



Public Health Association
AUSTRALIA

Public Health Association of Australia submission on the draft National Framework for Maternity Services

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18 April 2017

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Introduction

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public's health in Australia. The PHAA works to ensure that the public's health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people's health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

Preamble

PHAA welcomes the opportunity to provide input to the consultation on the draft National Framework for Maternity Services. The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. The Australian Government, in collaboration with the States/Territories, should outline a comprehensive national cross-government framework on reducing health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

PHAA Response to the draft National Framework for Maternity Services

The PHAA supports the development of a National Framework for Maternity Services, which will be important for the health of women and children. There is a need to emphasise the importance of health promotion and preventive measures in the Framework. These are directly relevant to several elements of the Framework, including the principles, the maternity journey and the National Antenatal Health Risk Factors Strategy.

Principles

Access

The PHAA supports the inclusion of access as an important principle in the National Framework for Maternity Services. Reference in the draft is made to the additional support which may be required by women who are vulnerable due to economic circumstances. This must also include affordability being aligned with women's income and ability to pay. How this will be achieved should be clearly outlined in the framework. For example, especially in rural areas, non-bulk billed general practitioner shared care is of particular concern. Access should also include adequacy, with the services organised to meet women's expectations, and acceptability, with services being satisfactory and used by women.

To include broader aspects of quality provision, we suggest the phrase 'safe high quality maternity care services and information' be used in place of 'safe high quality maternity care'.

Collaboration

The PHAA supports the inclusion of collaboration as an important principle in the Framework. This collaboration must ensure that services are integrated across public, non-government organisations and private workforces, as well as home visiting being universal, indicative and selective. For the care of women with chronic and life threatening conditions, there is a need for Clinical Practice Guidelines that encompass the range of specialists involved, for example obstetricians, fetal medicine specialists, cardiologists, endocrinologists etc.

Maternity journey

Pre-conception

Although raised during the consultations as being an important issue, in the draft framework there is no mention of pre-conception health checks. Pre-conception planning can alter the health trajectory for babies into adulthood, as well as reducing risks of pregnancy and birth complications¹. Both active and passive smoking, as well as alcohol and caffeine consumption reduce male and female fertility². Being overweight or obese also reduces both male and female fertility³. Where pregnancies are planned, there is an opportunity to encourage women to undertake pre-conception health checks with their doctor. It is recommended that these checks include healthy weight range, quit smoking, eating a healthy and nutritious diet, regular moderate exercise, folate supplements (for women), limiting alcohol intake, avoiding contact with toxic chemicals in the home and work environments, and advice to see a doctor if infection or other inflammation is suspected¹. Lifestyle changes made prior to conception have the potential to have greater impact than lifestyle changes made once pregnancy is established.

Reference to the need to build health literacy⁴ of women is absent from the document. Clinicians must support women to develop their individual health literacy and tailor information accordingly but also work to improve the health literacy environment⁵.

Post-natal

During the post-natal care handover period, there is a need to better integrate child and family health nurses particularly the need for sustained home visiting⁶. Reference to early intervention in parenting during the antenatal and postnatal period especially for families facing multiple vulnerabilities is needed. Women and their families need to be assisted and encouraged to develop strong community support networks to ensure social cohesion and the subsequent health and well-being effects. The document makes no mention of providing early support for the mother/father and infant relationship development. The integration of maternal and reproductive health care is important, especially post-partum contraception and termination where relevant.

National Antenatal Health Risk Factors Strategy

The PHAA questions the incorporation of the Clinical Practice Guidelines Antenatal Care-Modules 1&2 in the National Antenatal Health Risk Factors Strategy. The purpose of these guidelines is to guide clinical practice, as such they are not a risk strategy⁷. In addition, there is no mention of either chronic or pregnancy-acquired hypertension. As an important risk factor, this should be included with the strategy being underpinned by the prevention and management of pre-eclampsia in particular. Statements concerning prevention could be strengthened by reference to models of primary health care delivery such as midwifery continuity of care.

Performance monitoring and evaluation

The PHAA agrees that system level performance monitoring and evaluation is required. The inclusion of implementation drives to ensure systemic change should be considered.

Conclusion

PHAA supports the broad directions of the draft National Framework for Maternity Services. However, we are keen to ensure the inclusion of health promotion and preventive health strategies in line with this submission. We are particularly keen that the following points are highlighted:

- Access to services should outline how the circumstances of women in economically disadvantaged positions will be taken into account
- Pre-conception planning and health checks should be included in the framework
- The National Antenatal Health Risk Factors Strategy should include hypertension and the prevention and management of pre-eclampsia.

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to the development of a National Framework for Maternity Services.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.



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18 April 2017

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