

National Maternity Services Plan: 2010 -2011 Annual Report

Introduction

The National Maternity Services Plan (the Plan) was endorsed by the Australian Health Ministers' Conference (AHMC) on 12 November 2010. The Plan provides a national framework to guide policy and program development over five years, with the aim of improving, coordinating and ensuring greater access to maternity services in Australia.

The priorities of the Plan, identified through review and consultation, reflect the high demand for maternity services that are responsive to the needs of all Australian women, their partners and their families. The Plan identified four key priority areas: access; service delivery; workforce; and infrastructure. In addition, the Plan recognises that maternity care should be evidence-based and woman-centred, requiring service planning and provision to be designed and implemented to provide care that is responsive to women's needs and preferences, enabling them to access objective, evidence-based information that supports informed choices within a safe and high quality system.

Importantly, the Plan recognises the existing health gap between Aboriginal and Torres Strait Islander Australians and non-Aboriginal and Torres Strait Islander Australians and the important role maternity care can have in addressing this. As a result, several actions in the Plan across all four key priority areas are aimed at addressing this health gap.

The Australian Health Ministers' Advisory Council's (AHMAC's) Health Policy Priorities Principal Committee (HPPPC) and Maternity Services Inter-Jurisdictional Committee (MSIJC) have facilitated collaboration, sharing of information, expertise and promotion of national consistency across key issues in the Plan. Implementation is being progressed by governments both independently and nationally under AHMAC, which in turn has the responsibility of implementation, reporting and evaluation of the Plan.

This first annual report provides a summary of highlights, key achievements and discussion on progress since endorsement of the Plan.

Year one key activities and achievements

An overarching achievement of year one of the Plan has been the collaborative effort between all Australian governments to progress actions, whether at a local state and territory level, at a Commonwealth level, or collectively, through activities for which the MSIJC has responsibility. The sharing of information and successes will continue to build this collaborative working relationship.

ACCESS

Access is the first priority of the Plan and actions include access to both information and support and to a range of models of care for all Australian women, with a particular focus on women who live in rural and remote areas.

Access to information

The *Pregnancy, Birth and Baby Helpline* (the Helpline), which commenced services on 1 July 2010, has received more than 20,000 calls in its first year of operation. The Helpline provides information and support about pregnancy, birth and the postnatal period for women and their families.

Preliminary work on a set of core maternity indicators has been undertaken. This project will provide information about maternity service outcomes and performance indicators to support women to make informed choices about their care.

Access to a range of models of care

A significant amount of work has been undertaken to facilitate the expansion of a range of models of care for all Australian women, in particular those in rural and remote areas. Continuity of care programs and midwifery led models of care are increasing across Australia with models ranging from caseload/team models to continuity of antenatal and postnatal care. The characteristics of maternity care programs that utilise midwives to their full scope of practice are currently being explored.

One of the key strategies in the NSW Health policy – Towards normal birth - is to facilitate access to midwifery continuity of carer programs in collaboration with GPs and Obstetricians for all women with appropriate consultation, referral and transfer guidelines in place.

The ACT aims to increase its access to continuity of carer models to up to 38% of all births.

Tasmania has established its first Group Midwifery Practice with a second planned to commence later in 2011.

The NT has successfully expanded continuity of care models in both the Centre and Top End with the development of Midwifery Group Practices for women of all risk, including for women who live in remote areas. These have been accompanied by the development and implementation of Remote Area Midwife positions. Further expansion of these models is currently taking place.

Queensland Health's Rural Maternity Initiative aims to develop or enhance continuity models of maternity care within rural health services to increase the range of maternity care options for women in rural Queensland and deliver services closer to the communities in which they live.

Victoria has evaluated two caseload models of midwifery care, with results due to be published in 2011.

WA has established an advisory group to facilitate the implementation of continuity of care models.

The introduction of Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) items, supported by professional indemnity insurance, for eligible midwives was made possible by the *Health Insurance Regulations 1975* and *National Health (Collaborative arrangements for midwives) Determination 2010* and associated legislation which was enacted on 16 March 2010, with access to rebates available from 1 November 2010.

Amendments to jurisdictions' respective drugs and poisons legislation are progressing to allow eligible midwives access to prescribing rights.

To support these new arrangements, considerable work has been undertaken at a jurisdictional level to develop consistent approaches to clinical privileging for eligible midwives with active sharing of progress in individual jurisdictions occurring through the MSIJC.

SA has engaged a project officer to lead work on developing a generic framework for privately practicing midwives to secure clinical privileging and admitting rights as part of a collaborative arrangement to provide intrapartum care in publicly funded health units.

The ACT has established a working group to progress clinical privileging.

Queensland Health is currently exploring pathways and seeking legal advice to facilitate collaboration with private practice midwives, such as rights to private practice similar to those available to Visiting Medical Officers and General Practitioners through a pilot project. An evaluation of the pilot will be conducted in late 2011.

WA has been working with the Office of Safety and Quality to review the existing medical officer credentialing policy to include eligible midwives. A request has been sent to the credentialing committees to include midwives on the committee to facilitate the process. WA is currently developing strategies to support eligible midwives into health services until the policy is changed.

Victoria has engaged a project officer and established a statewide reference group to develop a state-wide approach to clinical privileging of eligible midwives in Victorian public maternity services.

Tasmania is conducting a review of the current credentialing framework for health professionals with a view to extension to include eligible midwives.

In NSW, a state-wide credentialing project is underway as is the development of a policy to facilitate clinical privileging for privately practicing midwives in NSW public maternity services.

In the NT, midwives working in an Aboriginal Community Controlled Organisation have been given clinical privileging to follow women through to birthing at the Alice Springs Hospital, thus facilitating a continuity of care model.

Homebirth

There has been an increase in the number of publicly funded homebirth programs, with SA, WA, Victoria, the NT and NSW all either continuing existing programs or opening new services, including some in regional areas.

In WA, the Women's' and Newborns' Health Network is developing a Homebirth Policy and Guidance for Health Professionals, Health Services and Consumers. Queensland is exploring options for the provision of publicly funded homebirth. SA has a statewide Planned Homebirth Policy supporting safe practice for health professionals.

Rural and remote

For women who live in rural and remote Australia, access to maternity care provided close to home and supported by a safety and quality framework, a network of referral and consultation and outreach services is a primary objective of the Plan. Work undertaken in Year one has laid the ground work for a move to more equitable access to safe, local maternity care.

The focus of the Commonwealth funded Medical Specialist Outreach Assistance Program Maternity Services expansion is to deliver services to rural and remote locations to meet an identified need for antenatal and maternal services, complementing services already provided by state and NT governments or other providers/ funders. Service delivery will commence in the second half of 2011.

The MSIJC will work with the Rural Health Standing Committee to support the implementation of the National Strategic Framework for Rural and Remote Health. A project is being undertaken by the MSIJC to audit the availability of access to public antenatal care in a range of local community settings including in rural and remote areas across Australia, the outcomes of which will be addressed in future years.

SERVICE DELIVERY

Service delivery actions ensure that Australian maternity care is underpinned by a high-quality evidence base; and appropriate evidence-based care for women and families who have poorer maternity outcomes. The Plan acknowledges the investments and activities already underway to address both the maintenance of a national safety and quality maternity care system and development of initiatives for women who have specific needs.

Supporting a high-quality evidence base

The National Evidence-Based Antenatal Care Guidelines for the first trimester will be submitted to the National Health and Medical Research Council (NHMRC) for approval in October following a public consultation process. In the second half of 2011, MSIJC will provide a report to the HPPPC for their consideration on the National Maternal Mortality and Morbidity reporting project.

Services to meet specific needs

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 is therefore a critical action to achieve this. The MSIJC is undertaking a project to identify the characteristics of culturally competent maternity care and have engaged a consultant to progress this work. In addition, the MSIJC will complete research on international evidence-based examples of birthing on country programs.

The inclusion of cultural competence in all training, education and ongoing professional development for the maternity workforce will be progressed through the Australian Health Practitioner Regulation Agency (APHRA).

SA has implemented a culturally competent maternity care program for the metropolitan public funded maternity service whereby Aboriginal Health Workers have undertaken specific maternity care education to support the care of aboriginal women during their perinatal experience.

The National Perinatal Depression Initiative provides a range of measures to screen for and support women who experience perinatal depression as well as providing training and education for the maternity workforce. All jurisdictions are undertaking a variety of activities under this initiative. Further activities are being undertaken across jurisdictions to support women who experience mental health issues.

Victoria has employed 16 mental health workers (or equivalent) in rural and regional Victoria to provide early assessment, support and referral to pregnant women at risk of experiencing perinatal mental health problems.

SA has implemented the National Perinatal Depression Initiative with metropolitan and country public funded maternity units offering the mental health assessment to all pregnant women.

In the NT, the use of locally and culturally appropriate tools and translation of the Edinburgh Postnatal Depression Scale into two Languages is taking place in two pilot areas.

Jurisdictions have a range of programs providing evidence-based maternity care for at-risk women.

In the ACT, the IMPACT program supports families where the woman is pregnant or has children under the age of two years and is experiencing opioid dependency or mental health issues.

Tasmania has implemented a CU@home program for young pregnant women aged between 15-19 yrs.

WA has established a continuity of antenatal care model for women with serious mental illness. This partnership model ensures the woman maintains contact with her case worker, psychological medicine provider, midwives and obstetricians. The Women's and Newborns Drug and Alcohol Service is providing outreach services to incarcerated women.

In Queensland, universal screening for depression, psychosocial factors (including domestic violence), alcohol, other drugs and tobacco is undertaken, with alcohol, tobacco and other drugs screening and brief intervention education online training in development.

NSW has established a substance use in pregnancy advisory group, with the group overseeing the development and implementation of the recommendations of the review of substance use in pregnancy services.

In Victoria, the Maternity Outreach Support Service at Sunshine Hospital targets women with a high risk pregnancy and complex physical, psychiatric and intellectual care requirements. It also provides a continuity of midwifery care model to incarcerated pregnant women.

WORKFORCE

The inclusion of workforce as a key priority for the Plan underlines the importance that a well-distributed and highly skilled professional maternity workforce has in delivering on the Plans' actions. The actions under this priority area of the Plan all aim to facilitate development of a modern, responsive and flexible maternity care workforce supported to meet the growing demands for care.

A number of actions in this section of the Plan fall under the auspices of Health Workforce Australia (HWA). HWA is currently developing a National Training Plan (NTP) to assist in achieving the goal of self-sufficiency in the supply of nurses, midwives and doctors by 2025. A working group, led by maternity services clinicians, is being convened to support the second phase of the NTP to analyse the education and training pipeline for maternity services professionals and consider factors such as workforce mix and opportunities for reform. HWA has also commenced work with the Australian Health Practitioners Regulation Agency and the Nursing and Midwifery Board of Australia to develop an agreed approach to monitoring the number of eligible midwives registering through the National Registration and Accreditation Scheme.

Scholarships for midwives to undertake a prescribing course to meet the requirement for endorsement as an eligible midwife will be made available once a course has been accredited through the Australian Nursing and Midwifery Council in late 2011.

Aboriginal and Torres Strait Islander Workforce

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

Nationally, HWA's Aboriginal and Torres Strait Islander Health Workforce (ATSIHW) Program is due to provide a report on the role and contribution of the ATSIHW and provide a national picture of the current location, roles, skills and qualifications of this workforce in late 2011. HWA will use these findings to investigate opportunities to increase the participation of Aboriginal and Torres Strait Islander people in the health workforce, including those working in maternity services.

Under the Indigenous Early Childhood National Partnership Agreement, Queensland has employed Nurse Educators to develop and implement a state-wide training program for Indigenous Health Workers and other health care professionals working with Aboriginal and Torres Strait Islander families, infants, children and young people (including pregnant women).

WA Health in partnership with Aboriginal Health Council of WA is developing an Aboriginal Maternal and Infant Care worker program, which will have a pathway to Bachelor of Midwifery programs. WA Health also provides specific indigenous scholarships for undergraduate and postgraduate nurses and midwives.

NSW, through the NSW Rural Doctors Network, offers up to four Cadetships valued at \$30,000 to Indigenous medical students interested in undertaking a medical career in rural NSW, while Aboriginal Post Graduate Scholarships offer up to \$15,000 for any Aboriginal Registered Nurses/Midwives undertaking Post Graduate studies.

The Victorian Aboriginal Nursing and Midwifery Cadetship pilot project will support up to six Aboriginal students to complete their final year of studying Bachelor of Nursing or for one year of study towards a postgraduate qualification in midwifery.

Nationally, seven Puggy Hunter Memorial Scholarship Scheme recipients are due to complete their studies in 2011, with another recipient due to complete their studies in 2012 and a further two due to finish in 2014.

In the NT four Aboriginal and Torres Strait Islander women are halfway through their three year Bachelor of Midwifery degree, with a further cohort planned for 2012. Both the National Partnership Agreement for Indigenous Early Childhood and New Directions for Mothers and Babies (OATSIH) have provided funding support.

Rural and Remote Workforce

The Commonwealth funded Specialist Obstetrician Locum Scheme has had its program funding extended for one year, to 2011-12. Australian Government Scholarships for GP obstetricians and anaesthetists have been well subscribed, with an increase in funding provided due to increased demand.

To provide education and support to Australia's rural and remote maternity workforce, jurisdictions have developed a range of programs that are appropriate for their own specific needs and situations.

NSW has five Clinical Midwifery Consultants (CMCs) who have an allocated responsibility for a number of districts including rural districts. They undertake regular visits to maternity facilities within the district to provide support in implementing key policies.

Tasmania is making extensive use of videoconferencing to engage the rural and remote workforce, along with the use of e-learning packages.

The Council of Remote Area Nurses in Australia, Maternity Emergency Course is available to clinicians working in rural and remote areas across the NT, providing education and skills for those required to provide maternity care

In Victoria, the Pregnancy Care and Maternity Emergency Education Program provides evidence based multidisciplinary education to develop the confidence and competence of maternity clinicians working in rural and regional areas to meet the specific needs of pregnant women.

Queensland runs its Maternity Crisis Resource Management training program at regional and affiliate centres.

WA has recently released three e-learning packages and has two under development for release at the end of the year. Monthly rural education sessions are conducted via video-conference from the tertiary centre.

INFRASTRUCTURE

The previous three priority areas are all further supported by actions in the Plan to improve infrastructure. This priority area will in turn be influenced by, and be responsive to, broader national health reforms.

Data Improvements

The development of nationally consistent maternal and perinatal data collections is also underway, with the Commonwealth (the Department of Health and Ageing and the Australian Institute of Health and Welfare) undertaking the first phase of this work over the next three years. It is anticipated that a Maternity Information Matrix (the Matrix) will be available online in January 2012. The Matrix provides information on the data collected in each jurisdiction, allowing current gaps in data collections and reporting to be easily identified.

Woman-Centred Care

The MSIJC has worked on a project to develop a national, woman held pregnancy record. This project has sought to ensure compatibility with the developing National Patient Controlled Electronic Health Record system. It is anticipated that the hand held record will be print ready by April 2012.

Existing supports for women who are required to travel to access appropriate care have been evaluated in many jurisdictions, with some jurisdictions investigating new or expanded support.

Support for Planning

The MSIJC has undertaken work on the development of a National Maternity Services Capability Framework. This included consultation with all jurisdictions, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, the Australian College of Midwives and health planners. Work is also underway through the MSIJC on investigations into tools to support future planning for maternity care in rural and remote communities. Research into planning tools was also included as one of the four topics in the Commonwealth's maternity services research program, administered through the NHMRC, with successful grants to be announced in late 2011.

Barriers to implementation and mitigation

The introduction of MBS and PBS benefits for services provided by eligible midwives to provide greater access to maternity care provided by midwives working in collaboration with doctors has had a gradual take-up, as potentially eligible midwives seek to establish the collaborative arrangements required. The Commonwealth is monitoring collaborative arrangements under a framework agreed by the Minister for Health and Ageing which includes stakeholder consultation, collection of data on the management of enquiries, stakeholder surveys and analysis of MBS data.

A survey of stakeholder experiences of collaborative arrangements is expected to be conducted by Healthcare Management Advisors (HMA) on behalf of the Department of Health and Ageing by late 2011 and again 12 months later. HMA will be contacting midwives and obstetricians to participate in the surveys. The evaluation of the Queensland Health pilot site for midwife credentialing will also provide information on the establishment of collaborative arrangements.

Next steps

An annual report will be provided by the MSIJC, through HPPPC and AHMAC, to Health Ministers for each year of the plan, outlining progress and achievements and highlighting any substantial risks or barriers to implementation. Additional reports on specific projects will be provided as requested.

An implementation plan for the first year was included as a part of the Plan, with Australian governments agreeing to work together to provide a detailed implementation plan for later years. The MSIJC are currently working to develop an Implementation Plan for years two and three, which will be provided to Health Ministers for consideration at their first meeting in 2012. The Implementation Plan for years two and three will be guided by the achievements and progress of the first year's actions and will continue to reflect the importance of maternity care provision and its place within the broader health reform environment.