



National Maternity Services Plan

2012 – 2013 Annual Report

National Maternity Services Plan: 2012-13 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 2010. 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.

Annual Reports against the Plan have been published for the 2010-11 and 2011-12 periods. During the 2012-13 period progress has been positive. The four key priorities of the Plan – access, service delivery, workforce and infrastructure continue to be addressed with a number of significant achievements: -

- The *Pregnancy, Birth and Baby* helpline has received more than 105,000 calls to 30 June 2013 and the new *Pregnancy, Birth and Baby* web portal was launched in January 2013.
- The Australian Health Ministers' Advisory Council (AHMAC) endorsed the following Maternity Services Inter-jurisdictional Committee (MSIJC) documents:
 - *Characteristics of Culturally Competent Maternity Care for Aboriginal and Torres Strait Islander People* ;
 - *National Woman Held Pregnancy Record*;
 - *Birthing on Country Literature Review*; and
 - *Birthing on Country Workshop Report*;
- The Standing Council on Health (SCoH):
 - *endorsed the National Maternity Services Capability Framework*;
 - *endorsed the Health Workforce Australia's Health Workforce 2025 – Doctors, Nurses and Midwives*; and
 - *agreed to vary the Determination on Collaborative Arrangements to enable agreements between midwives and hospital and health services. A Principles document provides guidance for eligible midwives and obstetricians about appropriate communication in relation to the care of women who choose an eligible midwife as their maternity care coordinator.*
- The *National Core Maternity Indicators* report, providing a baseline for the first ten indicators, was endorsed by AHMAC and released by the Australian Institute of Health and Welfare (AIHW) and National Perinatal Epidemiology and Statistics Unit (NPESU) in March 2013.
- The *Clinical Practice Guidelines Antenatal Care – Module 1* were approved by the National Health and Medical Research Council (NHMRC), endorsed by AHMAC and published on the Department of Health website in March 2013.
- The MSIJC hosted a workshop on Birthing on Country in Alice Springs in July 2012.

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 successful implementation of the remainder of activities under the Plan.



Tracy Martin

Chair

Maternity Services Inter-Jurisdictional Committee

BACKGROUND

The Plan was endorsed by the former Australian Health Ministers' Conference (now the 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.

Priorities for 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. The Plan indicates that comprehensive maternity care requires service planning that is cognisant 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 people and non - Indigenous Australians and the important role contemporary maternity care can have in addressing this gap. As a result, several actions in the Plan across all four key priority areas address this issue.

Governments have been implementing the Plan both independently and nationally under AHMAC, which has the ultimate responsibility for implementation, reporting and evaluation of the Plan. As the Plan is being implemented sequentially over a five year period, it is important that the outcomes from earlier years, and broader health reform processes, are used to inform future planning of maternity services in Australia.

This report provides a summary of highlights, key achievements and discussion on progress against action items of the *National Maternity Services Plan: Implementation Plan for the Middle Years (2012-13)*. Annual Reports against the Plan have also been published for the 2010-11 and 2011-12 periods.

ACHIEVEMENTS AND PROGRESS

Achievements under the Plan have been supported by the continued collaborative effort of all Australian governments and various stakeholders.

Over the 2012-13 period considerable progress has been made against the four key priorities of the Plan as detailed below.

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 2012-13

- The national *Pregnancy, Birth and Baby* helpline has handled 105,106* calls since it commenced operation. The *Pregnancy, Birth and Baby* web portal has been visited 161,883* times since its launch in January 2013.
- The midwifery measure was introduced on 1 November 2010. Eligible midwives have provided 50,902 Medicare Benefits Schedule (MBS) rebateable services during the period 1 November 2010 and 30 June 2013.
- All jurisdictions, with the exception of NT, have amended their respective drugs and poisons legislation to allow eligible midwives access to prescribing rights.
- All jurisdictions, with the exception of NT, are implementing strategies to develop consistent approaches to the implementation of clinical privileging; credentialing; and admitting rights for private midwives to public hospitals.
- The Australian Government has funded 332* services under the Medical Specialist Outreach Assistance Program Maternity Services in 2012-13.
- A Toolkit for Establishing Midwifery Continuity of Carer Models in NSW was launched at the Towards Normal Birth Workshop in November 2012. Hardcopies of the toolkit were distributed to Local Health Districts to assist in designing continuity of carer models appropriate for local needs.

* data as at 30 June 2013

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.

Since its commencement on 1 July 2010, the helpline has received more than 105,106 calls (to June 2013).

Following recommendations from an independent evaluation of the helpline, completed in June 2012, the complementary web portal was redesigned to improve user engagement. The revised portal was launched in January 2013 and is available at <http://www.pregnancybirthbaby.org.au/>. The redesigned web portal provides significant improvements to partner content, external resources, and improved navigation and search capacity.

Core Maternity Indicators

The report *National Core Maternity Indicators* was endorsed by AHMAC in December 2011 and provides a baseline for monitoring changes in the quality of maternity services across Australia using 10 national core maternity indicators. The Australian Institute of Health and Welfare (AIHW) has been contracted by MSIJC to develop the remaining eight indicators listed below and has undertaken consultation on the specifications and development of four of the remaining eight 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 PPH) 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).

Definitions for Midwifery Models of Care

The National Health Standards Information and Statistics Committee has agreed to 11 major models of maternity care. It was determined that definitions would not adequately capture the differences between models, and as a result a classification system was required.

The *Maternity Care Classification System* (MaCCS) was developed by 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. As the MaCCS is a theoretical model it requires further development prior to implementation. This includes, data development of the Model of Care Data Set Specification, pilot testing of the MaCCS questionnaire,

development of a Guide for Use as well as an education and training package.

Access to Midwifery 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.

A significant amount of work has been undertaken to facilitate the expansion of a range of models of care. This includes the implementation of:

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

States and Territories are at different stages of implementing programs for midwifery-led models of care.

PROGRESS SNAPSHOT

Australian Capital Territory

The Canberra Midwifery Program, Canberra Hospital, provides continuity of midwifery care to 25% of women who birth at Canberra Hospital.

Calvary Health Care has employed a project officer to lead the development of the midwifery continuity model of care, leading to an expected expansion in birthing capacity by around 200 births per annum.

New South Wales

NSW Health continues to work in collaboration with a number of local health districts in service planning to expand midwifery models of care. Midwifery group practices, a model that utilises midwives to their full scope of practice, continue to be implemented within NSW.

Northern Territory

Midwifery group practice model of care has commenced in Darwin and Alice Springs and is planned to commence in the Barkly region.

Queensland

Rural Birth Summits have been held in Toowoomba, Rockhampton and Cairns reinforcing the QLD Government's commitment to continuity of midwifery care models.

Queensland Health continues to develop and support innovative models of maternity care including private midwifery models across the state. An audit of midwifery models will be conducted in 2013 to inform areas requiring action.

South Australia

Midwifery Group practice models of care available in metro areas with increased number of clients accessing services. Outreach antenatal clinics are offered as an adjunct to the three major metro maternity sites.

Country Health SA clients have access to midwifery models in some centres. In addition, some health services have undertaken small projects to reshape service delivery models to improve continuity of care.

An Aboriginal and Torres Strait maternal and infant care model is being rolled out across SA to increase access for Aboriginal and Torres Strait Islander women to antenatal care.

Victoria

A midwife-led birthing model of care has been successfully introduced in a number of rural and regional health services to enhance continuity of care and ensure the sustainability of birthing services for women experiencing low risk pregnancies.

Current models continue to operate successfully at a number of metropolitan health services.

Western Australia

Three sites commenced midwifery group practice models in 2013 catering for low to medium risk women. The tertiary hospital convened a stakeholder engagement forum in January 2013 to explore continuity of care models and the establishment of midwifery group practices within two specialist areas.

WA Country Health Services are proceeding with the implementation of two community based midwifery continuity of care models. A number of maternity services have undertaken small redesign projects to provide continuity of care where midwives are working across their full scope of practice.

Tasmania

Midwifery Group Practice (MGP) commenced at the Royal Hobart Hospital in July 2012. Planning is underway for implementation of an MGP model in Northern Tasmania. Established 'Know Your Midwife' and 'Team Midwifery' models continue in other areas of the state.

Collaborative Arrangements

Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Schedule (PBS) arrangements introduced on 1 November 2010 enable eligible midwives to provide antenatal, birthing and postnatal services for their own patients in collaboration with one or more medical practitioners.

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.

These difficulties have hindered midwives' abilities to participate in the MBS arrangements and are reflected in the lower than expected uptake of the MBS items. To 30 June 2013, 151 midwives had provided 50,902 Medicare rebateable services.

In recognition of the difficulties experienced by midwives establishing collaborative arrangements with an individual medical practitioner, the Australian Government amended existing legislation, to enable agreements between midwives and hospitals and health services, effective from 1 September 2013.

PROGRESS SNAPSHOT

Australian Capital Territory

The ACT Government is progressing legislation to enable clinical privileging. The Maternity Network has been established to advise on policy and procedures.

New South Wales

A draft policy *Clinical Privileging for Privately Practicing Midwives* has been developed following extensive consultation with stakeholders, which is in the process of further review.

Queensland

Guidelines on securing clinical privileges, admitting and practice rights to public health facilities in QLD have been developed and distributed. Clinical privileges have been established for 12 eligible midwives at the Gold Coast Hospital.

Victoria

A framework to provide guidance to health services on collaborative arrangements with eligible midwives is currently being published.

Western Australia

A policy for clinical privileging and scope of clinical practice has been completed and is going through the endorsement process.

South Australia

A policy directive for clinical privileging, admitting and practice rights for privately practising eligible midwives in South Australian public maternity services and an associated framework have been developed in draft and currently seeking legal opinion.

Prescribing Course for Scheduled Medicines

On 1 November 2010, the PBS 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 (NMBA) requires midwives to complete a prescribing course for scheduled medicines which has been accredited by the Australian Nursing and Midwifery Accreditation Council (ANMAC). ANMAC accredited prescribing courses are currently being offered by Flinders University, Griffith University and the University of Canberra.

The Australian Government's Nursing and Allied Health Scholarship and Support Scheme awarded 92 scholarships to midwives in 2012 to undertake NMBA approved prescribing courses. As at October 2013, 85 scholarships have been awarded in 2013.

All jurisdictions, with the exception of NT, have amended their respective drugs and poisons legislation to enable eligible midwives to prescribe, administer and supply scheduled medicines.

Fifteen midwives working in private practice have been issued with a prescriber number as at 2 July 2013.

Access to Public Antenatal Care Services

MSIJC commissioned a national survey on access to public antenatal care services in a range of local community settings including rural and remote areas across Australia. The survey found that: the distribution of the acute service system is a key determinant of access to antenatal services with workforce recruitment and retention a defining issue in the sustainability of these services. Barriers to access were not found to be confined to rural and remote communities, with socio-economic variation and location playing a significant role.

The *National Survey of Access to Public Antenatal Care Services 2012* is currently undergoing endorsement through the AHMAC process.

PROGRESS SNAPSHOT

Australian Capital Territory

Canberra Hospital Midwife Antenatal Clinics are located across the region enabling women to access the service in their local community.

Calvary HealthCare has established two antenatal outreach clinics in the North of Canberra with a plan to expand the service in 2013.

New South Wales

Local Health Districts have supported individual maternity services to develop innovative ways to provide antenatal care, for example, establishing group-based antenatal care for women choosing GP shared care.

Northern Territory

Antenatal Care is available from all NT public hospitals as well as Remote Clinics. The Remote Area and Remote Outreach Midwives Program provides the basis of the remote antenatal care programs. These programs are also supported by maternity services through the Medical Specialist Outreach Assistance Program, providing midwives to communities where there is not midwifery coverage. Royal Darwin Hospital provides outreach Antenatal Clinic in Palmerston close to a large population of young families.

South Australia

SA offers community based antenatal care in several metro and country settings.

Victoria

There are currently 55 public hospitals providing antenatal, birthing and postnatal care. In addition, eight hospitals provide antenatal and postnatal care only.

The Victorian Government has committed funding to support programs targeting vulnerable and at risk women and their families during the antenatal period including Healthy Mothers Healthy Babies, Koori Maternity Services program, and Cradle to Kinder.

Western Australia

A range of health professionals are providing antenatal care in community settings.

Telehealth is also being used to support women in rural and remote areas with diabetes to receive the majority of antenatal care locally.

Tasmania

Antenatal services are provided at public hospitals and in some areas, these services have been extended into the community co-locating with other services as part of the new Child and Family Centres. Others operate as satellite sites of the hospital in communities with identified needs. Some rural and remote communities are receiving antenatal care via outreach clinics that are supported by the Medical Specialist Outreach Assistance Program; these are attended by both midwives and obstetricians.

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

Publicly funded homebirth services continue to be provided at five sites.

Northern Territory

Publicly funded homebirth programs in Alice Springs and Darwin are well supported by the maternity service teams at Royal Darwin Hospital and the Alice Springs Hospital.

Queensland

Consideration of publicly funded homebirth is ongoing. The Department of Health is preparing a discussion paper regarding publicly funded homebirths in Queensland. Recommendations will be developed based on the results of an analysis of issues and consultation.

South Australia

The SA Government's policy on planned homebirth that has been endorsed since 2007 is being reviewed and is due for endorsement in late 2013.

Victoria

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

The outcomes of an independent evaluation undertaken in early 2012 have been considered by the Minister for Health's Perinatal Services Advisory Committee and will inform future expansion of this model of care in Victoria.

Western Australia

Publicly funded homebirth programs have expanded to provide an outreach service to northern suburbs.

A publically funded midwifery led model of care, known as the Midwifery Group Practice, has commenced in Bunbury offering homebirth as an option for women in the southwest.

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.

In 2011, MSIJC facilitated a nationwide survey of remote location service providers to ascertain the characteristics of successful community based care. The report *Successful Characteristics of Community Based Maternity Services in Remote and Very Remote Australia* was prepared in June 2012 and will inform future planning for delivering maternity services in remote and rural communities.

The report states that for community based maternity services to be successful, they need to be accessible, meet the needs of clients, deliver services appropriately, and be appropriately resourced. It further indicates that the success of remote service delivery relies heavily on relationships to ensure that the service is appropriate and accessible. However, to ensure sustainability services need to be supported by resourcing and infrastructure. The report is currently undergoing endorsement through the AHMAC process.

Medical Specialist Outreach Assistance Program - Maternity Services

The expansion of the Australian Government funded Medical Specialist Outreach Assistance Program to include 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.

In 2012-13, 332 services were provided in more than 164 locations nationally under the Medical Specialist Outreach Assistance Program - Maternity Services initiative. These

included visits by 23 different types of health professionals including: 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 National Strategic Framework for Rural and Remote Health

The *National Strategic Framework for Rural and Remote Health* (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 is currently working with the Australian Government to develop high-level performance/progress indicators against the five outcome areas of the Framework. These outcome areas include access, appropriate models of care, a sustainable workforce, the development of collaborative partnerships; and governance approaches.

PRIORITY 2 – SERVICE DELIVERY

Service delivery actions under 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; 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 2012-13

- On 4 July 2012, MSIJC facilitated a *Birthing on Country Workshop* in Alice Springs to develop an implementation and evaluation framework based on the outcomes of the literature review.
- In March 2013, the *Clinical Practice Guidelines Antenatal Care – Module 1* were released.
- In March 2013, AHMAC endorsed *Characteristics of Cultural Competent Maternity Care for Aboriginal and Torres Strait Islander People*.
- In May 2013, AHMAC endorsed the *Birthing on Country Literature Review* and the *Birthing on Country Workshop Report*.

PRIORITY 2 – PROGRESS REPORT

Antenatal Care Guidelines

To ensure the safety and quality of maternity services, the Plan requires 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.

Module two of the antenatal care guidelines, covering the second and third trimester are currently being developed and are expected to be published 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 being undertaken by the NPESU in affiliation with the AIHW.

The *Maternal Deaths in Australia 2006-2010* report is expected to be published by AIHW in 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 programs.

In 2012, MSIJC commissioned a literature review to inform the development of a birthing on country model that is culturally competent and improves health outcomes for Aboriginal and Torres Strait Islander mothers and babies. The review suggested that a birthing on country model of maternity care would likely produce improved maternal and infant health outcomes for Aboriginal and Torres Strait Islander communities.

The MSIJC document *Characteristics of Cultural Competent Maternity Care* will help health services 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 has been distributed to jurisdictions for consideration and implementation.

PROGRESS SNAPSHOT

A draft *Birthing on Country Model and Evaluation Framework* is being considered by MSIJC.

New South Wales

NSW is exploring the potential for one of the current Aboriginal Maternal Infant Health Service programs to pilot the inclusion of intra-partum care within the existing model of care.

South Australia

A framework to establish Aboriginal and Torres Strait Islander culturally contextual practice guidelines is being developed with estimated commencement in late 2013.

Victoria

The Koori Maternity Services Program provides a culturally sensitive and appropriate care pathway for Aboriginal and Torres Strait Islander women throughout their pregnancy journey. The program operates in 11 Aboriginal Community Controlled Health Organisations and two public health services.

National Perinatal Depression Initiative

The National Perinatal Depression Initiative (NPDI) has provided 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 have supported this initiative, undertaking a variety of activities along with additional jurisdiction-funded programs aimed at supporting women with mental health issues.

PROGRESS SNAPSHOT

Australian Capital Territory

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

The Implementation Plan developed in early 2012 has provided a strong foundation and guide for the ACT Health Directorate to deliver on the key objectives of the NPDI.

New South Wales

A new online learning program 'Giving Children a SAFE START' has been developed for mental health and drug and alcohol services whose clients are expecting or caring for a baby.

Through the NPDI, new specialist perinatal and infant mental health services, including three new teams, and a state-wide outreach perinatal service are providing options for evidence-based and highly specialist mental health care.

Northern Territory

The NT Government continues to work on referral pathways and resources. A screening program has been developed, with additional need for education of clinical staff and appropriate referral.

Queensland

Antenatal screening and post natal follow up is routinely provided in all maternity services across Queensland.

Universal psychosocial screening training packages have been distributed across Queensland Health, general practices and the non-government sector.

Perinatal and infant mental health service provider networks continue to support the establishment and maintenance of care pathways. Twelve perinatal and infant mental health nurses are being funded through the NPDI.

South Australia

The SA Government continues to progress the work to establish referral pathways and resources. A screening program has been implemented within the public sector, with the need for additional clinical staff to meet current service demands and to sustain the program.

Victoria

The delivery of advanced perinatal mental health training for midwives caring for women in the antenatal period has taken place. The preliminary outcomes of an evaluation of routine psychosocial screening indicate a 5% increase in screening rates since 2011.

The trial of a Metropolitan Perinatal Emotional Health Program at Sunshine Hospital in late July 2013 will support an increase in the number of women being routinely screened for psychosocial issues in the antenatal period.

Western Australia

There has been a 21% increase in antenatal screening in metro and one rural public maternity unit; and a 13% increase in postnatal screening in metro child health centres at the 6-8week visit.

NPDI funded activities include Practical In-Home Support Services, culturally appropriate support groups, home visiting service, playgroups and therapeutic support groups, videoconference perinatal psychiatry liaison clinic and an expanded Aboriginal and Torres Strait Islander perinatal mental health program.

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.

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.

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

PROGRESS SNAPSHOT

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

Australian Capital Territory

A pregnancy enhancement program for women with substance use issues, women from culturally and linguistically diverse groups and young mothers is in place at Canberra Hospital to support the identified needs of these groups and their associated risks, both social and medical.

New South Wales

A number of programs 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.

Queensland

Queensland Health is continuing to develop maternity models of care that will include at risk women. All tertiary services offer various forms of high risk maternity care.

South Australia

SA has a comprehensive list of maternity programs for at risk women and has preliminary plans to address the gaps in service demand in this area.

Victoria

A number of public maternity services are addressing the needs of at risk women including young women, refugee and asylum seeker women, and women with drug and alcohol dependency.

Barwon Health, in collaboration with Wathaurong Aboriginal Health Service, is developing a care pathway for Indigenous women to ensure maternity care is coordinated, integrated and delivered in a culturally sensitive and responsive manner.

Western Australia

There are a number of services for at risk women in place including the Maternal Foetal Medicine Services for women with high risk pregnancies, the BLOOM Service for women who are overweight or obese, and the Women's and Newborns Drug and Alcohol Service.

Tasmania

Maternity services are continuing to develop maternity models of care to meet the needs of at risk women. All services offer various forms of high risk maternity care referring women to other services as required.

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
- interdisciplinary collaboration with maternity care workers.

PRIORITY 3 – WORKFORCE - KEY ACHIEVEMENTS OF 2012-13

- The *Health Workforce 2025 Vol 3 – Medical Specialties* was released in November 2012 and examines various planning scenarios for medical specialties including obstetricians and gynaecologists.
- Health Workforce Australia (HWA) is establishing a National Medical Training Advisory Network in 2013. A draft discussion paper for public consultation is under development and will look at the ways the network can contribute to improving medical training coordination nationally.
- HWA has allocated \$32 million over a three year period to oversee the development and implementation of Integrated Regional Training Networks for the rural and remote maternity workforce.
- A review and update of the health training package competency standards and qualifications for Aboriginal and Torres Strait Islander Health Workers are currently being undertaken by HWA.
- A multimedia resource package on the role of Aboriginal and Torres Strait Islander health workers in the health sector was released by HWA.

PRIORITY 3 – PROGRESS REPORT

A number of actions in this section of the Plan fall under the auspices of HWA.

The progress of these actions is reported as follows:

Midwifery Workforce

In April 2012, HWA released *Health Workforce 2025 – Doctors, Nurses and Midwives*, which included supply and demand projection information on health professionals including midwives. HWA identified that significant data limitations prevented a detailed understanding of future trends in the midwifery workforce. HWA is progressing work with the Australian Health Practitioner Regulation Agency (AHRRA) to improve the workforce survey conducted as part of the national registration process to ensure more accurate future planning work.

HWA will be undertaking a specific workforce study on maternity services in 2013 to supplement the Health Workforce 2025 report.

The rural and remote health workforce innovation and reform strategy is expected to be considered by Health Ministers in 2013.

Eligible Midwives

HWA continues to work with AHPRA and NMBA to develop an agreed approach to monitoring the number of eligible midwives registering through the National Registration and Accreditation Scheme.

Australian Government funded scholarships have been made available through ANMAC for midwives undertaking the Graduate Certificate in Midwifery.

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.

HWA has allocated \$32 million over three years to oversee the development and implementation of Integrated Regional Training Networks for the rural and remote maternity workforce. The networks aim to support collaboration between higher education and training and government and non-government clinical training providers to manage increasing student numbers.

HWA is also establishing a National Medical Training Advisory Network in 2013. A draft discussion paper for public consultation is under development and will look at the ways the network can contribute to improving medical training coordination nationally.

PROGRESS SNAPSHOT

New South Wales

The Maternity Support Network provides on-site fetal welfare, obstetric emergency, neonatal resuscitation training, which is a requirement for all clinicians, registered midwives and student midwives working in the public health system.

The Training and Support Unit for Aboriginal Mothers, Babies and Children Health Education Training Institute provides targeted education to staff working in a number of health services across NSW. The unit delivers a five module *Strengthening Foundations* professional development program. Participation and satisfaction rates are above 88%.

Northern Territory

The Department of Health NT provides financial support for clinicians to access courses including on advanced life support, ultrasound training for midwives, and maternal emergency care for non-midwives.

Queensland

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

South Australia

The SA Department of Health provides financial support for clinicians to access courses on advanced life support, ultrasound training for midwives, and the management of maternal emergency care.

A Perinatal Emergency Education Framework has been endorsed that will build educational capability within SA Health maternity services by providing a consistent state-wide approach to provision of perinatal emergency education.

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.

Western Australia

A number of e-learning packages (basic neonatal resuscitation, baby friendly health initiative, water birth, safe sleeping) for maternity care providers have been developed and are available.

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

Tasmania

Each of the larger maternity services has established education and skills programs for their midwives and this extends to midwives in rural services where applicable. The Tasmanian Clinical Education Network (the Integrated Regional Training Network for Tasmania) is available to support these education and training activities as part of its work program.

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 (ROALS) continues to provide locum support for specialist and GP obstetricians, and anaesthetists in rural and remote locations. In 2012-13 ROALS made 90 specialist obstetrician locum placements and 44 GP obstetrician placements.

The Australian Government also continues to fund 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 have those positions back-filled to support ongoing service delivery. In 2012-13, 1,213 nursing and midwifery locum placements were delivered under the Scheme.

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 HWA report, *Aboriginal and Torres Strait Islander Health Worker Final Report – Growing Our Future*, was noted by the SCoH on 27 April 2012. The Report made 27 recommendations which HWA 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.

HWA is implementing a range of projects to support implementation of the recommendations of the report. A multimedia resource package, which was released in February 2013, has been developed to promote the role of the Aboriginal and Torres Strait Islander health workers. The resource features a documentary, along with nine supplementary modules, a live and interactive TV panel discussion and a learning guide. A review and update of the health training package competency standards and qualifications for Aboriginal and Torres Strait Islander health workers is also being undertaken by HWA.

In 2012-13, the Australian Government continues to provide new scholarships under the Puggy Hunter Memorial Scholarship Scheme (PHMSS) 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

In 2012-13, 47 Nursing and 10 Midwifery scholarships were awarded under the PHMSS.

New South Wales

Aboriginal and Torres Strait Islander scholarships and cadetships have been awarded under the NSW Cadetship Program. There are currently six midwifery cadets enrolled in a Bachelor of Midwifery course. Two cadets graduated with a Bachelor of Midwifery in 2012 and two are expected to graduate in both 2013 and 2014.

Queensland

Ongoing support is provided to increase the number and capacity of Aboriginal and Torres Strait Islander people in the maternity workforce across all disciplines, including support for the cohort of Indigenous midwifery students undertaking training in Townsville.

Victoria

A pilot program for Indigenous cadets was extended at St Vincent's Health in 2013. The pilot has stimulated interest at Monash Health who will host four Indigenous nursing cadets for the first time in 2013.

St Vincent's Health is developing an Aboriginal Early Graduate Nurse Program to be piloted in 2013.

Western Australia

The Aboriginal Maternity Services Support Unit (AMSSU) WA is facilitating the introduction of Aboriginal health workers into the tertiary maternity setting via a joint NHMRC funded research project between Women and Newborns Health Service and

Women's and Infants Research Foundation and Aboriginal Health Council. The AMSSU has developed a learning package to support Indigenous health workers in maternity and newborn settings.

An Aboriginal cadetship program is supporting Aboriginal and Torres Strait Islander people in the healthcare system.

Core Competencies and Education Framework for Primary Maternity Services in Australia

The *Core Competencies and Education Framework for Primary Maternity Services in Australia* (the Framework) was finalised in June 2010. The Framework identifies key skills; knowledge, behaviours and attitudes required for core primary maternity service providers in Australia and provides a mechanism to assist meeting these requirements through education and up skilling. The Framework is available on the HWA [website at: www.hwa.gov.au](http://www.hwa.gov.au)

AHMAC in collaboration with HWA has commenced implementation of the Framework, including the development of a draft *National Common Health Competency Resource*. The resource has been developed to support clinical supervision across all locations and health disciplines and represents the findings of a detailed analysis of the competencies shared across the health workforce in the delivery of care.

The National Clinical Supervision Competency Framework is being developed to identify the generic competency requirements associated with the roles and functions of clinical supervisors across the educational and training continuum. *The National Clinical Supervision Competency Framework* will be a companion document to HWA's *National Common Health Competency Resource*.

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.

PRIORITY 4 – INFRASTRUCTURE

ACHIEVEMENTS

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 2012-13

- MSIJC has developed the inaugural *National Woman Held Pregnancy Record* template.
- The MSIJC has developed the *National Maternity Services Capability Framework* which provides a rigorous methodology to support maternity service planning and risk management improvement in maternity care.
- The first stage of the National Maternity Data Development Project (NMDDP) was completed in June 2013.

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 MSIJC has developed the *National 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 Record is yet to be taken up in some jurisdictions who continue to use existing systems.

PROGRESS SNAPSHOT

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 Health has made the SA Pregnancy Record available for perinatal health care providers since 2004 and has recently aligned this with the content of the National Women's Health Record to ensure consistency.

Western Australia

The WA Government has endorsed the *National Woman Held Pregnancy Record* as the health record for use in WA from 2013-14.

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. In 2013-14 the tool will be piloted for validation purposes in a number of jurisdictions.

Data Improvement

The first stage of the NMDDP was completed in June 2013. The NMDDP has laid the foundation for an enhanced national perinatal data collection through the following major achievements:

- national information needs for monitoring the care provided by maternity services and the outcomes for mothers and babies have been identified and prioritised, highlighting data gaps and inconsistencies in the existing national perinatal data collection and developing a plan for data development to address these;
- the *Maternity Information Matrix*, a web-based resource providing access to current metadata for collection with a maternity focus, has been updated;
- a nomenclature for defining models of maternity care that can be used to classify and report on these models with varying degrees of granularity has been developed;
- 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;
- national agreement on a process for standardised reporting of maternal mortality has been achieved; and
- progress has been made towards developing a model for national reporting of perinatal deaths.