www.maternityconsumernetwork.org.au

"Better outcomes for mothers and babies means better outcomes for the whole community."

Introduction:

Maternity Consumer Network is a consumer based organisation, with members across Australia. Our goal is for Australian families to have access to high quality maternity care, in a framework of informed choice. We particularly promote access to public available data on maternity care providers, community-based continuity of midwifery care as a primary care strategy, and bundled maternity payments.

In the current maternity care climate, it is important the focus moves to improving a range of outcomes for mothers and babies, particularly around mother's experience of birth and emotional and mental well-being. Currently, almost one third are experiencing postnatal depression and over 14% experiencing PTSD because of birth (Boorman, Devilly, Gamble, Creedy, & Fenwich, 2014). The number 1 cause of perinatal mortality is suicide.

We believe the benefits to New South Wales maternity consumers will only truly be seen if treatment and outcomes by clinicians is made publicly available, as recommended and practiced in other parts of the world. According to Miller (2008) 'Health care providers should be required to report publicly on the level and quality of services provided to patients, particularly to minority and disadvantaged populations'.

We have prepared the following, in collaboration with our New South Wales members:

Currently, there are severe restrictions on the private midwifery profession, which ultimately affects maternity consumer access to choice in care providers. A mother's care during pregnancy, birth and postnatally plays a crucial part in her ability to go forward into motherhood, so we therefore feel addressing this is an important part in supporting new parents and their babies. With private practicing midwives unable to be employed by hospitals, and hospital employed midwives unable to maintain employment whilst stepping into private practice, it is difficult for women to access a service which is strongly supported by high quality evidence and is in demand by women. Slight legislative changes would see an improvement in the access to private midwives, whilst offering more parents support through continuity of midwifery carer, and these changes will not cost the state any money, as private midwives have Medicare Provider Numbers, therefore accessing Commonwealth funding.

Women have reported to our organisation the importance of home visits, offered as standard care in private midwifery continuity of care models, and some public continuity of care models. These visits occur straight after birthing day, and are daily often for the first week, and when necessary up to discharge at 6 weeks. Mums feel they are better supported in breastfeeding, caring for baby, and emotionally through the relational care in their home.

Private midwifery outcomes, albeit small populations studied, have shown better outcomes across all national maternity indicators including: 13% caesarean birth rate, compared to almost 33% nationally, almost 80% spontaneous vaginal birth rate, compared to 54% nationally, newborn intensive care admission was just over 5%, compared to 16% nationally, and 97% breastfeeding

rates on discharge. (Fenwick et al. 2017). This is significant, as private midwifery models operate as an “all risk” model of carer, unlike most public models of continuity of midwifery care, which restrict any women who are deemed “high risk” from accessing continuity. We believe continuity of midwifery care, which has been recommended as a priority care model in various maternity reviews, will see better outcomes for disadvantaged populations, which are currently often restricted in public continuity of care models.

Disadvantaged women need more access to continuity of carer, to see improved outcomes across New South Wales. Women in continuity of midwifery care groups were more likely to have a normal birth, more likely to feel in control during labour and birth, feel more satisfied with their care, and commenced breastfeeding earlier than women who had other models of care (Sandall, Soltani, Gates, & Devane, 2016).

We would recommend support for the midwifery profession to transition to continuity of care models in the public sector, legislative changes supporting private midwives, directives to ensure hospitals collaborate and enable private midwives to support their mothers through the continuum of pregnancy, birth and postnatally, and “all risk” public MGPs, supported in the community. Clear definitions around continuity of care are imperative to ensure these models align with true continuity of care, and consumers are fully informed about continuity of care, continuity of carer and continuity of midwifery care.

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