

ANMF Submission to AHMAC consultation

STRATEGIC DIRECTIONS FOR AUSTRALIAN MATERNITY SERVICES

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Midwifery
Federation



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INTRODUCTION

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 275,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

Currently, the ANMF represents the largest number of midwives in the country, with over 20,000 members registered as midwives. This is more than two thirds of all registered midwives employed in Australia, according to the total number of 26,766 shown in the Australian Government Department of Health *Midwives National Health Workforce Data Set 2016 Fact Sheet*.¹

The Federation welcomes the opportunity to provide a response to the Australian Health Ministers' Advisory Council's (AHMAC) round 2 consultation on the new *Strategic Directions for Australian Maternity Services*. The consultation process for the development of the final document has been extensive and highly inclusive. Our Branches and midwife members have contributed to the round 2 consultation workshops, webinars, on-line survey and national submission.

¹ NHWDS Data Tool and Resources: <http://data.hwa.gov.au>



Consultation Questions

About the document

1. Is the document appropriate and easy to follow? Yes/No

Yes, the document is appropriate and easy to follow. However, there are a number of areas where additional content and clarification is required in the principle, rationale and most often the enablers, specifically relating to workforce, funding, postnatal care and education. It is unclear if maternity care includes pre-conception care, whether it starts at the first visit, and how far into the postnatal period care extends. Maternity care should be defined at the beginning of the document and included in the glossary.

2. Is there anything missing or that should be changed? Please provide details.

Workforce is only addressed under the value of safety. Maternity workforce should be incorporated into the enablers for all the values. An appropriately prepared, educated, professionally accountable, collaborative, safe maternity care workforce is a key enabler to achieving the values of safety, respect, access and choice for women and the associated principles and strategic directions. The issue of workforce, and in particular sustainability of the workforce, must be addressed to enable provision of the various models of maternity care.

Funding models are only addressed under the value of access, and specifically to supporting access to continuity of care. Appropriate funding models are an essential enabler for access to all maternity care and to mental health support, so should also be incorporated into 2.2 and 2.3. Sufficient, appropriate models of funding are enablers for the values of choice and safety. This should be reflected in the document.

Although the monitoring and implementation framework is yet to be added to the final document, there needs to be measurables included, following each of the enablers, to ensure clarity of accountability.

In addition to the culturally and linguistically diverse needs of women, there should be some acknowledgement or commentary in the document about the socially diverse (LGBTQI) needs of women and their families.

For ease of use, the glossary should be moved to the front of the document. Any documents referenced in the framework should include a link or be included as an attachment.



3. Are the principles appropriate and comprehensive? Yes/No

Yes, overall the principles are appropriate and comprehensive.

4. Is there anything that is not covered by the principles or changes that you suggest? Please provide details.

Principle 1.1 – first line should be amended to:

All women and their families are treated with dignity and respect through maternity care.

Principle 1.2 – should be amended to:

Women's safety and experience of maternity care is supported by respectful communication and collaboration between health professionals

It is the individuals, not the professions themselves that need to respectfully communicate and collaborate.

Principle 2.1 – remove the word improved. Should be amended to:

All women have access to continuity of care with the named care provider(s) of their choice

Principle 2.2 – as identified in this section, there are no evidence based guidelines for postnatal care. To ensure there is shared understanding of the term 'postnatal' in this principle, it should be defined in the accompanying glossary.

Principle 2.3 – should be amended to include access to mental health education:

All women must have access to mental health information, assessment, support, treatment and education throughout the reproductive cycle

Principle 3.1 – should be amended to include access to information about locally available postnatal care:

All women can readily access information about locally available antenatal care, birthing options and postnatal care that can be easily understood

Principle 4.2 – language change from women as passive recipients to active participants in their care:

All women access care from a maternity care workforce that is respectful, responsive, collaborative, competent, resourced and reflects cultural diversity

Principle 4.3 – should be amended to include postnatal:

All women have access to care during pregnancy, birth and the postnatal period that is based on current, high quality evidence



About the Strategic Directions

5. Please rate how realistic you think it is to aim towards the following strategic directions for respectful maternity care (not realistic/somewhat realistic/realistic/very realistic):

- Women's experiences and outcomes are respected and used to inform quality improvement in maternity care
- Strengthen interdisciplinary collaboration, culture and communication

The *Strategic Directions for Australian Maternity Services* is an aspirational document. Although the strategic directions are worthy aspirations, it isn't possible to determine how realistic they are without the details of the implementation and monitoring framework. How realistic the strategic directions are will depend on how well the enablers are implemented and monitored.

6. Are there aspects of respectful maternity care that are not covered in these strategic directions? Please provide details.

1.1 Respectful, holistic care

Strategic direction should be amended to:

Women's choice, experiences and outcomes are respected and used to inform quality improvement in maternity care.

Enablers:

As the international terminology of Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs) uses the word patient it would be preferable to add a footnote immediately below this section which indicates that the term 'patient' in this context refers to the woman.

1.2 Collaboration between health professionals

Rationale refers to 'positive behaviours', this needs to be defined. Consideration should be given to incentivising and monitoring collaborative practice, to ensure it occurs and for greater accountability.

Enablers:

The proposed joint statement should refer broadly to all the professional organisations representing maternity care providers without naming any or include the Australian Nursing and Midwifery Federation, as the professional organisation representing the largest number of midwives in Australia.



Additional enablers include:

Incentivise collaborative practice for all maternity care providers with funding dependent accountability measures

Ensure digital communications are accessible to support collaboration

7. Please rate how realistic you think it is to aim towards the following strategic directions for improving access to maternity care (not realistic/somewhat realistic/realistic/very realistic):

- **Expand the availability of models of care that promote continuity for women**
- **Re-design services around the needs of women and communities**
- **Improve care in the postnatal period**
- **Jurisdictions address the unacceptable morbidity and mortality associated with poor perinatal mental health**

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8. Are there aspects of improving access to maternity care that are not covered in these strategic directions? Please provide details.

2.1 Improving access to continuity of care

Strategic direction should be amended to:

Expand the availability of models of care that promote and provide continuity for women

Enablers:

Should include structures and standards that must be in place to enable access to continuity of care. Maternity workforce strategies to develop and maintain continuity of care models should be added to the enablers.

Linking clinical, economic and reported outcomes to the model of care would introduce evidence-based drivers which would influence the design of services for quality improvement

2.2 Improving access to maternity care

Enablers:

Should include workforce and funding models.



2.3 Improving access to mental health support

Enablers:

Should include the provision of perinatal mental health education for the existing maternity care workforce. Education should include assessment for early intervention and referral to avoid or reduce delays to treatment.

9. Please rate how realistic you think it is to aim towards the following strategic directions to support women in decision-making about their maternity care (not realistic/somewhat realistic/realistic/very realistic):

- Improve availability of quality information for women
- Enable women's decision-making through the provision of evidence-based information about outcomes associated with different ways of giving birth

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10. Are there aspects of supporting women in decision-making in maternity care that are not covered in these strategic directions? Please provide details.

Strategic direction should be amended to:

Quality information must be available.

3.1 Providing information about local maternity services

The strategic direction refers to 'quality information', this needs to be defined.

The rationale should also include midwives as a key source of information for women and often the first point of contact in pregnancy. The issue that needs to be identified here in the rationale is that general practitioners don't always provide women with information about all locally available models of maternity care. General practitioners should not be tasked with being the gatekeepers to information.

Enablers:

Should include: education and a directory of available services; support for general practitioners and midwives to provide information on available models of care and arrange timely access to the chosen model; women to have direct access to information about the available services; include all available models in the development of Health Pathways on maternity care to assist in providing all maternity care providers or the primary point



of access maternity service with relevant information (this reinforces choice).

Additional enablers include:

Removal of structural barriers to enable women to directly access primary midwifery care

Ensure information on local services is available for access by both maternity care providers and women seeking care

Ensure information is contemporary, contextual and relevant

Patterns of referral should be reviewed and evaluated to improve accountability

The Pregnancy, Birth and Baby website is outdated and inadequate. It needs to be re-designed to include high quality, evidence-based information with input from health professionals and consumers.

3.2 Supporting informed choice

Strategic direction should be amended to:

Enable women's informed decision-making through the provision of high quality, evidence-based information about outcomes associated with decisions made during pregnancy, birth and in the postnatal period.

This section focusses purely on birth and is not inclusive of antenatal and postnatal care. Women should be supported to make informed choices pre-pregnancy through to post birth.

Enablers:

As part of antenatal care, provide women with evidence-based information about options, outcomes, and implications of choices made regarding antenatal care, postnatal care and birthing.

Link clinical, economic and reported outcomes to the model of care for progressive structural drivers that are based on evidence which includes linkages with MaCCS, the National Perinatal data set and funding/cost of services.

The evidence needs to be the best available using systematic reviews. There needs to be a feedback mechanism and timely public reporting.

11. Please rate how realistic you think it is to aim towards the following strategic directions for safety in maternity care (not realistic/somewhat realistic/realistic/very realistic):

- **Support implementation of culturally safe, evidence-based comprehensive models of care that have been developed and implemented in partnership with Aboriginal and Torres Strait Islander people and organisation's**



- **Support implementation of culturally safe, evidence-based comprehensive models of care that have been developed and implemented in partnership with women from culturally and linguistically diverse backgrounds and their communities**
- **Workforce planning enables the delivery of sustainable maternity services**
- **Evidence is used to develop, design and deliver services and for continuous quality improvement**
- **Service providers implement measures to reduce the rates of stillbirth**

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12. Are there aspects of safety in maternity care that are not covered in these strategic directions? Please provide details.

Strategic directions should be amended to:

Support implementation of culturally safe, evidence-based comprehensive holistic models of care that have been developed and implemented in partnership with Aboriginal and Torres Strait Islander people and organisations

Support implementation of culturally safe, evidence-based comprehensive holistic models of care that have been developed and implemented in partnership with women from culturally and linguistically diverse backgrounds and their communities

4.1 Supporting cultural safety

Enablers:

Should include the importance of cultural safety education for existing maternity care providers. Should address the need to increase the Aboriginal and Torres Strait Islander maternity care workforce. Should address the need to support more people with culturally and linguistically diverse backgrounds to work in maternity services.

4.2 Supporting the maternity care workforce

Enablers:

Must include maternity workforce planning addressing recruitment and retention. This includes: developing employment models for student midwives; funding midwifery postgraduate models; flexibility to work in a



select area of scope rather than across the full scope of midwifery practice ie: postnatal; access to entitlements such as transition to retirement to reduce the burden of psychological and physical stress associated with maternity care; greater provision of clinical midwife supervision for 'learner' midwives to reduce the burden of supervision/education on experienced midwives; greater access to education; and supported attendance at mandatory competency courses

There needs to be a national workforce strategy. Without a strategy, there is only one section in this document to cover numerous, complex issues.

Who does the enabler 'generalists in rural settings' refer to? If this is specifically for medicine, then this should be stated. Midwives are desirable for provision of primary maternity services in all settings.

The impact of unqualified neonates on cost and workload is already known, in particular where those neonates are requiring care in the postnatal ward where historically they would have been admitted to special care nursery. The definition of unqualified neonate must be changed, first in the Health Insurance Act 1973, then subsequently, the Australian Institute of Health and Welfare (AIHW). The postnatal in-patient cohort are usually women with high clinical need due to the increase in early discharge. The enabler is to qualify the neonate requiring care in the postnatal ward to ensure safe staffing levels.

4.3 Supporting safety and quality in maternity care

Enablers:

Should include education of the existing maternity care workforce. This education should also address family and domestic violence. Mandatory annual continuing professional development and peer review requirements that currently apply only to midwives, should apply to all maternity care providers.

13. Please provide any other comments.

The glossary needs to be reviewed to ensure all terms are captured. In particular, postnatal and continuity of care should be included.

Much of the round 1 consultation feedback (workshops, focus groups and written submissions) could be included in the rationale and enablers sections of the strategic directions document.

As this will be an enduring document, referral to specific documents, such as in section 1.1 and 4.1, will date the document. The framework should refer generically to the current edition of these documents.



CONCLUSION

The ANMF welcomes the opportunity to provide feedback through this submission to the Australian Health Ministers' Advisory Council's round 2 consultation on the Strategic Directions for Australian Maternity Services. We look forward to assisting with the development of the implementation and monitoring framework to be included with the final document and further, to collaborating with AHMAC on the implementation of the strategic directions. As the ANMF represents the largest cohort of health professionals providing maternity services we are committed to ensuring our midwife members are informed about and involved in the roll out of the new *Strategic Directions for Australian Maternity Services*, once completed.