan, Australian Governments are required to progress investigation of evidence-based maternity care models for at risk women including women experiencing domestic violence, older women, and women using cigarettes, alcohol and illicit substances.

From early-mid 2014, the Commonwealth ran a phase of the National Tobacco Campaign – More Targeted Approach including the *Quit for you, Quit for two* anti-smoking campaign component which targets - pregnant women, women who are planning on becoming pregnant and their partners. The campaign provides information about the health harms associated with smoking during pregnancy and the support available to women on their journey to quit smoking.

Jurisdictions are continuing to expand the range of programmes providing evidence-based maternity care for at-risk pregnant women.

## **PROGRESS SNAPSHOT**

All jurisdictions have a number of maternity programmes for at risk women.

### Australian Capital Territory

The Integrated Multi-agencies for Parents and Children Together Programme (IMPACT) continues to provide care for families including pregnant woman with children under the age of two who have opioid dependency or mental health issues. This programme is well established and is currently being evaluated.

During the antenatal and postnatal periods, identified at-risk women are offered referral to Pregnancy and Parenting Support at Calvary Health Care.

### New South Wales

A number of programmes are being rolled out to support at risk women affected by drug and alcohol issues, tobacco, domestic violence, and female genital mutilation. A Domestic Violence Victim Survey and Domestic Violence Workforce Survey have been undertaken to inform the review of the NSW Health Domestic Violence Policy and Procedures.

### Northern Territory

Midwifery models of care are currently being developed for women with complex pregnancies.

The Royal Darwin Hospital is liaising with the Department of Immigration to improve the provision of maternity care to women in Immigration Detention Centres; however, there has been a decline in the numbers of women referred from Immigration Detention Centres.

#### South Australia

South Australian Health is currently collating a report identifying areas for improvement for perinatal women deemed to be at risk and an interim report is due late 2014. Standards for the Management of the Obese Obstetric Woman, supporting safe clinical practice, have been developed.

SA Health has revised the Perinatal Practice Guideline supporting care of women affected by female genital mutilation (FGM)/cutting including current contemporary practice recommendations.

In addition, a woman in prison Model of Care is under development.

#### Victoria

The Victorian Department of Health and Human Services has funded Family Planning Victoria to develop a resource which aims to support health and community service providers who work with women and girls affected by female genital mutilation/cutting. It enables providers to raise this issue with women and girls, including the potential impact of these practices on their health and wellbeing.

Achievements under the Victorian Action Plan addressing Violence against Women include expansion of the Family Violence Common Risk Assessment and Risk Management Framework into mental health service and alcohol and other drug services.

The Victorian government has also provided financial support for the establishment of the Foundation to Prevent Violence Against Women and their Children.

#### Western Australia

The Refugee and Migrant Women (RMW) Model of Care working group was established in 2012 to lead, support and facilitate the identification and implementation of maternity continuity of care/r models for RMW in all health services across WA Health. In order to support and understand the specific needs for RMW accessing maternal care and the services providing this care, workshops were held at three hospitals providing maternity services.

The workshops aimed to determine the optimal care pathways for RMW from preconception to post natal care. Participants identified and mapped service models needed to deliver access to continuity of care model for migrant and refugee women. The workshop also considered workforce, training, professional education and resource requirements.

The Perinatal Palliative Care Model of Care has been finalised and is awaiting approval from the Director General.

### Tasmania

Maternity services are continuing to develop maternity models of care to meet the needs of at risk women. Models for prisoner and refugee midwifery led care programmes are included in future planning.

The Royal Hobart Hospital is currently reviewing its models of care for high risk women to ensure that all women are supported by midwifery in addition to the care provided by other clinicians.

## **PRIORITY 3 – WORKFORCE**

The successful implementation of the Plan is dependent on the availability of:

- an appropriately trained and qualified maternity workforce;
- a well-developed and supported Aboriginal and Torres Strait Islander maternity workforce;
- a well-developed and supported rural and remote maternity workforce; and
- inter-disciplinary collaboration with maternity care workers.

### **PRIORITY 3 – WORKFORCE - KEY ACHIEVEMENTS OF 2013-14**

- A National Medical Training Advisory Network was established by Health Workforce Australia (HWA) in 2013.
- HWA has commenced work on establishing a National Nursing and Midwifery Education Advisory Network (NNMEAN).
- The NMBA has commenced the review of the Eligible Midwife Registration Standard and the Endorsement for Scheduled Medicines for Midwives.

### **PRIORITY 3 – PROGRESS REPORT**

A number of actions in this section of the Plan fall under the auspices of Health Workforce Australia (HWA). However, with HWA expected to disband in the near future, responsibility for these actions will move to the Commonwealth Department of Health.

The progress of these actions is reported below.

#### **Midwifery Workforce**

HWA commenced initial scoping work on establishing a National Nursing and Midwifery Education Advisory Network. In addition, HWA has drafted the Rural Medical Generalist National Framework which is currently undergoing stakeholder consultation. HWA have also initiated the Rural and Remote Generalist Project.

#### **Eligible Midwives**

HWA continue to work with Australian Health Practitioner Regulation Agency and NMBA to develop an agreed approach to monitoring the number of eligible midwives registering through the National Registration and Accreditation Scheme. The NMBA applies the professional registration standards requirements for eligible midwives.

As at March 2014, there were 233 eligible midwives with 85 of these having an endorsement for scheduled medicines.

The NMBA has commenced the review of the Eligible Midwife Registration Standard and the endorsement for Scheduled Medicines for Midwives. It is proposed to merge the two standards into one registration standard 'Eligible midwife endorsement for scheduled medicines'. Preliminary consultation has been completed and public consultation is expected in early September 2014.

## Education and Training for the Rural and Remote Workforce

Under the Plan, Australian governments are required to explore options for the flexible delivery of education and training for the rural and remote maternity workforce. A National Medical Training Advisory Network was established by HWA in 2013.

### PROGRESS SNAPSHOT

#### New South Wales

The NSW Nursing and Midwifery Office is providing support for rural and remote midwives to undertake a short rotation to a larger maternity facility. This initiative supports the maintenance of skills across the midwifery continuum and assists in the implementation of midwifery models of care. Maternity facilities will be provided with resources to backfill positions during the rotation, whilst the midwives will be supported with travel and accommodation.

NSW Health Nursing and Midwifery Office have provided scholarships since 2011 for postgraduate midwifery students in small rural maternity units with a total of 30 awarded to date. This initiative is currently in the process of being evaluated by the SAX Institute.

In addition, the NSW Health Nursing and Midwifery Office have launched a scholarship to support rural undergraduate midwives and nurses to be linked to a health service/hospital close to where they live during their training.

#### Northern Territory

The NT Department of Health continues to provide support for education programmes as well as cadetships for Indigenous people wishing to study for qualifications in a Health Practitioner field such as medicine, midwifery etc.

#### Queensland

“neoResus”, a neonatal resuscitation education programme, has been implemented across Qld to further enhance flexible delivery of education options for the rural and remote maternity workforce.

#### South Australia

Rural scholarships continue to be offered in SA. The Aboriginal cadetship programme is available at the Lyell McEwin Hospital for Indigenous people studying nursing or midwifery.

The rural and remote maternity workforce has been included in the SA Health Perinatal Emergency Education Project.

#### Victoria

The Victorian government continues to support capacity building of rural maternity services through significant investment in the education of the rural workforce including supporting postgraduate training for midwives, rural GPs and obstetricians, and activities to improve the retention of existing rural midwives.

The Maternity Connect Program (MCP) has been developed to help rural health services continue to deliver quality maternity services in their local communities. Through the MCP, 71 midwives and nurses have completed placements since program inception in 2012-13. MCP leadership training for 21 maternity managers across Victoria commenced in June 2014. The MCP is designed to enhance the retention and development of the rural and regional maternity management workforce.

#### Western Australia

A number of e-learning packages (basic neonatal resuscitation, baby friendly health initiative, water birth, safe sleeping) for maternity care providers continue to be available.

A neonatal resuscitation programme continues to provide outreach education to secondary metropolitan sites and maternity units in rural areas. Rural Health West continues to provide funding for Obstetric Workshops in six rural locations each year. The programme includes theoretical updates and obstetric emergency drills.

#### Tasmania

The Tasmanian Clinical Education Network (the Integrated Regional Training Network for Tasmania) is inclusive of all health professionals within Tasmania who are involved in the delivery of clinical education and training for health professionals, as well as higher education providers wishing to place health student trainees within Tasmania.

Additional resources and providers are used to meet the identified needs of the workforce. In rural and remote areas, this is delivered via videoconferencing and in some cases professional development is delivered locally through partnership arrangements with a larger facility.

### **Locum Support for the Rural and Remote Workforce**

The Plan requires the Australia Government to continue to provide locum support for the rural and remote maternity workforce.

The Australian Government funded Rural Obstetrician and Anaesthetist Locum Scheme continues to provide locum support for specialist and GP obstetricians, and anaesthetists in rural and remote locations. The aim is to provide up to 120 obstetric placements each financial year.

### **PROGRESS SNAPSHOT**

#### South Australia

A number of rural health services across SA have utilised locum support services to support the operation of their maternity services.

#### Western Australia

The WACHS utilise locum support services to maintain rural maternity services as required.

#### Northern Territory

NT Health utilises locum support services for regional and remote services.

### Victoria

The Rural Workforce Agency Victoria (RWAV) administers the GP locum scheme on behalf of the Victorian Department of Health and Human Services. RWAV is also funded to provide a management and brokerage service to support rural locum supply and demand.

Locum support services have been utilised by rural health services across Vic to support the operation of their maternity services.

### Tasmania

Tasmanian rural health maternity services are supported by locum services as required.

## **Aboriginal and Torres Strait Islander Workforce**

The Plan has a specific focus on strengthening and supporting the Aboriginal and Torres Strait Islander workforce.

The Australian Government continues to provide new scholarships under the Puggy Hunter Memorial Scholarship Scheme to assist in increasing the number of Aboriginal and Torres Strait Islander people with professional health qualifications. Puggy Hunter scholarships are for entry level (undergraduate and diploma) nursing and midwifery courses.

Jurisdictions are also supporting the increase in the number and capacity of Aboriginal and Torres Strait Islander people in the maternity workforce across all disciplines and qualifications.

## **PROGRESS SNAPSHOT**

### Australian Capital Territory

Calvary Health Care employs two midwives who identify as Aboriginal.

### New South Wales

Aboriginal and Torres Strait Islander scholarships and cadetships are offered through the NSW Aboriginal Nursing & Midwifery Strategy. There are currently four midwifery cadets who are expected to complete their studies in 2015.

In addition to this, two post graduate midwifery scholarships and one undergraduate Bachelor of Midwifery scholarship were awarded in 2014.

Four Aboriginal student midwives, who commenced their studies in 2014, have been identified by the NSW Aboriginal Nursing & Midwifery Strategy in conjunction with the Nursing & Midwifery Office. This is the largest number of Aboriginal applicants to apply to Mid-Start since it was established in 2010. Support is provided to ensure that the students are successful in their studies.

### Northern Territory

The NT Department of Health continues to provide support to education programmes as well as cadetships for Indigenous people wishing to study for qualifications in a health practitioner field such as medicine or midwifery.

Maternity services have been funded under the National Partnerships Agreement which expires in June 2014.

### Queensland

A range of workforce development activities have been implemented across the state to support the level and type of care provided to Aboriginal and Torres Strait Islander young people, including supporting the workforce to undertake further study. This includes tertiary education, vocational training and a range of in-service workshops conducted by Cunningham Centre nurse educators.

### Victoria

In 2013-14, the Department of Health and Human Services *Koolin Balit* Aboriginal Health Workforce has allocated a total of 14 nursing training grants.

For 2014, the cadetship programme was extended to include allied health professionals and is being offered at a limited number of regional/rural health services. 18 Aboriginal cadets have been employed at four Victorian health services (three of which provide maternity care).

### South Australia

The Aboriginal Health Workforce is a priority area with the Key Performance Indicators for each of the Local Health Networks. Aboriginal Maternal Infant Care-workers have been employed in metropolitan and some rural hospitals. An additional Aboriginal Liaison Worker was appointed at the Women's and Children's Health Network in late 2013.

### Western Australia

Three Aboriginal Health Workers commenced employment at a tertiary maternity service provider funded from an NHMRC study.

### Tasmania

Tasmania supports scholarships for students undertaking qualifications in health through the Ida West Scholarship Programme. One scholarship was awarded in 2013 and a further two scholarships were awarded in 2014.

## **National Guidance for Collaborative Maternity Care**

The *National Guidance on Collaborative Maternity Care* (the Guidance) was developed by NHMRC to provide a resource to support collaborative maternity care in Australia. The Guidance is being used by various jurisdictions in the development of maternity care policy and has been distributed widely among maternity services.

## PROGRESS SNAPSHOT

### Australian Capital Territory

A draft checklist and summary booklet to support the use of the National Clinical Practice Guidelines: Antenatal Care is currently being developed. These documents will encourage antenatal care providers to refer to the National Guidance for Collaborative Maternity Care.

In addition, the ACT Maternity Services Advisory Network supports collaborative maternity care in maternity care policy development.

### New South Wales

NSW Kids and Families have published the following two clinical guidelines and consumer brochures: *Maternity - Supporting Women in their Next Birth After Caesarean Section (NBAC)* and *Maternity - Management of Pregnancy Beyond 41 Weeks*.

### South Australia

Multidisciplinary Perinatal Practice Guidelines continue to be updated and used by health professionals.

### Northern Territory

Principles of collaborative care as outlined in Clinical Practice Guidelines Module are incorporated in service development.

### Queensland

The National Guidance for Collaborative Maternity Care National Guidance is used by health professionals.

## **PRIORITY 4 – INFRASTRUCTURE**

The Plan supports:

- maternity care provided within a safety and quality system; and
- planning, designing and implementing woman-centred maternity services.

### **PRIORITY 4 – INFRASTRUCTURE - KEY ACHIEVEMENTS OF 2013-14**

- Stage 2 of the NMDDP commenced in July 2013.
- The *Maternity Information Matrix* (MIM), a web-based resource providing
- access to current metadata for collection with a maternity focus, was updated and publicly released on 30 May 2014.

## **PRIORITY 4 – PROGRESS REPORT**

### **National Women Held Pregnancy Record**

Maternity care is often provided across a number of settings and by different health professionals. The *National Woman Held Pregnancy Record* template will assist and encourage maternity health professionals to effectively and consistently share information about the care a woman receives throughout her pregnancy, while supporting a woman's involvement in her maternity care. The Record is yet to be taken up in some jurisdictions who continue to use existing systems and is anticipated to be published onto the DoH's website in 2014.

## **PROGRESS SNAPSHOT**

### Australian Capital Territory

A working group has been established to review the woman held pregnancy record currently used in the ACT to ensure consistency with the *National Woman Held Pregnancy Record*.

### New South Wales

NSW Kids and Families has developed and endorsed the NSW Kids and Families e-Health Strategy. NSW Kids and Families is undertaking work to develop a comprehensive woman-held pregnancy care record that aligns with the content of the *National Woman Held Pregnancy Record*.

### Victoria

The Victorian Maternity Record (VMR) is a Victorian initiative designed to provide pregnant women with a uniform printed maternity record of their pregnancy care and progress. The VMR is a woman-held record, which is made available for use by all maternity service providers including General Practitioners.

### Northern Territory

The NT Government is incorporating the *National Woman Held Pregnancy Record* into its electronic shared record for use in NT.

### South Australia

SA has completed a second revision of the SA Pregnancy Record which was made available in January 2014.

South Australian perinatal clinicians routinely seek to use the SA Pregnancy Record. The SA Pregnancy Record has a high uptake of use within both the private and public sector.

The SA Pregnancy Record has been mapped against the national tool and no changes to the SA Pregnancy Record are required.

### Western Australia

In WA the *National Woman Held Pregnancy Record* has been rolled out to all public maternity services and negotiations are underway for its adoption within the private sector.

### Tasmania

Implementation of the *National Woman Held Pregnancy Record* is progressing.

## **The National Maternity Services Capability Framework**

The MSIJC has developed the *National Maternity Services Capability Framework* (the Capability Framework) which provides a rigorous methodology to support maternity service planning and risk management improvement in maternity care. The Capability Framework will also assist women and their maternity care professionals to make informed decisions about the most appropriate place for the woman to give birth based on the complexity of the pregnancy.

The Capability Framework was developed in consultation with all jurisdictions, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, the Australian College of Midwives and health planners.

MSIJC and NHMRC are co-funding a project, through the University Centre for Rural Health North Coast, to develop an *Australian Regional Birthing Index* (ARBI) to assist in future planning for maternity care. The ARBI is a validated, evidence-based index, founded on the principles of the *Canadian Rural Birth Index* and birth rates, social vulnerability, isolation factors and service capability.

The index tool was piloted for validation purposes in the following jurisdictions:

- Kununurra, WA, December 2013;
- Macksville, NSW, February 2014;
- Gove, NT, February 2014;
- Katanning, WA, February 2014; and
- Tennant Creek, NT, April 2014.

The tool is anticipated to be piloted in Bourke, Forbes, Parkes, NSW and Cairns, Weipa, Cooktown, Qld in August 2014.

An Expert Advisory Committee is scheduled to meet in October 2014. The themes and ideas generated at this meeting will contribute to the construction and dissemination of the research findings.

### **Data Improvement**

Stage 2 of the NMDDP commenced in July 2013. This project builds on the considerable progress made under Stage 1 to expand evidence base on maternal and perinatal morbidity and mortality to support the reporting and review of maternity outcomes.

The objective of this project is to develop a nationally consistent and comprehensive maternal and perinatal mortality and morbidity data collection in Australia.

In 2013-14, the NMDDP achieved the following:

- twelve NMDDP priority data items (Batch 1 Clinical Items) have been endorsed as national standards by the National Health Information and Performance Principal Committee in early 2014;
- the MIM, a web-based resource providing access to current metadata for collection with a maternity focus, was updated and publicly released on 30 May 2014. The MIM documents data items in Australian national and jurisdictional data collections relevant to maternal and perinatal health;
- the MIM has transitioned from the NPESU website at the University of New South Wales to the AIHW website;
- the publication, *Foundations for enhanced maternity data collection and reporting in Australia – National Maternity Data Development Project Stage 1* was released on 21 May 2014;
- a national report of maternal deaths from 2006 to 2010 including the results of the first national data linkage study of early and later maternal deaths has been produced and is scheduled for release in August 2014; and
- the National Perinatal Mortality Data and *Stillbirths in Australia 1991-2009* Report projects are both on track and are due to be released in September 2014.

## **SUMMARY**

During 2013-14, governments have been working independently and with stakeholders to implement the Plan at a jurisdictional and national level. Whilst much work remains to be done, considerable progress has made under each of the four key priority areas. The work completed in 2013-14 has contributed to improvements in both the co-ordination of and access to maternity services in Australia. Much of the work undertaken has also built upon the existing evidence base and will help ensure that woman-centred maternity care is provided within a safe and quality system. As the Plan progresses into its final years, this work will continue to inform and improve the planning and delivery of maternity services in Australia.