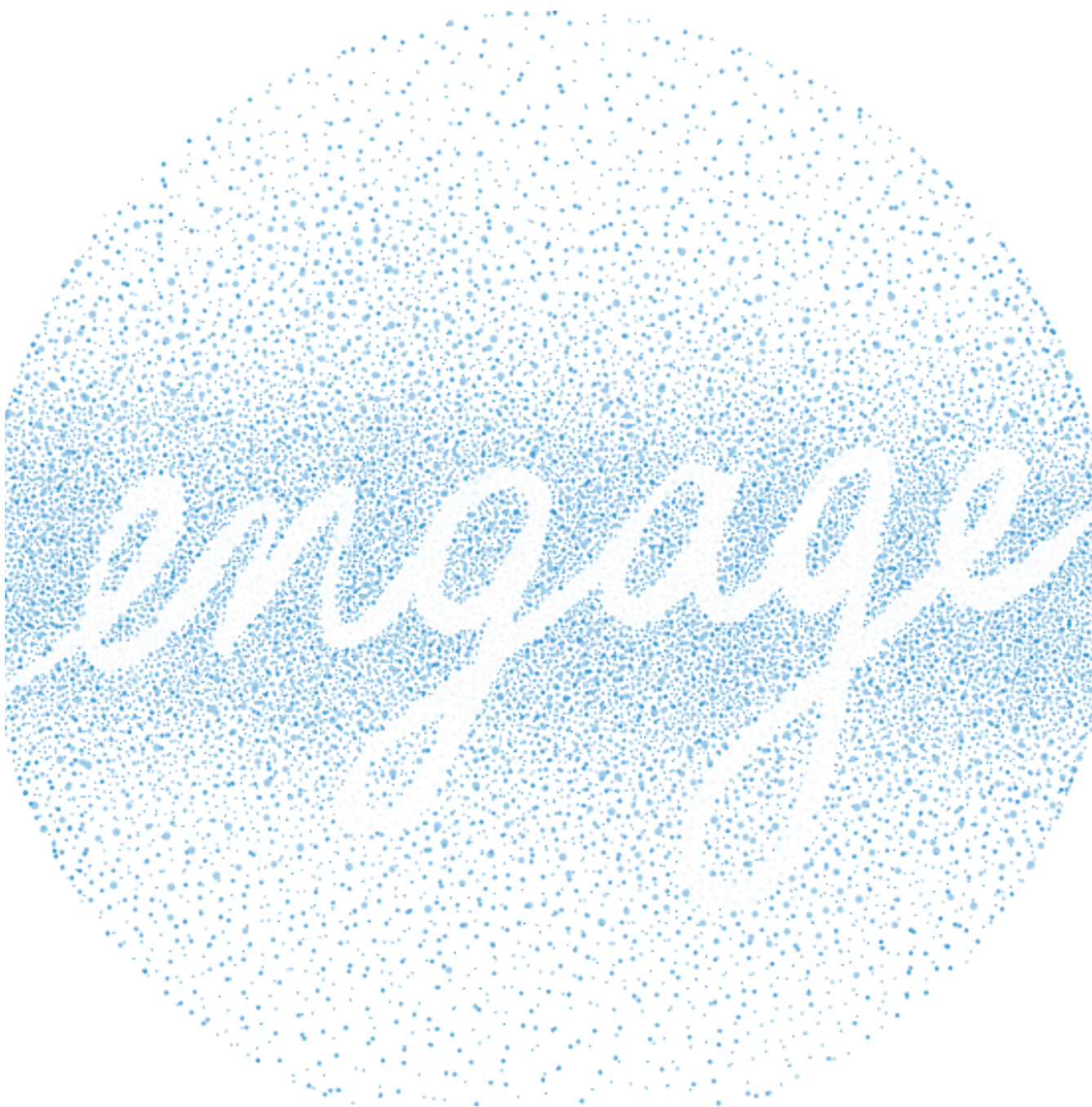


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**Phase 1 Consultation Report for the
National Maternity Services Framework**

March 2017

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1 Introduction

1.1 Background and scope

The Australian Health Ministers' Advisory Council (AHMAC) has shown their commitment to promoting a nationally consistent approach to the provision of maternity services through the development of the National Maternity Services Plan 2010-2015 (NMSP).

To build on the NMSP, the Maternity Care Policy Working Group (MCPWG) was established, as a time limited body, under the auspices of the Community Care and Population Health Principal Committee (CCPHPC) to develop an enduring National Framework for Maternity Services (NFMS) and a National Antenatal Health Risk Factor Strategy (NAHRFS).

The consultation draft of the NFMS has been developed based on consultations with key stakeholders. Two methods of stakeholder consultation have been undertaken; face to face workshops in nine cities around Australia and an online survey.

Further input will be undertaken post publication of the consultation draft NFMS on the "Get involved" website, where feedback and submissions will be invited.

1.2 Purpose of the Phase 1 Consultation Report

The Phase 1 Consultation Report seeks to provide an overview of the discussions and feedback provided at all workshops and through the online survey as part of the first phase of input.

The discussions had in face to face consultations and responses are summarised to give further insight into the specific points and concerns raised by stakeholders.

2 Methodology

2.1 Description of stakeholders identified

A list of identified stakeholders was provided by the MCPWG and they were subsequently invited to a stakeholder workshop, located in their state, which were held between 1 December and 16 December 2016.

Identified stakeholders were also invited to participate in an online survey that captured similar input which were discussed at face to face consultations. Stakeholders were able to distribute the invitations to members and other relevant stakeholders.

2.2 Consultation process

2.2.1 Workshops

Workshops were held in nine locations around Australia, as listed in the below sections. Invitations were sent to identified stakeholders and these stakeholders were encouraged to distribute the invitation for attendance at the most appropriate workshop location.

The workshops were hosted lasted for two hours with interaction from those in attendance. Stakeholders in attendance at the workshops are listed in Appendix 1 including key stakeholder groups such as Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, Department of Health and Human Services, Australian College of Midwives, Australian Medical Association, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and jurisdictional health services. Over the course of the nine stakeholder workshops, 95 participants were involved.

The agenda for the workshops was as follows (and is included in Appendix 2):

Purpose and Background to Workshops:

The participants were informed of the background of the project (as is included in Section 1.1) and the process for the development of the NFMS with participants being shown the current membership list of the MCPWG which will facilitate the development of the NFMS.

Framework vision and principles:

The workshop involved a high level of interaction with the stakeholders to understand what components of the plan were most relevant and critical for inclusion in the framework.

This began with a review of the NMSP vision which was compared to a literature review extract of the vision components in other maternity services plans around the world to stimulate discussion regarding the framework vision.

The Maternity Journey:

The second part of the session covered the maternity journey. This interactive session examined various parts of a maternity journey from pre-conception to postnatal.

Participants in the workshop were asked to discuss the key interactions along the maternity journey, factors that were necessary for a successful maternity experience and the risks that may arise if these factors are not in place.

The participants were then asked to choose the most important and critical interactions and risks that had been identified. Each participant was allowed to select five interactions and five risks.

National Antenatal Health Risk Factor Strategies

For the remainder of the session, the stakeholders participated in a discussion regarding the risks and potential strategies to mitigate these to be included in a national strategy.

2.2.2 Survey

The survey was distributed to various stakeholder groups with 80 people responding. The survey closed on 20 December 2016 and the responses are summarised in section 3.10. The survey contained seven questions, these are provided in Appendix 4.

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3 Findings

3.1 Overview of responses

There was general acceptance of the NMSP's vision and principles; most of the discussion in the workshops and feedback from the survey was centred on adding further components and modification of wording, for example, culturally safe care and support to make informed choices.

3.2 Adelaide Workshop – 1 December 2016

Vision:

Stakeholders in the Adelaide workshop identified several important components of the vision including:

- The importance of culturally competent and sensitive services and the need for evidence based information;
- Quality and safety was a key component that needed to be incorporated in to the vision statement for the NFMS;
- The reference to a qualified workforce was reiterated by participants in the room;
- Monitoring of outcomes was considered critical to any framework.

Principles:

The key points raised in the workshop were:

- The importance of a health provider known to the woman with linkages between GPs, community midwives and other health providers;
- Communication was also considered a key principle to allow for information exchange between health providers and with the women;
- The need for a sustainable and competent workforce was emphasised which included competence in complex care settings;
- The NFMS needs to include a principle which refers to co-ordinated care between services such as between the woman's usual health provider and an antenatal care provider;
- The delivery of cost effective services was deemed to be an important principle;
- Best practice including evidence based practices in the light of performance outcomes;
- Timely access to emergency services.

Maternity Journey

Interactions:

Service interactions included many of those stipulated in the antenatal guidelines but included additional interactions that a mother may face on her maternity journey. These included:

- Primary health and sexual health education directed at young women and general wellness and wellbeing in the pre-conception phase;
- Quality antenatal care beginning early in pregnancy including screening for depression in the first trimester;
- In the second trimester interactions were raised regarding investigation and assessments at no cost to women;
- The third trimester included discussions around identification of problems linked to wellness and wellbeing and effective linkages between health providers;

- Birth and postnatal interactions raised were breastfeeding support, postnatal depression support, vaccinations and pelvic floor physiotherapy.

Some interactions were noted to be present throughout the maternity journey such as sustained research and ongoing perinatal care.

Risks:

Some of the risks that were identified were:

- Unplanned pregnancy;
- Inability to access affordable antenatal care;
- Lack of access to emergency care;
- Lack of early diagnosis;
- Poor procedures around transfers and specialist referrals;
- Reduced local workforce experience due to low birth numbers;
- Non-standard clinical practice guidelines followed;
- Failure to identify women at risk such as domestic and family violence and poverty.

Themes/strategies:

Themes and general strategies to combat the risks included:

- Ensuring a positive and safe maternity journey for women;
- Education for diverse communities;
- Antenatal screening for all women by appropriately trained health professionals;
- Available services close to home;
- National immunisation register;
- Leadership in clinical services planning and standards.

3.3 Hobart Workshop – 5 December 2016

Vision:

Stakeholders discussed the following as key components of a vision:

- Woman centred care;
- Cultural competence;
- Continuity of care;
- Care regarding the mental health of mother and baby/infant.

Principles:

Principles identified for incorporation in the NFMS were as follows:

- Provision of continuity of care for the woman;
- Access to services which are close to home;
- Address inequities in outcomes for vulnerable populations such as low SES populations;
- Ensure adequate education is provided to support prevention of risks.

Maternity Journey

Interactions:

- IVF in the pre-conception phase as well as health screenings such as for rubella;

- The first, second and third trimester service interactions noted there were interactions with the GP, allied health, specialist nurses and a midwife to guide the mother through journey;
- Birth and postnatal interactions included a birthing centre, hospital and lactation support.

Certain interactions would be present throughout the journey such as interactions with:

- Social workers;
- Physiotherapist;
- Physician;
- Obstetrician;
- Mental health and child health services.

Risks:

Key risks identified were as follows:

- Health literacy was identified as a risk accompanied by language and cultural barriers;
- Uncertainty around finances and inability to afford care;
- Physical boundaries to care such as distance, conflicting information given to a woman and the woman feeling that their voice was not being heard.

Themes/strategies:

Strategies to mitigate identified risks included:

- Childcare for staff and patients on site at hospitals to make it easier for women to attend antenatal classes and screenings;
- Recognition of staff concerns such as compassion fatigue, PTSD, job insecurity and shift work recognising that job satisfaction is crucial to a successful maternity service;
- Providing cultural mentors;
- Access to mental health services and drug and alcohol services close to home;
- A known midwife to ensure consistent support and information given to a woman throughout her journey.

3.4 Melbourne Workshop – 6 December 2016

Vision:

Key points raised in the workshop were:

- Woman centred care is one of the most important components;
- Cultural competence and evidence based best practices (informed by antenatal and mental health guidelines);
- The physical, emotional and mental health of the woman as a key vision component which involves the provision of a non-judgemental, shared decision making approach;
- The needs of women mentioned in the NMSP vision should also refer to choices, preferences and values to ensure respectful and collaborative care;
- Reference to family centred care and the role of the father and family;
- Postnatal support issues such as connection with community services including housing and justice.

One point raised referred to the availability of genetic information and the likelihood this will increase substantially over the next ten years meaning decisions will need to be made earlier and possibly more

often throughout the journey; the framework vision needs to consider these potential future advancements.

Principles:

Key points raised were:

- Information sharing and referral (including privacy constraints) should be included in the NFMS principles;
- Issues with the phrase 'appropriately qualified' were raised, accompanied by the suggestion that it should be appropriately trained or accredited;
- Continuity of care and equitable access were deemed important principles;
- Informed choice needed to be included in the principles but with particular emphasis on women understanding the information being given to them and should stipulate their ability to discuss their options with a health professional;
- Need for performance outcomes measurement and indicators was suggested as a principle as well as the need for communication between health professionals to ensure continuity of care.

Maternity Journey

Interactions:

- Genetic counselling;
- Reliance on Google for information;
- Physical and mental health education, particularly for young people in the pre-conception phase;
- First to third trimester interactions included screenings and referral to specialists, primary care conversations and decisions around maternity and paternity leave;
- Birth and postnatal interactions included contact with obstetricians, paediatricians, lactation consultants, referral to community services, discharge plans and return to work strategies.

Other interactions that span the entirety of the maternity journey include health insurance, domestic violence identification and assistance from professional support agencies.

Risks:

Key risks identified were as follows:

- Lack of risk assessment in the pre-conception phase and late identification of pregnancy;
- The first trimester can include risks such as mental health problems or domestic violence not identified or addressed, poor assessment of maternity risks and poor collaboration and clinical decision making;
- Second trimester risks might include woman feeling embarrassment or pressure regarding decisions to terminate, mixed messaging and conflicting advice given and poor assessment of psycho-social risks;
- Third trimester risks include no discharge or continuity of care planning and poor governance and leadership leading to women being lost in the system;
- Risks that may arise at birth or subsequently include poor transition to community care, duplication of services, as well as those risks that can be present throughout the journey such as recruitment and retention of workforce, sustainability of rural and remote areas due to declining demand and geographic limitations of service availability;
- A key risk to continuity of care was fragmentation within the health service due to silos and poor communication and collaboration between systems and health providers.

Themes/Strategies:

Key themes to ensure a successful maternity journey for the woman include:

- Promotion of effective collaboration;
- Ensuring woman get their information from a health professional;
- A well-developed risk assessment framework;
- Flexible approach to delivering care;
- Accessible services;
- Care to be inclusive of language and cultural needs;
- Provide different pathways of care to women to address different requirements and values (it was noted that New Zealand uses a diverse model of care to effectively meet requirements);
- Effective screening strategies;
- Standardised guidelines and nationally consistent data collection;
- The availability of support networks and community support services for health professionals to refer women to when a risk is identified, otherwise medical professionals may shy away from asking difficult questions;
- Maintenance of workforce's skills, particularly in rural and remote areas, was identified as a strategy to reduce risk around the experience of health professionals in areas with low birth rates, this could include secondments and rotations.

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3.5 Canberra Workshop – 7 December 2016

Vision:

Key points raised in the workshop were:

- Reference to culturally safe and culturally appropriate care;
- Emphasis needs to be made that pregnancy and birth is a normal life event and therefore should not follow an illness model;
- Nationally endorsed evidence based care was important to reduce the variation of practice across jurisdictions;
- Transparency and accountability around the framework principles and vision to ensure it is put into practice;
- Reference to vulnerable women needs to be included as well as a reference to access, respect and informed decisions;
- Optimising health and wellbeing of the woman and baby was the key goal of the framework and should be the most important component of the vision.

Principles:

The workshop expressed the need for similar responses nationally. Although jurisdictions can have varying responses, the fundamental level of response should align as most basic needs of women will be very similar across jurisdictions.

Another requirement for a principle was matching need with service – aligning tertiary care with a primary care need is inappropriate.

Participants also recognised the importance of a co-ordinated service providing best practice care close to home.

Respectful care was considered to be important so that her values are respected and included in any decision making processes.

Maternity Journey

Interactions:

Interactions considered most important were:

- Antenatal education;
- Breastfeeding education;
- Models of care decision making;
- Risk assessment;
- Referral to maternity services screening;
- Information to inform choices;
- Ongoing services regarding smoking and alcohol.

Risks:

The key risks identified were:

- Inadequate information to inform a woman's choice;
- Instilled fear in women;
- Fear of litigation leading to increased intervention;
- Lack of knowledge transfer to woman around how to care for her baby;

- Fragmented care throughout the journey;
- Women forced out of their preferred models of choice;
- Low breastfeeding rates;
- Poor birth experience contributing to PND or PTSD.

Themes/Strategies:

Key themes to ensure a successful maternity journey for the woman include:

- Nationally endorsed evidence based guidelines;
- Access to maternity care close to home and specific to her needs;
- Targeted plans for vulnerable populations such as Aboriginal and Torres Strait Islanders, diabetics and victims of domestic violence;
- An appropriately trained and supported workforce;
- Effective clinical networks and collaboration;
- Consistent and efficient collection of data and information sharing;
- Appropriate funding for sustainable birthing services using Australian Rural Birthing Index to inform practice;
- Provide culturally competent and safe care, training more indigenous nurses and midwives;
- Individualised care for woman;
- Early awareness of choices.

3.6 Sydney Workshop – 8 December 2016

Vision:

At the Sydney workshop, the key components of the vision identified were:

- Continuity of care which includes known carer, acceptable, accessible and available care, provision of information conducive to informed choice and consent;
- Focus on optimising health outcomes, which means providing safe care, referring not only to clinically safe but emotional and mental wellbeing of women;
- Acknowledgement that child birth is a normal physiological process and should not be viewed as an illness;
- Emphasis on 'right care, right place, right time', providing connected and responsive care for women;
- Reference to all women birthing in Australia is more appropriate than just Australian women.

Principles:

Principles that were deemed important by the stakeholders in Sydney included:

- Communication and collaboration between care providers and to women;
- Women need to have knowledge and information to make appropriate choices about models of care;
- The workforce need to be appropriately trained and experienced to provide information.

Maternity Journey

Interactions:

Key interactions identified in the workshop included:

- Active support networks;

- Information on care options;
- Access to affordable antenatal care;
- Childbirth education;
- Mothering preparation including breastfeeding and discharge plans Access to a higher level of care if needed;
- Screening of mother and baby for mental and physical health;
- Continuity of care to combat silos.

Risks:

Key risks identified were as follows:

- Fragmented care leading to lack of engagement, more intervention and higher costs;
- Birth trauma;
- Mental health problems and women falling through gaps;
- Lack of safety and inefficiency in using the workforce appropriately.

Themes/Strategies:

Some of the themes that the stakeholder group provided were:

- Education conducive to informed choice;
- Infrastructure funding;
- Monitoring of outcomes;
- Data collection of patient experience and clinical outcomes;
- A wellness paradigm;
- Professional respect between disciplines;
- Equity of access to services;
- Support networks enabled;
- Flexibility of services for diverse women.

3.7 Cairns Workshop – 12 December 2016

Vision:

Stakeholders agreed the wording on the NMSP vision regarding appropriately qualified workforce should be amended to trained and qualified and include enablement to work to an optimised scope and include all health professionals throughout the journey. They also provided additional wording around:

- Reference to family ;
- Increase the Aboriginal and Torres Strait Islander workforce with greater diversity in general, both cultural and gender related;
- Informed choice and collaboration needs to be included in the vision;
- Some uncertainty was raised over the time period 'continuous maternity care' relates.

Principles:

Principles that were deemed important by the stakeholders in Cairns included:

- Sustainable quality systems, consistent across jurisdictions with limited variability due to specific hospital policy;

- Family planning and education was suggested as a key principle with an emphasis on sexual health;
- Respondents wanted family planning services to focus on normalising pregnancy;
- Definition of disadvantaged populations needs to be expanded to include non-English speaking backgrounds, refugees etc.;
- Delivery of non-judgemental care ;
- Focus on the next generation of midwives, giving them eligibility from the beginning and recognising the importance of training.

Maternity Journey

Interactions:

Some of the key interactions suggested were:

- Education systems and accessibility;
- Early access to options screening;
- Interactions with a midwife, health worker, GP, obstetrician, pathology and allied health including physiotherapist, diabetes support and access to a dietician;
- Birth and post-natal interactions include a child health nurse, play groups, community health worker and student midwife.

Risks:

Some of the risks identified include:

- Increased interventions;
- Access to care late or not at all due to lack of awareness of services;
- Unsatisfactory care;
- Engagement from care;
- Maternal morbidity;
- Perinatal mortality;
- Duplication of services;
- Litigation.

Themes/Strategies:

Some of the themes that the stakeholder group provided were:

- Information sharing and communication;
- Continuity of care;
- Primary health care principles;
- Accessibility of services;
- Safe and quality evidence based practices;
- Availability of qualified staff.

3.8 Darwin Workshop – 13 December 2016

Vision:

Some of the key vision components identified in the Darwin workshop include:

- Streamlined and integrated services, especially between rural and remote areas ensuring communication between systems;
- Providing woman centred care;
- Safe and sustainable care;
- High quality care close to the woman;
- Improved choice in remote areas;
- Culturally competent workforce;
- A known carer to enhance the likelihood of the woman trusting her health professional and disclosing important information.

Principles:

Principles that were deemed important by the stakeholders in Darwin included:

- Woman centred care;
- Timely choices including family and partners in the journey;
- Interpreters should be explicitly mentioned to assist with language barriers to help reduce inequality;
- Keeping mothers and babies together;
- Midwives being aware of emerging complications;
- Evidence based information needs to be overseen and endorsed nationally.

Maternity Journey

Interactions:

Some of the key interactions identified include:

- Contact with midwife and GP;
- Escorts to take mother to appointments;
- Accommodation for remote mothers;
- Medical and midwifery students.

Risks:

Key risks identified were as follows:

- Tight deadlines for discharge may mean discharging women when they have no accommodation, similarly housing for mothers when they attend appointments from rural and remote areas;
- Language barriers;
- Lack of continuity of care;
- Lack of communication between health providers;
- Infrastructure risks such as lack of beds meaning mothers and babies may be separated.

Themes/Strategies:

Key themes included:

- Consistency;
- Communication;
- Continuity;
- Education;
- Choice of care even if high risk;
- Support network;
- Collaboration between care providers ensuring information flow between providers;

- Ensuring all women have escorts such as a mother, aunt or other support person.

3.9 Perth Workshop – 14 December 2016

Vision:

The key points identified by stakeholders in the Perth workshop included:

- Woman centred care, including baby and family;
- Culturally safe was also deemed to be an important component of the vision;
- Mention of maternity health professionals in the NMSP vision should instead be referred to as the healthcare workforce to ensure all workers in the health service are captured;
- Continuity of care rather than continuous care.

Principles:

The principles that the stakeholders discussed as important were the following:

- Transition to child health was viewed as an important principle;
- Ensuring evidence based practice is reviewed and updated and made available to consumers, providing them time to make an informed decision;
- Co-ordination between services to provide seamless care;
- Inclusion of choices alongside needs is important so that the woman's values are respected;
- Affordability is also a key principle as the community will need to be involved in delivering cost;
- Provision of care close to where the woman lives.

Stakeholders commented that the whole continuum of care cannot be provided close to home but can strive for it and where this is not currently possible provide the necessary support and care network.

Maternity Journey

Interactions:

The key interactions identified include:

- Contraception management;
- Early pregnancy counselling;
- GP and family planning services;
- Decision making support regarding termination of pregnancy services;
- Choices of models in care;
- Contact with midwife;
- Patient assisted travel;
- St Johns Ambulance;
- Relocation services for women living in remote areas;
- Postnatal interactions include acute postnatal care, breastfeeding support and transition to child health services;
- Aboriginal medical services;
- Perinatal mental health services;
- Interpretation services.

Risks:

Stakeholders discussed key risks including:

- Lack of transition support from local antenatal care to birth services;

- Lack of consumer engagement;
- Lack of electronic access by all carers to one maternity care health record across the continuum;
- Jurisdictional disconnect resulting in a fragmented journey;
- Lack of access to midwifery care due to funding issues and workforce shortages;
- Poor ICT infrastructure;
- Gap in provision of care to CALD communities;
- Domestic and family violence and drug and alcohol services;
- Legislative barriers to reporting nationally and inconsistent data collection.

Themes/Strategies:

Key themes included:

- Effective communication and co-ordination between care teams;
- IT systems that talk to one another;
- Coordination of maternity and neonatal care;
- Allied health support for disadvantaged women;
- Evidence based care and measured outcomes and indicators, as has been frequently cited as a key theme in other workshops;
- Health providers and carers to have access to one health care record across the continuum.

3.10 Brisbane Workshop – 16 December 2016

Vision:

Key points raised in the workshop were:

- Continuity of care should include continuity of a carer, including a known midwife and, if appropriate, a known obstetrician;
- The vision statement should include measuring outcomes to instil accountability;
- Maternity care should be respectful and safe, referring to the woman's emotional, physical, spiritual, cultural and mental needs;
- Maternity care provided to all women.

Principles:

The principles that the stakeholders discussed as important were the following:

- Continuity of care;
- Developing processes to facilitate clinical engagement and leadership;
- Maternal rights are respected;
- Universal access to co-ordinated continuity of care;
- Women should have the information and support to make an informed choice, and not forced into decisions;
- Specific evidence around KPIs, and measured over time;
- Evaluation was identified as being key to the success of the NFMS to appraise its progress;
- Investment is carefully aligned with improving outcomes.

Maternity Journey

Interactions:

The key interactions identified were:

- Education;
- Genetic counselling;
- IVF;
- Public health programs for women at child birthing age to stress the importance of health;
- Child and family health;
- Attachment and parenting support;
- Appropriate referral to other services according to need.

Risks:

Key risks identified were as follows:

- Fragmented silos;
- Limited choices;
- Mismatch between student education and practice;
- Incorrect or inappropriate advice given;
- Lack of support;
- Risks to child safety;
- Workforce changes;
- Inadequate funding of postnatal services to support women and their families.

Themes/Strategies:

Some of the themes that the stakeholder group provided were:

- Education;
- Continuity of care models;
- Evidence based information;
- Safe and sustainable care;
- Seamless co-ordination between pre-conception and early childhood;
- Recruitment to allow for continuity of care through an 'enabled workforce';
- Child safety;
- Choice of birthplace;
- Respectful, compassionate and individualised care;
- Positive culture towards;
- Reduced risk through home visiting.

3.11 Survey

Key themes arose from the survey across the cross-section of questions.

Evidence based care was the most commonly mentioned purpose and function for the framework, along with providing consistent guidance, ensuring quality services and promoting access and woman centred care.

The benefits identified for women across Australia were promoting access, ensuring quality services, promoting evidence based care and providing consistent guidance.

In terms of opportunities identified regarding maternity services in Australia that could make a positive impact on the woman's experience, the highest scoring answers were addressing workforce shortages and ensuring services are responsive to cultural needs. Many respondents noted that continuity of care through the provision of a known midwife was also very important in making an impact on a woman's

maternity experience. Health outcomes measurement was also mentioned, such as breastfeeding rates at six months.

Participants suggested that the most important components of the framework should be an Antenatal Health Risk Factor strategy and outcome measures and performance indicators. A further suggestion made was providing evaluation criteria for the success of the framework.

In reference to the vision of the NFMS, the most frequently mentioned answer was promotion of access, closely followed by promotion of evidence based care and equity. Quality services, workforce development and promotion of woman centred care were also frequently cited as key components of the vision.

Similarly, participants suggested that safe and high quality care and equity were key components of the principles that underpin the NFMS. Woman centred care, evidence based care and equal access were also frequently referenced.

It was noted that concentrating on risk creates a culture viewing pregnancy as an illness rather than a normal physiological process and can also give rise to discrimination against 'high risk' women and drive more intervention. However, most participants agreed that the WHO'S definition of a risk factor is relevant and all-inclusive when pertaining to antenatal health risk factors.

The survey also provided opportunity to make further comment that had not been captured through the questions. One participant noted the disparity between private and public practice and raised concerns that the private practitioners will not be subject to the framework.

Another concern raised was that there was insufficient commitment to the health and wellbeing of women, newborns and their families and to maternity services in general by national and state governments.

4 Out of Scope

Issues raised in workshops:

There was feedback during some workshops that there had been inconsistent implementation of NMSP across the country and without sufficient review of its success it would be hard to deliver a sustained and enduring framework that takes in to account what hadn't worked in the Plan.

Stakeholders criticised the timeline for being too short to obtain meaningful input from all suitable organisations and representative bodies and they wanted to request to extend it.

There was disagreement regarding the appropriateness of a framework as many stakeholders involved in the workshop wanted a broader plan.

There was feedback at some workshops that the Maternity Care Policy Working Group did not have representatives from consumer groups, and Aboriginal and Torres Strait Islander representation.

They also criticised the lack of clarity related to ongoing funding and the relationship with Medicare as well as what body would take on responsibility to oversee the framework indefinitely if it is to be a truly 'enduring' framework.

Some participants were concerned about the absence of a consumer, physician and midwife representation on the Maternity Care Policy Working Group.

They also expressed concern that no evaluation had been completed on the outcomes and implementation of the NMSP and therefore it would be difficult to effectively contribute to a framework when it isn't known if the previous plan was effectively implemented.

Stakeholders suggested AHMAC should complete regular evaluations of the framework to allow for a certain degree of accountability through metrics and outcome measurement.

Issues raised in the online survey:

Some participants commented that there was not enough opportunity to provide adequate information and capture all relevant points in the survey.

5 Summary

The combination of face to face consultation workshops and an online survey captured the input from over 160 stakeholders providing insight around the vision and principles of the NFMS and discussion of the NAHRFS.

The workshops and survey identified several key themes for incorporation into the NFMS vision such as woman centred care, continuity of care and the safety of woman including her mental, physical and emotional wellbeing.

Similar themes were discussed around the underpinning principles including evidence based care, care provided close to the woman's home, respect of a woman's choices and provision of support so that the woman can make an informed decision.

Some of the key interactions that were identified included education at school and child bearing age and contraception management such as family planning services. Antenatal interactions include screenings (including blood tests and ultrasounds), parent and breastfeeding education, contact with various health providers such as a known midwife, obstetrician, and community services.

Birth and post-natal interactions include transition to child health, support from a lactation consultant, visiting midwifery services and various community services support such as housing.

Similar themes were brought out throughout the discussions on risks. These included funding issues around staff shortages and its impact on continuity of care, lack of consumer engagement, fragmentation of the woman's journey, inconsistent data collection and poor transition from postnatal care to child health.

Overall, stakeholders agreed with many of the statements made in the NMSP vision and principles however further emphasis on woman centred care and continuity of care as well as clarification around the term safe and culturally competent were needed.

6 Appendix

6.1 Appendix 1 – Attendance at workshops

Stakeholder	Attendee	Position	Location
Royal Australian and New Zealand College of Obstetricians and Gynaecologists	Dr Roy Watson	Obstetrician & Gynaecologist	Adelaide
Maternity Care Policy Working Group	Bonnie Fisher	A/Executive Director - Nursing and Midwifery, Women's and Children's Health Network	Adelaide
Royal Flying Doctor Service	Vikki Denny	Nursing Director, RFDS Central Region	Adelaide
The Royal Australian College of General Practitioners	Matthew Rush	State Manager - Tasmania	Hobart
Tasmanian Health Service	Susan Gannon	Executive Director of Nursing and Midwifery	Hobart
Calvary Health Care Tasmania	Kathryn Berry	Chief Executive Officer	Hobart
Hobart Private Hospital	Kathy Preston	Nurse Unit Manager, Maternity Services	Hobart
Australian Nursing and Midwifery Federation	Astrid Tiefholz	Midwife	Hobart
Department of Education and Training	Toni Ormston	Manager, Maternal and Child Health Line	Melbourne
Department of Education and Training	Megan Leuenberger	Chief Maternal and Child Health Nurse	Melbourne
Congress of Aboriginal and Torres Strait Islander Nurses and Midwives	Ben Gorrie	Director - Victoria	Melbourne
Department of Health and Human Services	Merrin Bamert	Manager - Workforce Innovation and Reform	Melbourne
Centre for Perinatal Excellence	Nicole Highet	CEO	Melbourne
Eastern Health Network	Vanessa Watkins	Midwife consultant	Melbourne
Perinatal Anxiety & Depression Australia	Terri Smith	CEO	Melbourne
Broodly	David Humphreys	Director	Melbourne
Royal Australian and New Zealand College of Obstetricians and Gynaecologists	Alana Killen	CEO	Melbourne
Department of Health and Human Services	Alison Boylan	Manager	Melbourne
Down Syndrome Australia (Victoria)	Sue Blandford	Family Support Manager	Melbourne
Maternity Care Policy Working Group	Ann Burgess	Midwifery Advisor - Nursing and Midwifery Office, ACT Health	Canberra
Maternity Care Policy Working Group	Jane Pepper	Manager, Women, Youth and Child Health Policy, ACT Health	Canberra
Rural Doctors Association of Australia	Peta Rutherford	CEO, Rural Doctors Association of Australia	Canberra
Australian College of Midwives	Ann Kinnear	CEO	Canberra
Commonwealth Department of Health	Nick Pascual	Director, Indigenous Child and Family Health	Canberra

Stakeholder	Attendee	Position	Location
ACT Health	Dr Boon Lim	Clinical Director of Obstetrics and Gynaecology	Canberra
Midwives Australia	Marie Heath	President	Canberra
Midwives Australia	Ebony-Maria Levy	Consumer representative	Canberra
Commonwealth Department of Health	William Parry	Assistant Director - Tobacco Control Policy (smoking and pregnancy)	Canberra
Women's Healthcare Australasia	Barb Vernon	CEO	Canberra
Women's Healthcare Australasia	Julie Hale	Deputy CEO	Canberra
Australian College of Midwives	Sarah Stewart	Midwifery Adviser	Canberra
Safe Motherhood for All	Ellen O'Keeffe	President	Canberra
Commonwealth Department of Health	Alan Philip	Director - Preventative Policy (child and youth health breastfeeding)	Canberra
ACT Health	Deborah Davis	Clinical Chair and Professor of Midwifery	Canberra
Calvary Public Hospital	Christine Faliz	Midwifery Director	Canberra
Calvary Public Hospital	Noelyn Penman	Maternity Educator	Canberra
Commonwealth Department of Health	Anita Soar	Policy Officer - Maternity Services (maternity services)	Canberra
Commonwealth Department of Health	Samantha Diplock	Assistant Director - Chronic Disease Management Section	Canberra
Australian Institute of Health and Welfare	Conan Liu	Head - Maternal Health, Children, Youth and Families Unit	Canberra
NSW Health	Leona McGrath	Senior Adviser, Aboriginal Nursing and Midwifery Strategy	Sydney
NSW Health	Skye Parsons	Project Officer, Aboriginal Nursing and Midwifery Strategy	Sydney
NSW Health	Jane Raymond	A/Manager, Maternity and Newborns	Sydney
NSW Health	Deb Matha	A/Director, Maternity, Child, Youth and Paediatrics	Sydney
Australian Institute of Health and Welfare - National Perinatal Epidemiology and Statistics Unit (NPESU)	Natasha Donnelly	Project Officer, UNSW	Sydney
Australian Institute of Health and Welfare - National Perinatal Epidemiology and Statistics Unit (NPESU)	Dr Lisa Hilder	Perinatal Epidemiologist, UNSW	Sydney
University of Technology Sydney & Australian College of Midwives	Professor Caroline Homer	Director, Centre for Midwifery, Child and Family Health & National President	Sydney
UNSW	Associate Professor Georgina Chambers	Director, National Perinatal and Epidemiology and Statistics Unit	Sydney
Human Rights in Childbirth	Bashi Hazard	Consumer and principal of BW Law	Sydney
RFDS	R Bullen	Manager PHC	Cairns
RFDS	M Box	Manager Nurse PHC	Cairns
Cairns and Hinterland HHS	Bern Sellwood	Dietitian	Cairns
Southern Maternity and Neonatal Clinical Network and Northern Maternity and Neonatal Clinical Network	Catherine Smith	Regional Maternity Services Coordinator	Cairns
Council of Rural and Remote Nurses of Australia (CRANaplus)	Sue Crocker	Director, Education Services	Cairns

Stakeholder	Attendee	Position	Location
Australian College of Midwives & Cairns Private Hospital	Deanna Ward	Committee Member/Marketing Coordinator for ACM & Midwifery Unit Manager	Cairns
	Beth Shorter	Caseload Midwife	Cairns
	Louise Norton	Caseload Midwife	Cairns
Maternity Care Policy Working Group	Virgina Skinner	Senior Midwifery Adviser, NT Department of Health	Darwin
Royal Australian and New Zealand College of Obstetricians and Gynaecologists	Dr Jane Thorn	Obstetrician & Gynaecologist	Darwin
Australian College of Midwives	Cath Hatcher	Chair - Northern Territory Branch	Darwin
Aboriginal Medical Services Alliance Northern Territory	Margaret Cotter	Chief Executive Officer	Darwin
Maternity Care Policy Working Group	Tracey Martin	Principal Midwifery Advisor, Nurse Midwifery Office, WA Department of Health	Perth
Australian College of Midwives	Terri-Lee Barrett	Director, Australian College of Midwives	Perth
	Dr Diane Mohen	Area Director Clinical Services (O&G), WA Country Health Service/Medical Director, Statewide Obstetric Support Unit, Womens and Newborn Health Service, WA Health	Perth
	Kate Reynolds	Coordinator of Midwifery, WA Country Health Service	Perth
Australian College of Midwives	Louise Keyes	A/Nursing Services and Midwifery Coordinator, Corporate & PFO, Womens and Newborn Health Service	Perth
Women's and Newborn Health Networks	Graeme Boardley	Director Midwifery, Nursing and Patient Support Services and Co-Lead	Perth
Women's and Newborn Health Networks	Dr Janet Hornbuckle	Co-Lead and A/Co-Director	Perth
	Caroline Hussey	A/Midwifery Co-Director	Perth
Midwifery and Maternity Provider Organisation (MMPOA) & Griffith University	Professor Jenny Gamble	Director	Brisbane
Griffith University & Women's Healthcare Australasia	Dr Anne Sneddon	Associate Professor & Board member of WHA	Brisbane
	Jennifer Keil	Student midwife	Brisbane
Queensland Health Clinical Network	Bruce Teakle	Consumer representative	Brisbane
Metro North HHS & Australasian Diabetes in Pregnancy Society & Society of Obstetric Medicine of Australia and New Zealand	Dr Helen Barrett	Obstetric Physician and Endocrinologist and A/Clinical Director, Obstetric Medicine, Royal Brisbane and Women's Hospital	Brisbane
Royal Australian and New Zealand College of Obstetricians and Gynaecologists	Dr Ted Weaver	Associate Professor of Obstetrics and Gynaecology	Brisbane
Maternity Choices Australia	Leah Hardiman	National President	Brisbane
Queensland Nurses Union	Sandra Eales	Assistant Secretary	Brisbane
Darling Downs HHS	Jennifer Morton	Nurse Educator, Cunningham Centre	Brisbane
Department of Health	Sally Russell-Hall	Clinical Nurse Consultant, Preventive Health Branch	Brisbane
Department of Health	Janny Goris	Public Health Nurse, Preventive Health Branch	Brisbane
Maternity Choices Australia	Andrea World	Queensland President	Brisbane

Stakeholder	Attendee	Position	Location
Maternity Choices Australia	Belinda Barrett	National Committee Member	Brisbane
Australian College of Midwives	Jillian Clarke	Chair - Queensland Branch	Brisbane
Department of Health	Adjunct Assoc Prof Jocelyn Toohill	Director of Midwifery, Office of the Chief Nursing and Midwifery Officer	Brisbane
Health Consumers Queensland	Melissa Fox	General Manager	Brisbane
Australian College of Children and Young Peoples' Nurses	Anne Youles	Representative	Brisbane
University of the Sunshine Coast	Dr Michelle Gray	Lecturer, Nursing	Brisbane
Darling Downs HHS	Jeff Reeves	A/Nursing Director, Women and Children, Toowoomba Hospital	Brisbane
Darling Downs HHS	Andrea Nagle	Cluster Operations Manager, Western Downs	Brisbane
Brisbane South PHN	Ruth Wall	Program Manager, Child, Youth and Family	Brisbane
Department of Health	Joanne Gurd	Manager, Strategy Policy and Legislation Branch	Brisbane
Department of Health	Sharon McDonald	Principal Policy Officer, Strategic Policy and Legislation Branch	Brisbane
Children's Health Queensland HHS	Karen Berry	Nursing Director, Child Health Service	Brisbane
Metro North HHS	Patricia Smith	A/Nursing and Midwifery Director, Women's & Newborns, Royal Brisbane and Women's Hospital	Brisbane
Southern Cross University	Dr Elaine Jefford	Course Coordinator, Bachelor of Midwifery	Brisbane
West Moreton HHS	Lyn Barrett	A/Service Director, Women's & Children's, Ipswich Hospital	Brisbane
Wide Bay HHS	Fiona Sewell	Executive Director, Nursing and Midwifery Services	Brisbane

6.2 Appendix 2 – Workshop agenda

Agenda – Stakeholder Consultation Workshops

2 December 2016 – 16 December 2016

Welcome and introductions

Why are we here?

Framework vision and underpinning principles:

- NMSP Vision

- Examples of vision statements from frameworks in other countries

- NMSP Principles

- Examples of principles from frameworks in other countries

The maternity journey:

- Services interactions

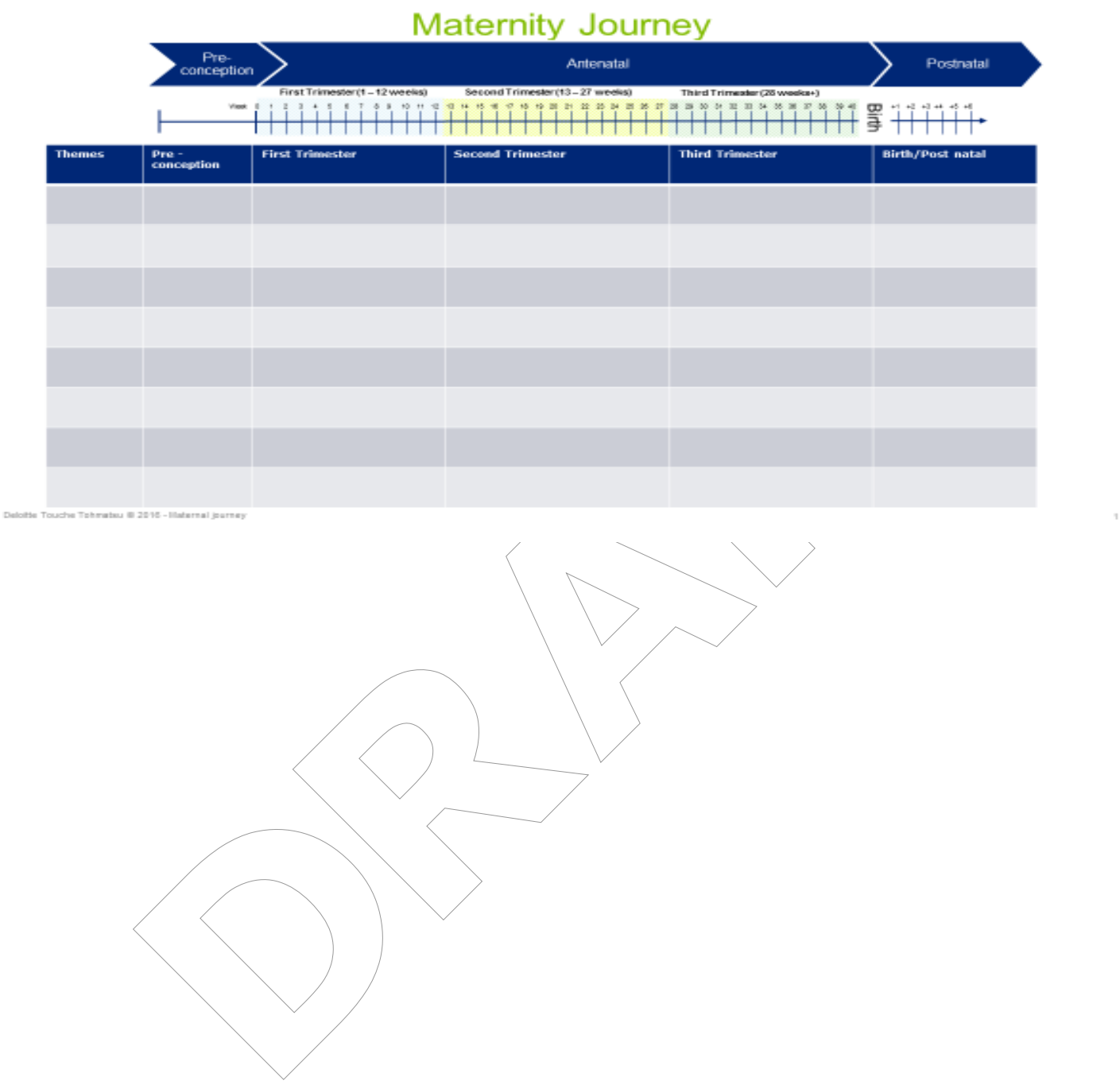
- Themes

- Risks

Next steps

DRAFT

6.3 Appendix 3 – Maternity journey chart



6.4 Appendix 4 – Online survey

Online Survey - Available from 29 November 2016 to 20 December 2016

Question 1: What do you think the purpose and function of a NFMS?

Answer format: Free text

Question 2: How would such a framework benefit women across Australia?

Answer format: Free text

Question 3: A number of opportunities have been identified regarding maternity services in Australia which could make an impact on the experience of consumers. Please rank these opportunities in order of the degree of impact these could have on the consumer if realised:

- Addressing issues of professional silos
- Ensuring equity of health outcomes
- Ensuring equity of access to services
- Addressing issues of workforce shortages
- Ensuring services are responsive to cultural needs
- Other, please type your response

Answer format: Drag and drop with free text box

Question 4: The following are being considered as components that may be included in a NMFS. Please rank these components highest priority to lowest priority

- NFMS vision
- The maternity service system journey
- Objectives of a NFMS
- Principles of a NFMS
- High level strategies for implementation
- Outcome measures and performance indicators
- Antenatal Health Risk Factor Strategy
- Other, please type your response

Answer format: Drag and drop with free text box

Question 5: What is your vision for a NFMS?

Answer format: Free text

Question 6: What are the principles that should underpin a NFMS?

Answer format: Free text

Question 7: The World Health Organisation defines a risk factor as: "any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease or injury". Do you think this definition is relevant and all-inclusive when pertaining to antenatal health risk factors?

Answer format: Choice between 'yes' and 'no'

Question 8: If you have any other information you would like to share please provide this below:

Answer format: Free text

