MATERNITY CONSUMER NETWORK
www.maternityconsumernetwork.org.au

Review of Draft National Maternity Services Framework

Phase 1: Consultation Report

We commend the participants at the Hobart, Sydney, Cairns, Perth, Brisbane and Melbourne Workshops for discussing continuity of care as a key component /principle of the NFMS. Given the strong evidence supporting continuity of care throughout the woman's pregnancy, labour, birth and postnatal period it's imperative this is the foundation of the NMSF. We believe that continuity of care requires a very strong focus in the NMSF. Continuity of care really needs to be clearly defined, as when women are requesting continuity of care, it is around continuity of carer (who provides the care, rather than place of care).

We support other suggestions at the workshops including:

- Standardised guidelines and nationally consistent data collection flagged in Melbourne workshop.
- Acknowledgement that pregnancy and childbirth are not illnesses or diseases & therefore cannot be molded to medical models.
- Acknowledgement that fear of litigation leads to increased intervention.
- Fragmented care recognised as a risk to outcomes.
- Acknowledging that women need information to be able to make informed choices, and that care providers are responsible for providing that information.
- Concern over whether private providers will be encompassed in NMSF.

The Brisbane workshop mentioned choice of birthplace for women. Given the strong consumer input into earlier maternity service frameworks and our repeated desire to be enabled the choice of birthing at home, there needs to be recognition of a significant number of women's desire to birth at home with a known midwife or obstetrician in the NFMS.

From 9 workshops, only three consumer representatives were present - one from Canberra group, one from Sydney (who was also fulfilling another role), one from Brisbane. This does not constitute an acceptable, reasonable or equitable consumer voice.

Of 95 attendants at the workshops there were only 80 responses to the survey, despite the survey supposedly being able to be forwarded by attendees to other pertinent stakeholders. This indicates that the survey was not forwarded, and not filled by even all attendees. The survey questions are full of jargon and not easily interpreted by an average person.

Services project: fact sheet 1

There is still much in the 2010 – 2015 National Maternity Services Plan (NMSP) that is yet to be accomplished. It failed on many fronts in improving maternity care in Australia, namely due to the lack of commitment in establishing targets, timelines and accountability. The NMSF has further water downed the NMSP, and also has failed to commit to any real improvements in maternity care. We are very concerned to see the focus trending toward "antenatal risk factors" rather than ensuring all components of the 2010-2015 NMSP are achieved. The sixth of the ten principles underpinning the plan reads, *Maternity care will be provided for all women and their babies within a wellness paradigm, utilising primary health care principles while recognising the need to respond to emerging complications in an appropriate manner.* Trending toward a risk / pathogenic focus rather than a wellness paradigm, outlined in the sixth principle would seem to be incongruent.

Examples of components of the 2010 – 2015 plan not fully realised:

- The fifth of ten principles underpinning the plan. ***Continuity of care,*** *as a feature of maternity care, is very important for women. There is an increasing demand for midwifery continuity of care models. There are also many women who choose to access continuity of care from general practitioners (GPs) and specialist obstetricians. It is recognised that these choices should be respected and supported by improved access for those who choose to use them.* (p.13). Although there has been some progress toward improving continuity of care for those women who choose, continuity of midwifery care is still not available for significant numbers of women who would choose such a model. Around 8% of women can access a known midwife (continuity of midwifery carer) via public midwifery group practice models and private midwives. Many of these private midwives are still denied visiting access to their local hospital to support women in their care, which needs to be addressed in this framework, in order for women to effectively and safely receive continuity of midwifery carer.
- A ***priority*** of the NMSP was to be *Continuing to provide a range of maternity care options, including homebirth, is a priority of the Plan. Continuity of carer, a wellness paradigm, and woman-centred care using primary health care principles have also been identified as important features of maternity care for all women* (p. 29). Again, there has been some small progress in enabling women to choose home birth, this choice is still not available for the majority of women who would choose to birth at home, especially publicly funded homebirth models.
- There have been some <u>temporary</u> exemptions on the requirement for midwives to hold professional indemnity insurance in order to register as a midwife and support women choosing to birth at home. This requires urgent attention. The extension of the exemption is simply a band-aid solution, and we feel has further limited women's choice for birthing options at home.

Services project: fact sheet 2

Please see relevant comments relating to fact sheet 1.

Consultation Draft

Definitions:

The definition of 'continuity of care' is open to misrepresentation ('small group' is not defined and nor is the importance of every member of the 'small group' being known to the woman). It would be very easy for this definition to lead people into believing that a model of fragmented care was actually providing continuity of care for the woman, which would not be accurate. Furthermore, due to the inadequate definition, it could even imply by someone receiving antenatal, birth and postnatal care at the same facility, would be receiving continuity of care. Continuity of carer, is the continuity involved in seeing a known care provider, and furthermore, the underpinning principals and request from maternity consumers on the back of the NMAP (National Maternity Action Plan) was for continuity of midwifery carer- a known midwife- which is evidence based care (Cochrane review, 2016).

Values:

Respect - *A woman's choices, preferences and values are respected and supported by maternity services and providers* (p.4). This is a very important value and by implication, the woman's choice to birth at home must also be respected. This also needs to be reportable and measurable. There seems to be a lack of value (from the NMSP and the NMSF) in collating data from individual's that have accessed maternity care, and feedback on whether their preferences were upheld, whether they had respectful, evidence-based maternity care, informed consent etc.

Principles:

1. ***Woman-centred*** *– Women and their families, support networks and communities are at the heart of maternity services and are empowered to make informed choices regarding their care* (p.5). The definition of woman-centred provided on page iii read: *Encompasses the needs of the baby, the woman's family, significant others and community, as identified and negotiated by the woman herself.* It is noted that while most women will identify her partner / family as being significant to her, this is not necessarily the case. Furthermore, there may be occasions when the woman's desires are not the same as her family. I therefore recommend that the definition on page iii be utilised in the context of the woman-centred principle on p.5. Furthermore, as a principle of the document, having women involved in the review, consultation and development of the document that affects 800 women each day, it would have seemed essential to have a woman-centred document, involving meaningful consultation with women around the development of this document.
2. ***Culturally safe*** *– Maternity services reflect an understanding of the diversity between and within cultures, supporting a woman's wellbeing, and meets the needs of the woman, her partner and/or support network including her community* (p.5) the above comment on the definition of woman-centred equally applies to this second principle. How is this to be

measured? What constitutes "culturally safe" care? Where is the reference to the importance of women being able to birth on country?

4. ***Access -*** *All women, including Aboriginal and/or Torres Strait Islander women, culturally and linguistically diverse women, women living in socioeconomically disadvantaged communities and rural and remote women and their families, have access to high quality, safe, evidence-based maternity care* (p.5). This access must include her choice of birthing place, including the access to birth at home or 'on country' (for Australian Indigenous women), supported by a known midwife, general practitioner or obstetrician.

To avoid confusion (not to mention unnecessary intervention), being born at term (p.12), needs to be 37 – 41 completed weeks gestation.

2.3.3 The NMSP was developed with a great deal of consumer input, on the back of the National Maternity Action Plan- a joint initiative between consumer and midwives, which was well supported by a large body of high quality evidence. We are VERY concerned that the focus of the NMSF dilutes what was considered vitally important to women when the 2010-2015 plan was developed (p.14). For example, the NMSF does not include choices for women to birth at home or on country; the meaning of 'continuity of care' could now encompass fragmented care.

In Summary:

Consumers are overwhelmingly disappointed in the lack of depth and structure of this document, which lacks accountability on any level (including of those developing it). It entirely misses the point of moving towards an evidence-based model of maternity care, where continuity of carer underpins the system. It fails to acknowledge the need for measurable outcomes, and the need for a review of the NMSP. Some questions that should be taken into consideration on further development of the document:

Where is the adequate assessment of the implementation of the National Maternity Services Plan?

Where are the specific, measurable deliverables to mothers, babies and their families?

(Using perinatal mortality as the measure to make the broad statement "Maternity services in Australia are high quality" is at best false advertising, as there are no consistent measures or data collection to adequately assess the quality. Live mother and baby are not the only measures of outcomes.)

Where is the commitment to requests women have been asking for a long period of time (which was the foundation for the NMSP) including: continuity of midwifery carer, options in care and place of birth, consumer representation in development of the NMSF? A commitment to ensure women's access to medicare funding for eligible private practicing midwives is upheld and expanded upon?

Where is the commitment to ensure consumers are key stakeholders in the development of documents and services that directly affect them?