



National Maternity Services Plan

2011 – 2012 Annual Report

National Maternity Services Plan: 2011-12 Annual Report

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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 program development.

During the period 2011-12, progress under the Plan has been very positive. 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 *Pregnancy, Birth and Baby Helpline* has received more than 60,000 calls to May 2012, which represents a two fold increase on its first year rate;
- The first ten Core Maternity Indicators were developed and endorsed by the Australian Health Ministers Advisory Council in December 2011;
- Rebateable services for Medicare Benefits Schedule items for eligible midwives was introduced, with 18,770 services recorded for midwives, up until 30 June 2012;
- The *Core Competencies and Education Framework for Primary Maternity Services in Australia* was finalised;
- The Maternity Services Inter-jurisdictional Committee developed the inaugural *Australian Women Held Pregnancy Record* template;
- The Medical Specialist Outreach Assistance Program Maternity Services initiative was introduced with visits from 23 different types of health professionals including: Aboriginal Midwifery Managers; Neonatologists; Obstetricians; Psychologists; Occupational Therapists; Midwife Clinical Specialists; Lactation Consultants; and Sonographers;
- In April 2012, the Health Workforce Australia released *Health Workforce 2025*, which makes 27 recommendations to investigate opportunities to increase the participation of Aboriginal and Torres Strait Islander people in the health workforce, including those working in maternity care; and
- The Maternity Services Inter-jurisdictional Committee (MSIJC) developed the *National Maternity Services Capability Framework* which provides a rigorous methodology based on the complexity of care required during pregnancy, supporting maternity service planning and risk management.

Further to this, as Australian women continue to identify continuity of carer as one of the most important factors influencing their decision on maternity care options, all Australian governments have committed to expanding continuity of carer models through the development of consistent approaches to the implementation of clinical privileging, credentialing and admitting rights for private midwives to public hospitals.

As the Plan is progressed into the Middle Years 2012 -13, the MSIJC will maintain responsibility for the monitoring of the implementation 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 remainder of the Plan.

A handwritten signature in black ink, appearing to read 'Bonnie Fisher', written in a cursive style.

Ms Bonnie Fisher
Chair
Maternity Services Inter-Jurisdictional Committee

BACKGROUND

The National Maternity Services Plan (the Plan) was endorsed by the former Australian Health Ministers' Conference (now known as the Standing Council on Health (SCoH)), 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. Further to this, the Plan indicates that comprehensive maternity care requires service planning that is cognizant 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.

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

The Australian Health Ministers' Advisory Council's (AHMAC's) Health Policy Priorities Principal Committee 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. Governments have been implementing the Plan both independently and nationally under AHMAC, which has the ultimate responsibility of implementation, reporting and evaluation of the Plan. As the Plan is being implemented sequentially over a five year period (2010-2015), it is important that the outcomes from earlier years, and broader health reform processes, are used to inform future planning.

Achievements under the Plan have been supported by the continued collaborative effort of 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.

On 30 April 2012, the SCoH endorsed the *National Maternity Services Plan Implementation Plan for the Middle Years 2012-2013 (the Middle Years Implementation Plan)*. Development of the Middle Years Implementation Plan was

led by the MSIJC in consultation with government and non-government stakeholders who share responsibility for implementing action items under the Plan.

The Middle Years Implementation Plan builds on the Plan which included an implementation plan for the initial year. While the actions identified within the Middle Years Implementation Plan may differ from those originally identified in the Plan, these reflect the achievements and outcomes of the first year actions and the importance of maternity care provision within the broader health reform environment.

This report provides a summary of highlights, key achievements and discussion on progress against action items of the initial year of the Plan (2011-12).

PRIORITY 1 – ACCESS

Access is the first priority of the Plan and actions include increasing access to:

- maternity information
- local maternity care
- high quality maternity care in rural and remote Australia.

PRIORITY 1 – ACCESS - KEY ACHIEVEMENTS OF 2011-2012

Key achievements have included:

The national Pregnancy, Birth and Baby Helpline have reported a two fold increase in calls received.

The first ten *Core Maternity Indicators* have been developed and were endorsed by AHMAC on December 11, 2011.

Maternity care programs that utilise midwives to their full scope of practice are currently being expanded by jurisdictions.

The number of eligible midwives is 78, as of 30 June 2012.

All Australian governments are implementing strategies to develop consistent approaches to the implementation of clinical privileging; credentialing; and admitting rights for private midwives to public hospitals.

Rebateable services for Medicare Benefits Schedule (MBS) items for eligible midwives have been recorded as 18,770 up until 30 June 2012.

The Nursing Midwifery Board Australia approved the commencement of the Graduate Certificate in Midwifery through Flinders University, South Australia from July 2012, allowing midwives to complete a prescribing course for scheduled medicines and thus meet the requirements for 'eligibility'.

All jurisdictions will have amended their respective drugs and poisons legislation to allow eligible midwives access to prescribing rights by late 2012.

There has been an increase in the availability of publicly funded homebirth programs in Australia.

The MSIJC facilitated a national survey to ascertain the availability of access to antenatal care in a range of local community settings including rural and remote areas across Australia.

The Commonwealth has funded 285 services under the Medical Specialist Outreach Assistance Program Maternity Services in 2011-12.

PRIORITY 1 - PROGRESS REPORT

Pregnancy, Birth and Baby Helpline

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 seven days a week. Directive and non-directive counselling is provided by qualified psychologists and social workers.

Since its commencement on 1 July 2010, the Helpline has received more than 60,000 calls to May 2012 (a two-fold increase on the first year rate of 20,000 calls). The Helpline provides information and support about pregnancy, birth and the postnatal period for women and their families. A preliminary independent evaluation of the Helpline was completed in June 2012 and its recommendations are being considered by the Commonwealth Department of Health and Ageing.

Core Maternity Indicators

The first ten *Core Maternity Indicators* have been developed and were endorsed by AHMAC on 11 December 2011. The indicators are:

1. Women who smoke during pregnancy (before and after 20 weeks);
2. Women who commence antenatal care in the first trimester;
3. Episiotomy rates for all first births;
4. APGAR score ≤ 6 at 5 minutes for live term infants;
5. Selected primipara who undergo induction of labour;
6. Selected primipara undergoing caesarean section;
7. Selected primipara who have a spontaneous vaginal birth;
8. Selected primipara who undergo an instrumental vaginal birth;
9. Women having a general anaesthetic for a caesarean section; and
10. Babies with birth weight less than 2,750g delivered after 40 or more weeks (280 days).

The MSIJC has contracted the Australian Institute of Health and Welfare to produce a bulletin, by late 2012, reporting against these indicators. The bulletin will disaggregate indicators by state and territory and peer groupings, as well as providing clinical commentary.

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. 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. Maternity care programs that utilise midwives to their full scope of practice are currently being expanded by jurisdictions.

Progress Snapshot

The NSW Ministry of Health has drafted a Toolkit for Establishing Midwifery Continuity of Carer Models in NSW which, once finalised, will be distributed to Local Health Districts to assist in designing continuity of carer models appropriate for local needs. NSW will continue to implement the Towards Normal Birth policy to facilitate access to midwifery continuity of carer programs.

The Canberra Midwifery Program at the Canberra Hospital Birth Centre provides caseload midwifery to 25% of all women who birth at the Centre and in 2011 introduced the Continuity of Care Model (CatCH Program). This program increases access by 12% and is offered to women of all risk.

A Group Midwifery Practice for low risk women was established in June 2012 at the Royal Hobart Hospital, Tasmania. Team midwifery and 'Know you Midwifery' models are also well established in each of Tasmania's Area Health Services.

The NT is continuing to develop and expand midwifery-managed models of care for normal risk women through: an increase in the number of midwives working in a caseload model at the Royal Darwin Hospital Birth Centre; expansion of the Midwifery Group Practice at Alice Springs Hospital; and increasing the number of Remote Area Midwife positions.

Queensland is progressing a plan that 10% of births occur in a continuity of midwifery care model by the end of 2012. Midwifery led models of care continue to be established across Queensland including caseload/team models and continuity of antenatal and postnatal care.

Two Victorian health services, namely the Royal Women's Hospital (COSMOS) and Barwon Health (WAVE), have evaluated their public caseload models of midwifery care. Results indicated improved clinical outcomes (including decreased caesarean section, epidural, and episiotomy rates; and reduced postnatal hospital stays) and increased satisfaction of women related to the care received during pregnancy, labour and birth.

The WA South Metropolitan Area Health Service has developed a maternity services plan that includes midwifery led care, including two (2) country regions. The Women's and Newborns Health Service at the King Edward Memorial Hospital is developing an implementation plan for midwifery led continuity of care models for women irrespective of risk.

The Aboriginal Maternal and Infant Care (AMIC) model is being rolled out across SA to increase access to culturally focused care for Aboriginal and Torres Strait Islander women from the confirmation of pregnancy to six weeks after birth. SA women have access to midwifery models of care through Midwifery Group Practices in metro areas and midwifery led models through Country Health SA.

Collaborative Arrangements

Since the introduction of Medicare Benefits Schedule items for eligible midwives on 1 November 2010, there has been a gradual but steady increase in the number of eligible midwives that have successfully established collaborative arrangements and are providing Medicare rebateable services to their clients. To 30 June 2012, 78 midwives had provided 18,770 Medicare-rebateable services.

In November 2011, Healthcare Management Advisors conducted a survey of stakeholder (midwives and obstetricians) experiences of collaborative arrangements on behalf of the Department of Health and Ageing. The survey will be completed again in late 2012 to provide a comparison for the Overarching Evaluation of the Commonwealth's *Improving Maternity Services Budget Package 2009-10* which will be completed by June 2013. One of the preliminary findings is the ongoing difficulty midwives have experienced in establishing collaborative arrangements with individual medical practitioners, as required under the legislation. The Commonwealth is closely monitoring collaborative arrangements to identify issues of

access or impediments to collaboration, including ongoing stakeholder engagement and monitoring complaints, enquiries and data on the uptake of the measure.

The lack of credentialing and admission rights for midwives was also identified as an issue. Jurisdictions are working to progress local models of care to support women to have access to more choice of maternity models of care including access to privately practicing midwives. A considerable amount of work has been undertaken within jurisdictions to facilitate access for eligible midwives into health services.

Prescribing Course for Scheduled Medicines

Since 1 November 2010, the Pharmaceutical Benefits Schedule (PBS) has listed certain medicines that can be prescribed by endorsed midwives. In order to be eligible for a PBS prescriber number, the Nursing and Midwifery Board of Australia requires midwives to complete a prescribing course for scheduled medicines which has been accredited by the Australian Nursing and Midwifery Accreditation Council. On 20 April 2012, the Nursing and Midwifery Board of Australia approved the Graduate Certificate in Midwifery through Flinders University, South Australia from July 2012.

The majority of jurisdictions have now amended their respective drugs and poisons legislation to enable eligible midwives to prescribe, administer and supply scheduled medicines, with the remaining jurisdictions expecting to pass relevant legislation by late 2012.

Australian women continue to identify continuity of carer as one of the most important factors influencing their decision on maternity care options. All Australian governments have committed to expanding continuity of carer models through the development of consistent approaches to the implementation of clinical privileging; credentialing; and admitting rights for private midwives to public hospitals.

Progress Snapshot

SA has undertaken a pilot project to develop generic protocols for clinical privileges and admitting rights for eligible midwives. This is due for completion in September 2012.

The ACT has established the ACT Maternity Services Advisory Network to progress clinical privileging; credentialing; and admitting rights for private midwives to public hospitals.

Queensland has credentialed private practice midwives with visiting rights to a public hospital. Queensland Health has also implemented a state-wide project aimed at increasing access to public hospitals for private midwives.

WA has drafted a state-wide policy for clinical privileging and scope of clinical practice which is currently being reviewed by the Office of Safety and Quality in Health. An access agreement has been developed for eligible midwives and health services. FAQ sheets have been developed for consumers and health services.

Victoria is finalising a framework to provide guidance to health services on collaborative arrangements with eligible midwives. *Credentialing and Defining Scope of Clinical Practice for Medical Practitioners in Victorian Health Services* is also being revised to include eligible midwives.

Tasmania will extend the current credentialing framework for health professionals to include eligible midwives.

NSW has drafted a policy on *Clinical Privileging for Privately Practicing Midwives* which includes a consultation process with stakeholders

Access to Public Antenatal Care Services

In late 2011- early 2012, the MSIJC contracted a private provider to conduct a national survey on the availability of access to antenatal care in a range of local community settings including rural and remote areas across Australia. The project found that: the distribution of the acute service system is a key determinant of women's access to antenatal services; barriers to access are not confined to rural and remote communities, instead socio-economic variation and location appear to play a significant role; and sustaining an appropriate workforce is a defining issue for the continuing supply of antenatal care. These findings will provide information for jurisdictions in the development of mechanisms as per the middle years' actions to increase access to antenatal care services in local community settings.

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 continuing to investigate or increase the availability of publicly funded homebirth programs.

Progress Snapshot

NSW provides publicly funded homebirth at five sites with new services having commenced at the Royal Hospital for Women and a trial commencing in the North Coast Local Health District.

Victoria's two publicly funded homebirth pilot projects were independently evaluated in early 2012. The outcomes of the evaluation will inform Victoria's future views of this model of care.

SA offers publicly funded planned homebirth programs at the Lyell McEwin Hospital; the Women and Children's Hospital; and the Flinders Medical Centre.

Tasmania is planning to undertake a review of existing publicly funded homebirth models throughout Australia.

WA has implemented a new policy for publicly funded homebirth and an Operational Directive which requires area health services to provide access to publicly funded midwives to provide continuity of care should transfer from homebirth to hospital be required. Publicly funded homebirth programs are being expanded to include the South-west region of WA.

The NT has publicly funded homebirth programs in Alice Springs and Darwin.

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 and supported by a safety and quality framework, a network of referral and consultation and outreach services.

In the last year MSIJC has facilitated a nationwide survey of remote location service providers to ascertain the characteristics of successful community based care. The results of this survey will be made available later in 2012.

Medical Specialist Outreach Assistance Program Maternity Services

The expansion of the Commonwealth funded Medical Specialist Outreach Assistance Program Maternity Services aims to increase and improve access to high quality, safe, evidence-based maternity care for women and their families in rural and remote communities. This complements services already provided in jurisdictions.

For the period 1 July 2011 to 30 June 2012, 285 services, including 11,428 patient contacts, were delivered nationally under the Medical Specialist Outreach Assistance Program Maternity Services initiative. These included visits by 23 different types of health professionals including: Aboriginal Midwifery Managers; Neonatologists; Obstetricians; Psychologists; Occupational Therapists; Midwife Clinical Specialists; Lactation Consultants; and Sonographers. These services are in addition to services provided under the core Medical Specialists Outreach Assistance Program and those provided by state and territory governments.

The Medical Specialist Outreach Assistance Program Maternity Services funding in Tasmania has also supported expanded services for rural communities including antenatal and postnatal care, midwifery, lactation and obstetric care.

The National Strategic Framework for Rural and Remote Health

The National Strategic Framework for Rural and Remote Health was released by AHMAC on 27 April 2012. The Framework promotes a national approach to policy, planning, design and delivery of health services in rural and remote communities. Further to this, the Framework recognises the unique challenges of providing health care (including maternity services) in rural and remote Australia and the importance of providing timely access to safe and quality health care services to all Australians, regardless of where they live. The Rural Health Standing Committee has liaised with the MSIJC to provide regular feedback on the Framework to promote a shared understanding and collaborative approach to its implementation.

PRIORITY 2 – SERVICE DELIVERY

Service delivery actions from the Plan aim to ensure:

- maternity services are high-quality and evidence based
- the further development and expansion of culturally competent maternity care for Aboriginal and Torres Strait Islander people
- 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 2011-12

Key achievements have included:

- The first module of national evidence-based guidelines for antenatal care (covering the first trimester) was endorsed by AHMAC on 10 April 2012.
- The MSIJC in conjunction with the National Perinatal Epidemiology and Statistics Unit and the Australian Institute of Health and Welfare, is facilitating the development of a national Maternal Mortality and Morbidity Report which aims to produce a standardised national report on maternal mortality.
- The MSIJC has facilitated the development of a report identifying the characteristics of culturally competent maternity care.
- The MSIJC has, in conjunction with the Sax Institute, facilitated the development of a literature review of international evidence-based examples of birthing on country programs. This literature review will help inform the development of a Birthing on Country model of care for Australia.
- All jurisdictions are supporting the National Perinatal Depression Initiative, undertaking a variety of activities along with additional jurisdiction-funded programs aimed at supporting women with mental health issues.

PRIORITY 2 - PROGRESS REPORT

First Trimester Antenatal Care Guidelines

The first module of national evidence-based guidelines for antenatal care will be considered by AHMAC in late 2012. The *Clinical Practice Guidelines Antenatal Care – Module 1* present woman-centred, evidence-based advice for health professionals providing care of pregnant women in the first trimester. These guidelines focus on:

- ensuring cultural safety;
- promoting consistency of care;

- enabling the woman to make informed decisions and choices about assessments and tests;
- improving the experience and outcomes of antenatal care for all families.

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 MSIJC is facilitating the Maternal Morbidity and Mortality Project. This project is a component of the National Maternity Data Development Project being undertaken by the National Perinatal Epidemiology and Statistics Unit in affiliation with the Australian Institute of Health and Welfare and funded by the Commonwealth Department of Health and Ageing through the Improving Maternity Services Budget package 2009-10.

This project aims initially, to produce a standardised national report on maternal mortality.

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.

In 2011, the MSIJC engaged the Sax Institute to complete a literature review of international evidence-based examples of birthing on country programs. This literature review will help inform in the development of a Birthing on Country model of care for Australia.

On 4 July 2012, a Birthing on Country Workshop was held by the MSIJC in collaboration with the Central Australia Aboriginal Congress in Alice Springs bringing together policy makers, Aboriginal and Torres Strait Islander elders and key maternity services stakeholders. The workshop was a successful collaboration of Aboriginal women leaders and jurisdictional maternity health service leaders and resulted in the commitment to a Birthing on Country national reform.

The next steps will be the development of the Birthing on Country Framework which will assist States and Territories in considering the implementation of a Birthing on Country model of care in their jurisdictions.

Progress Snapshot

In 2011, the MSIJC facilitated the development of a report identifying the characteristics of culturally competent maternity care. The report is aimed at supporting health services to maximise their effectiveness in providing maternity services to Aboriginal and Torres Strait Islander women and their families. It is anticipated that the report will be endorsed by AHMAC later in 2012.

In 2011, the MSIJC engaged the Sax Institute to complete a literature review of international evidence-based examples of birthing on country programs. This literature review will help inform in the development of a Birthing on Country model of care for Australia.

National Perinatal Depression Initiative

The National Perinatal Depression Initiative continues to provide 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 supporting this initiative, undertaking a variety of activities along with additional jurisdiction-funded programs aimed at supporting women with mental health issues.

The WA State wide Perinatal Infant Mental Health Steering Group, in partnership with the Women's and Newborns Health Network, is developing the *Perinatal and Infant Mental Health Model of Care and Service Delivery*.

Progress Snapshot

The ACT Health Directorate has established formal referral pathways for perinatal women with depression and mental health including family centred care support and follow-up through ongoing collaboration with the Perinatal Mental Health Team, non-government organisations and other community services.

In NSW, three new specialist perinatal and infant mental health teams and a state-wide Outreach Perinatal Service have been established to provide pregnant women and those caring for a baby with options for evidence-based and highly specialist mental health care if required.

Queensland has committed significant funds to 13 health services to enhance their capacity for specialist mental health services to work in partnership with the primary care sector to provide a care pathway for women screened with moderate to high risk of perinatal disorders.

Victoria has implemented formal referral pathways for women receiving maternity care in rural areas of the state.

Tasmania has implemented a single access point (Gateway Services) for referral of clients who need additional services.

SA has developed referral pathway guides which are used throughout the state by clinicians conducting antenatal and postnatal screening.

Training, mentoring and supervision of staff in perinatal mental health screening is being rolled out across the NT and work is taking place to ensure that psycho-social and screening tools for Aboriginal and Torres Strait Islander clients are culturally appropriate.

WA has a dedicated Perinatal Mental Health Unit (WAPMHU) that coordinates initiatives and provides information to consumers and health professionals regarding the mental health of parents and families. WAPMHU has developed a Perinatal and Infant mental Health Strategic Framework which is being delivered as an integrated perinatal and infant mental health model of care across the state.

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

Progress Snapshot

The ACT Health Directorate has introduced the Pregnancy Enhancement Program at the Canberra Hospital to support the identified needs of women with substance use issues; women from culturally and linguistically diverse groups; and young mothers.

Tasmania is implementing a range of programs to support at-risk women including the provision of Smoking Cessation Coordinators at each Area Health Service; and services to support the care of obese women and promote lifestyle change during and between pregnancies.

Queensland has developed a guideline on obesity in the Maternal and Neonatal Clinical Guideline Program; and an online resource on alcohol, tobacco and other drugs intervention.

NSW is implementing a range of initiatives targeting at risk women including the Aboriginal Maternal and Infant Health Service linking women identified in the antenatal period to culturally appropriate mental health and drug and alcohol support.

Victoria is continuing to implement the Healthy Mothers Healthy Babies Program in eight metropolitan local government areas experiencing high demand and high socioeconomic disadvantage.

SA has completed a literature review of evidence based maternity programs for at risk women with the aim of establishing an evaluation process for each of these programs.

NT is continuing to expand continuity of care midwifery models for Aboriginal and Torres Strait Islander women and families with identified risk living in remote areas.

WA has launched an e-learning package for health professionals about co-sleeping and safe sleeping. WA has also expanded the Women's and Newborns Drug and Alcohol Service to include an outreach antenatal service for women who are incarcerated. A telehealth program has been funded within the tertiary hospital to provide an antenatal care program for high risk women (where appropriate) and provide some of their antenatal care. This has been particularly successful for women with Diabetes in pregnancy. In the last 12 months 30 women from rural and remote WA including Christmas Island have received diabetes antenatal care using telehealth with significant reductions in the cost of transport etc

PRIORITY 3 – WORKFORCE

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

- an appropriately trained & 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
- Interdisciplinary collaboration with maternity care workers.

PRIORITY 3 – WORKFORCE - KEY ACHIEVEMENTS OF 2011-12

Key achievements have included:

- In April 2012, Health Workforce Australia released *Health Workforce 2025*, which included supply and demand projection information on health professionals including midwives.
- The Nursing and Midwifery Board of Australia has approved Flinders University, South Australia to provide a course for midwives to secure the necessary qualifications in scheduled medicine prescribing to meet the requirements for endorsement as an eligible midwife.
- The Health Workforce Australia report, *Aboriginal and Torres Strait Islander Health Worker Final Report – Growing Our Future*, was noted by the Standing Council on Health on 27 April 2012.
- 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.

PRIORITY 3 - PROGRESS REPORT

Midwifery Workforce

A number of actions in this section of the Plan fall under the auspices of Health Workforce Australia. In April 2012, Health Workforce Australia released *Health Workforce 2025*, which included supply and demand projection information on health professionals including midwives. Health Workforce Australia identified that significant data limitations prevent a detailed understanding of future trends in the midwifery workforce in this report. Health Workforce Australia are therefore working with the Australian Health Practitioner Regulation Agency and the Nursing and Midwifery Board of Australia to improve the workforce survey conducted as part of the national registration process to ensure more accurate future planning work.

Eligible Midwives

Health Workforce Australia is also continuing to work with the Australian Health Practitioner 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.

As noted above, the Nursing and Midwifery Board of Australia has approved the delivery of the Graduate Certificate in Midwifery by Flinders University from July 2012 which will provide participating midwives with the necessary qualifications in scheduled medicine prescribing to meet the requirements for endorsement as an eligible midwife. Commonwealth funded scholarships have been made available through the Australian Nursing and Midwifery Council for midwives undertaking this course.

Aboriginal and Torres Strait Islander Workforce

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

Nationally, the Health Workforce Australia report, *Aboriginal and Torres Strait Islander Health Worker Final Report – Growing Our Future*, was noted by the Standing Council on Health on 27 April 2012. The Report makes 27 recommendations which Health Workforce Australia will use to investigate opportunities to increase the participation of Aboriginal and Torres Strait Islander people in the health workforce, including those working in maternity services.

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

Queensland is providing increased support for Indigenous women to qualify as midwives through a joint project between Townsville Hospital and Health Service and Griffith University. Queensland is also increasing collaboration between maternity services and Aboriginal Medical Services through partnership agreements.

The NT continues to prioritise the inclusion of Aboriginal and Torres Strait Islander people in the workforce in order to address cultural safety and language barriers.

Victoria currently has 13 Koori Maternity Services (11 within Aboriginal Community Controlled Health Organisations) operating to provide culturally appropriate care to Aboriginal and Torres Strait Islander women.

Rural and Remote Workforce

The Commonwealth funded Specialist Obstetrician Locum Scheme (SOLS) and the General Practitioner Anaesthetist Locum Scheme (GPALS) continues to provide locum support for specialist and GP obstetricians and GP anaesthetists in rural and remote locations. In the 2011-12 financial year, subsidised locum relief was provided through 116 specialist and GP obstetrician placements; and 32 GP anaesthetist placements.

The Australian Government also funds the Nursing and Allied Health Rural Locum Scheme which provides locum placements for up to 14 days to enable nurses, midwives and eligible allied health workers in rural areas to take leave and enabling organisations to back-fill their positions to support ongoing service delivery.

Australian Government Scholarships for GP obstetricians and anaesthetists continue to be well subscribed with 26 obstetric scholarships and 16 anaesthetics scholarship awarded in the 2012 training year.

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.

Progress Snapshot

The NSW Maternity Support Network provides compulsory on-site perinatal care training supported by an electronic based training system, for all obstetricians, registered midwives and student midwives working in the public health system. NSW also provides "Train the Trainer" workshops to support local clinicians to provide these education programs locally.

Ultrasound pregnancy dating education has been made available locally to maternity care providers working in remote settings in the NT.

The Victorian Government has committed to building the capacity of rural maternity services through significant investment in the education of the rural workforce including: supporting postgraduate studies for midwives and rural GPs; and activities to improve the retention of existing rural midwives.

Queensland Health provides an 'imminent birth' education program for Registered Nurses and GPs; scholarships and cadetships for student midwives; a rural GP obstetrician training scheme; and Midwifery Practice Review scholarships for midwives working in or intending to work in continuity of care models.

SA delivers a range of education and training programs including: an outreach education program to SA country hospitals in the care/resuscitation of newborns; online and face-to-face cardiotocograph education for all maternity care providers; and perinatal competency education for country maternity sites.

The Statewide Obstetric Support Unit in WA facilitates training and education in regional, rural and remote areas of the state. These include Train the trainer programs to support local services. Programs are delivered face to face and via e-learning. WA has established a strong GP procedural obstetrics program including a mentoring program once the DRANZCOG or advanced DRANZCOG training has been completed.

Core Competencies and Education Framework for Primary Maternity Services in Australia

The MSIJC, in conjunction with the National Health Workforce Taskforce, have finalised the development of the *Core Competencies and Education Framework for Primary Maternity Services in Australia* and AHMAC has commenced implementation of the Framework in collaboration with Health Workforce Australia. The Framework identifies key skills; knowledge, behaviours and attitudes required for core primary maternity service providers in Australia and provide a mechanism to assist meeting these requirements through education and upskilling.

National Guidance for Collaborative Maternity Care

Various jurisdictions are also making use of the *National Guidance for Collaborative Maternity Care* (the Guidance) in the development of maternity care policy.

Progress Snapshot

The ACT Health Directorate has distributed the Guidance for Collaborative Maternity Care to all maternity care providers in the ACT.

NSW Health uses the Guidance in the development of policies that support collaboration between midwives, GPs and obstetricians.

WA Health has distributed the Guidance for Collaborative Maternity care to all maternity care providers including NGO's in WA and provides the underpinning framework for policy development within maternity services.

PRIORITY 4 – INFRASTRUCTURE

The Plan supports:

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

PRIORITY 4 – INFRASTRUCTURE - KEY ACHIEVEMENTS OF 2011-12

Key achievements have included:

- MSIJC has developed the inaugural *Australian Woman Held Pregnancy Record* template.
- MSIJC is facilitating a project in conjunction with the University Centre for Rural Health North Coast exploring the opportunity to develop an *Australian Rural Birthing Index*.
- The MSIJC have developed the *National Maternity Services Capability Framework* which will provide a rigorous methodology to support maternity service planning and risk management improvement in maternity care.

PRIORITY 4 - PROGRESS REPORT

Data Improvement

In January 2012, as part of the Commonwealth's National Maternity Data Development (NMDD) Project, the second version of the Maternity Information Matrix was made publicly available on the website of the National Perinatal and Epidemiology Statistics Unit. The Maternity Information Matrix provides a summary of data items in Australia's national and jurisdictional data collections relevant to the process and outcomes of maternity care.

In late 2011 to early 2012, the Australian Institute of Health and Welfare and National Perinatal and Epidemiology Statistics Unit also conducted a scoping of national information needs for maternity care and provision to assist in the identification and prioritisation of potential data gaps, inconsistencies and areas for improvement to inform the NMDD Project.

Woman-Centred Care

The five year vision of the Plan highlights the importance of ensuring that maternity care in Australia is woman-centred. To achieve this goal, a number of action items under the Plan are aimed at ensuring that maternity service planning, design and implementation reflects the needs of each woman, within a health system that emphasises safety and quality.

National Women Held Pregnancy Record

Maternity care is often provided across a number of settings and by different health professionals. The MSIJC has developed the *Australian Woman Held Pregnancy Record* template to assist and encourage maternity health professionals to effectively and consistently share information about the care a woman has been receiving throughout her pregnancy, while supporting a woman's involvement in her maternity care.

The template has been developed to ensure compatibility with the developing National Patient Controlled Electronic Health Record system, which commenced on 1 July 2012.

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

A key feature of the Plan is the development of a rigorous methodology to assist in the planning of woman-centred maternity services.

The National Maternity Services Capability Framework

The MSIJC have developed the *National Maternity Services Capability Framework* which will provide a rigorous methodology to support maternity service planning and risk management improvement in maternity care. The 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 her pregnancy.

The 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.

Planning tools for rural and remote communities are also being investigated. MSIJC is facilitating a project in conjunction with the University Centre for Rural Health North Coast exploring the opportunity to develop an *Australian Rural Birthing Index*.

SUMMARY

The MSIJC will continue to take responsibility to monitor the implementation of the Plan whilst facilitating the implementation of several of the Plan's initiatives.

Under the lead of the MSIJC, an Implementation Plan for the Middle Years has been developed (2012-13). As previously agreed, this implementation plan will be guided by the achievements and progress of the initial year of the Plan and will continue to reflect the importance of maternity care provision and its place within the broader health reform environment. The MSIJC will begin to formulate a plan for the later years (2014-15) as the middle years plan is implemented.

In a significantly restrained fiscal health system, jurisdictions will need to be innovative and resourceful to ensure the Plan continues to guide strategic policy and program development for maternity services in Australia.

Given the Plan has been presented within a changing health care landscape; there will predictably be challenges in implementing some of the action items described in the Plan.

The 27 recommendations made in the Health Workforce Australia Report 2012 related to opportunities to increase the participation of Aboriginal and Torres Strait Islander people in the health workforce, including maternity services, will require jurisdictions and government agencies to work collaboratively to address these.

Similarly, jurisdictions will need to provide significant support to ensure a continued increase in the numbers of private practicing eligible midwives establishing collaborative arrangements. This will enable the midwives to access public hospitals for the intrapartum care of the women they provide services for.

On 10 August 2012, Health Ministers extended the exemption for privately practising midwives providing homebirth from the requirement to hold Professional Indemnity Insurance for a further 2 years until 30 June 2015, while options to support continuity of care and access to appropriate models of care are explored.

The sustained implementation of maternity service reform through the Plan will continue to improve choices and information about maternity care for pregnant women while maintaining optimal safety and quality services.

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All information in this publication is correct as at June 2013