Appendix B: Consultation input template

Please provide input on the NSAMS using the following template.

Name:Alecia Staines

I am responding on behalf of an organisation, Maternity Consumer Network

If you are responding on behalf of an organisation please select one of the following:

Other (please specify) Consumer Organisation (***feedback:*** *this should be a selectable field, not an "other", as we are the ones who live with the outcomes of the maternity care provided to us).*

Consultation questions

1. Can you in one or a few brief sentences provide what you think would be an overarching key outcome statement for the NSAMS?

That every woman in Australia has equitable access to safe, woman-centred, evidence based maternity care by a known midwife as close to her home as possible throughout the perinatal continuum.

1. Do you think there should be a set of values that underpin the NSAMS? If so, could you list the top four values you would like to see included?

Woman Centred Care, Midwifery Led Care, Evidence-Based, transparent, respectful care in a framework of informed decision making, Equitable access to maternity care, close to home.

3. Can you outline three or four positive aspects of maternity services in Australia?

Universal Health care - publicly funded maternity services Highly educated and skilled workforce, clean facilities.

4. What do you think are the three or four key gaps or issues for maternity services in Australia?

Of these which is most important to you?

Less than 8% of women can access Continuity of Midwifery Care (the gold standard of maternity care), 1/3 of women experiencing birth trauma, high PND & PTSD rates, leading cause of death is suicide... High intervention rate, which is costly, financially, physically and emotionally to mothers, Lack of informed choice/consent, Rural and remote birthing services being restricted or closed. The funding system is flawed- intervention is financially rewarded. We have high intervention rates. The "healthy women and baby" measure of outcomes doesn't include the emotional wellbeing of women, so simply being "alive" is a marker of success. The medical dominant, old-fashioned, non-evidence based system is harming women. There is no transparency- we need public data, easily accessible, consumer friendly and need this captured by having maternity indicators that capture the woman's experience. The postnatal period needs extending beyond 6 weeks and women need to be linked with appropriate community based care, such as child health nurses.

5. What four to six key improvements would you like to see in maternity services in Australia?

Please consider these from a national perspective.

1. Improved access to Continuity of MIDWIFERY Carer by adopting a national approach to promote and increase access to Continuity of Midwifery Carer models in an equitable way with the view to improve birth outcomes and satisfaction, decrease intervention rates, decrease birth trauma and close the gap. 2. Funding review leading to funding reform of maternity services in Australia. Federal DHS takes over funding of maternity services to move toward woman-centred funding - similar to 3. Streamlining of all maternity data (from national level right down to care provider level) and making it publicly available to promote transparency, accountability, so that women can make informed choice about where and with whom to birth with. 4. Unique Patient Identifiers implemented by all States and Territories to allow bundled payments to progress at a hospital level, although this needs to be extended to all funding, as the splintering off of funding for our maternity system isn't improving service delivery, it needs to come to one source. 5. The medical lobbying to not be influential, as really the only true stakeholders in maternity care are the birthing women, the ones who live with the outcomes of our maternity care. 6. Respectful Maternity care- this needs to be implemented and evaluated by asking women about their experiences. 7. Look to the WHO guidelines and other successful countries such as the Nordic countries and how they deliver their services.

6. Are there specific strategies that you could suggest for rural and remote services and/or, Aboriginal and Torres Strait Islander women and/or, women from culturally and linguistically diverse backgrounds?

Continuity of Midwifery Carer (CoMC) in Rural and Remote locations has been proven across the world as an effective way to maintain and keep R&R birthing services alive. CoMC is also the best approach to ensure culturally and linguistically appropriate care for women because it is the most individualised, woman-centred model of care. Birthing on Country needs to be actively implemented in Aboriginal and Torres Strait Islander communities.

What about women with disabilities????

7. How will success be measured or how will we know if strategies are being successful?

The markers for measuring successful maternity care need to include outcomes based on more than just mortality, but include interventions and the emotional, physical and mental wellbeing of the mother, which need to be publicly available. There needs to be an increased accountability across the states for implementing evidence based continuity of midwifery care, reporting and public available data, including emotional wellbeing and care satisfaction. Yearly progress evaluations, conducted by an independent body, that includes engagement with maternity consumer advocacy organisations (such as Maternity Consumer Network), will assist in measuring the level of success. Making these progress evaluations publicly available will ensure accountability.

The NSAMS needs to be more than just a document, there needs to be specific recommendations to the states, territory and federal departments for appropriate policy shift for funding reform, for more available data, for increased access to continuity of midwifery carer (which includes looking at the “red tape” restrictions to the private midwifery profession).