

Submission by the Australian Nursing and Midwifery Federation

**The Australian Living Evidence
Collaboration for on the Living Evidence
for Australian Pregnancy and Postnatal
Care Guidelines (LEAPP Guidelines)**

9 August 2024



**Australian
Nursing &
Midwifery
Federation**



Annie Butler
Federal Secretary

Lori-Anne Sharp
Federal Assistant Secretary

Australian Nursing and Midwifery Federation
Level 1, 365 Queen Street, Melbourne VIC 3000
E: anmffederal@anmf.org.au
W: www.anmf.org.au



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 320,000 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.

The ANMF recognises that a midwife was the designated carer in 46% of maternity care in Australia in 2023, and the most common carer in all jurisdictions.¹ Nationally the ANMF represents the largest number of midwives in the country, with more than 20,000 midwife members. As the largest professional and industrial body for midwives in Australia, the ANMF has significant interest in Federal maternity policy as it directly relates to workforce. Given that midwives could be considered the primary user of the Living Evidence for Australian Pregnancy and Postnatal Care Guidelines (the LEAPP Guidelines), additional input from midwives throughout conceptualisation would have strengthened their validity, acceptability, and usability. The ANMF was disappointed to be excluded from the LEAPP Guidelines creation. We

¹ Australian Institute of Health and Welfare (2023). <https://www.aihw.gov.au/reports/mothers-babies/maternity-models-of-care/contents/what-do-maternity-models-of-care-look-like/designated-and-collaborative-carers>.



are requesting inclusion in the Australian Living Evidence Collaboration in future so that we can best represent the ongoing views of our considerable cohort of midwifery members.

Do you have any feedback on new or updated recommendations for pregnancy care?

While the ANMF understands that the LEAPP Guidelines are targeted at health practitioners, we suggest a brief notation or blurb discussing appointment length. The delivery of high-quality antenatal care requires time to ensure informed consent for all risk screening discussed throughout the LEAPP Guidelines, education about labour, birth, and parenting, in addition to time for administrative work such as referrals and documentation. The LEAPP Guidelines are well placed to ensure health funding budgets include enough time for adequate antenatal appointments. The LEAPP Guidelines are also well-placed to recommend a minimum schedule of antenatal appointments, suggesting a national recommendation of how often maternity care providers have face-to-face contact with women throughout pregnancy, and a minimum length of time these interactions are funded to last.

Throughout different sections, the LEAPP Guidelines recommend that maternity care providers advise women in a variety of purchases, including private antenatal screening, antenatal education, and supportive garments. The ANMF believes that pregnancy care should be publicly available, and that any care recommended by health practitioners should be evidence-based, accessible, and equitable. The LEAPP Guidelines are well-placed to include a discussion of test affordability and resource inequity, such as that discussed in relation to rural chromosomal testing. While some tests are expensive and difficult for women to access, there are often substantially less obstructive alternatives. Health practitioners should consider this when ordering and discussing testing with women. Policymakers should consider this when recommending “normal” scheduled testing. The LEAPP Guidelines also recommends that health practitioners should “assist pregnant women and expectant parents to find an antenatal education program that is suitable to their learning style, language and literacy level to improve uptake of information.” While formal antenatal education is beneficial, cost is a consistent barrier for many expectant parents. The ANMF encourages institutions to provide low-cost,



publicly available antenatal education, available face-to-face or online. The ANMF recommends that the LEAPP Guidelines include a discussion of these costs, to encourage practitioners to consider the financial implications of their recommendations for women. In addition, the ANMF recommends that governments fund organisations which provide accessible, supportive pregnancy and postpartum care, such as the Australian Breastfeeding Association's or the Perinatal Anxiety and Depression Australia's (PANDA's) helplines.

The LEAPP Guidelines do not discuss midwifery-led continuity of care models, or the evidence-based benefits of these care models for vulnerable women. This deliberate omission restricts care providers and early pregnancy referrers from recommending the single biggest intervention in pregnancy and postnatal care that increases positive outcomes for mothers and babies.²

The section about domestic violence could be more comprehensive, particularly for migrant women experiencing forced migration to or from Australia, and care received abroad that may not align with Australian care recommendations. Vulnerable migrant women engage less with maternity care for fear of being charged or fear that contact with health practitioners will negatively affect their immigration status. This population particularly benefits from midwifery-led continuity of care models.

Section 7.5: Risk of Preterm Birth

The new recommendations align with the Australian Preterm Birth Prevention Alliance, so the ANMF is in support of these additions. The ANMF notes that preterm birth rates among Aboriginal and Torres Strait Islander peoples are significantly higher than non-indigenous populations in Australia. This highlights the need to facilitate partnerships between Aboriginal and Torres Strait Islander communities, Aboriginal and Torres Strait Islander Health Officers/Workers, midwives, and existing antenatal services to reduce the incidence of preterm

² Sandall J, Fernandez Turienzo C, Devane D, Soltani H, Gillespie P, Gates S, Jones LV, Shennan AH, Rayment-Jones H. Midwife continuity of care models versus other models of care for childbearing women. Cochrane Database of Systematic Reviews 2024, Issue 4. Art. No.: CD004667. DOI: 10.1002/14651858.CD004667.pub6. Accessed 29 July 2024.



birth in these communities. Maternity services which involve a known Aboriginal or Torres Strait Islander care provider throughout the pregnancy continuum are highly valued, but as Aboriginal and Torres Strait Islander midwives only comprise 1.3% of our workforce the underrepresentation compromises cultural safety and engagement. This therefore needs to be addressed through government resourcing.

Do you have any feedback on new or updated recommendations for postnatal care?

The postnatal care recommendations appear to be incomplete. Given that postpartum women and their infants often interact with health practitioners and health professionals outside the maternity space in the early postpartum period, it is a priority that the postpartum Guideline is as accessible and comprehensive as possible.

Further topics to be covered must include identification of frequent infections, such as mastitis or endometritis, recommendations for infant milk substitution (including quantities, indications, and safe formula preparation), the management of mental health disorders for all parents and caregivers while in the postpartum period, and the ongoing referral pathway to child health services following the postpartum period. The ANMF looks forward to ongoing consultation regarding the expanded postnatal care Guideline.

Do you have any feedback on any of the recommendations for pregnancy / postnatal care?

Please see above.

Do you have a new clinical question for pregnancy care?

Not at this time, however the ANMF is a key stakeholder in pregnancy care in Australia representing the majority of midwives providing this care to women and requests ongoing inclusion in the development of new or updated clinical guidelines.



Do you have a new clinical question for postnatal care?

Not at this time, however the ANMF is a key stakeholder in postnatal care in Australia representing the majority of midwives providing this care to women and requests ongoing inclusion in the development of new or updated clinical guidelines.

Anything else you would like to share about the guidelines?

The ANMF welcomes the emphasis on informed consent in all aspects of care in the LEAPP Guidelines. Such an emphasis echoes the findings of the NSW Select Committee's Birth Trauma Report No. 1, which highlights that lack of consent results in ongoing suffering for women and their families. The ANMF supports a skilled and educated workforce and understands that informed consent necessitates ongoing education for the antenatal care workforce. Furthermore, it necessitates time allocated within the average workday and appointment schedule for it to occur.

Conclusion

National guidelines can only be nationally applicable if they have been developed through a comprehensive and systematic process involving broad and in-depth consultation with key stakeholders. Key stakeholders not only include professional groups but also the individual midwives the guidelines have been designed to support. The ANMF believes further effort should be made to broadly consult on the draft LEAPP Guidelines beyond the selected professional organisations. It is also disappointing the draft LEAPP Guidelines have been released in an incomplete form for stakeholder and public consultation. The ANMF looks forward to ongoing engagement regarding the development of the Living Evidence for Australian Pregnancy and Postnatal Care Guidelines.