

## **National Framework for Maternity Services Consultation Response from the Australian College of Midwives – Summary for ACM Branches (May 2017)**

### **VISION, VALUES AND PRINCIPLES**

The ACM supports the **vision** in the Framework that women have access to high quality, evidence-based maternity care:

- We are not confident that the vision can be translated into practice due to the lack of clear guidance and plans on how the vision is to be achieved.

The **values** in the Framework are desirable; the issues are:

- how they will be enacted, monitored and reported;
- who is responsible for their accountability; and
- what ramifications there are when those values are not upheld.

The **principles** are equally desirable, however:

- the language used is vague and lacks guidance and we have concerns that there is little thought or planning on how this will be supported or implemented.

The Framework does not provide clear direction for the future planning of maternity services.

### **EVALUATION OF THE 2010 NATIONAL MATERNITY SERVICES PLAN**

There has been no rigorous external evaluation of the 2010 NMSP. The Framework identified that **leadership** (in the form of MSIJC and jurisdictional reference groups), **governance** and **funding** were key enablers and barriers to the success of the NMSP. The Framework fails to address these critical areas.

The ACM acknowledges that there have been issues around lack of accountability and transparency with the NMSP. We frequently hear of barriers in place to prevent both employed and private midwives from providing successful midwifery programs. Many maternity services cannot facilitate collaborative arrangements for a range of reasons. The threatened or real closure of continuity of midwifery models is an ongoing challenge across the country. The Framework will not prevent this from continuing but rather, will make it more likely to happen.

### **INVISIBILITY OF MIDWIVES**

The Framework ignores the considerable benefit of midwives, and midwifery continuity of care. Midwives are not even referred to in the Definitions section of the Framework, despite being the majority workforce across all maternity services.

The Framework has a strong antenatal, medical focus and ignores the remainder of the childbirth continuum, resulting in a piecemeal approach, rather than a holistic view of maternity services that includes the postnatal period.

### **THE PROPOSED NATIONAL ANTENATAL HEALTH RISK FACTORS STRATEGY**

While the Framework espouses itself as a high level principles document that is not prescriptive, much of the Framework focuses on the National Antenatal Health Risk Factors Strategy with very prescriptive dialogue about specific medical conditions and screening.

A number of important issues are missing

- Aboriginal and Torres Strait Islander women and families, and their specific cultural birthing needs, or methodologies for closing the gap

- The need for strong community services and networks to support women and families, especially those who are vulnerable, have lost babies, or at risk of having their babies removed. The provision of care to women in rural or remote areas, or exploration of how innovative models of care may keep women close to home
- Specialist services or units for women with mental health illness.
- Prevention of still birth, and care of women who have experienced such has been omitted.
- Affordability of testing and screening

### **KEY ENABLERS**

The section on key enablers is scant, with no solid guidance or recommendations on how enablers are realised in practice. Additional enablers are necessary including:

- More Aboriginal and Torres Strait Islander midwives required in the workforce to provide appropriate care for Aboriginal and Torres Strait Islander families.
- Innovative models of care especially in rural and remote areas in order to recruit and retain midwives, which should include a 'grow your own' approach to midwifery students and early career midwives.

### **THE CONSULTATION PROCESS**

The consultation process has been extremely disappointing. The period of time was too short to gain meaningful feedback and buy-in from across the community, especially consumers. The use of language such as "delivery" displays a lack of understanding of woman-centred care.

The ACM attended various consultation workshops and it was very clear that the consultants had their own agenda, and would not be swayed from it. This included the determination to focus on the National Antenatal Health Risk Factors Strategy and clinical conditions in the antenatal period, rather than having a broader discussion about what was the appropriate approach across the whole childbirth continuum. Despite the very strong message at the forums that continuity of midwifery was an effective model for maternity care, this has been completely ignored as are midwives, in the Framework.

### **CONCLUSION**

In conclusion, the ACM recommends that a full evaluation of the 2010-15 Plan is carried out and that a new Plan is carried forward that give direction, targets, concrete guidance, and recognition that flexibility across the jurisdictions is required. Further, that transparency and accountability is embedded in the Plan, as well as full recommendations about how to overcome barriers such as funding and leadership.

Midwives have a pivotal role in the perinatal journey that women undertake. The evidence clearly identifies that midwives are key to ensuring safe, quality maternity care; and that mothers and communities benefit from access to midwifery continuity of care models.