

The perinatal is political: What the expiry of the National Maternity Services Plan means for Australian women and why we need the next Plan

In November 2010, following sustained advocacy by Australian women and health professionals over several years, the Federal, State and Territory Governments all committed to implementing the five year National Maternity Services Plan (NMSP) (Commonwealth of Australia, 2011; Newman, Reiger, & Campo, 2011). For the first time in Australia, there was a strategic national framework in which all jurisdictions committed to increasing women's access to high quality, woman-centred and cost effective maternity services. This meant that childbearing women would be treated with dignity and respect if the NMSP key priorities were fully implemented.

This NMSP was due to expire on 30 June 2015, however Maternity Choices Australia (MCA) currently understands that the life of the NMSP has been extended until 30 June 2016. Regardless of whether the NMSP has expired or is about to expire, MCA's concern remains the implementation of the key commitments of the Plan. While there have been some gains over the past five years in improving the quality of maternity service options available to some women, implementation of the key NMSP commitments by Australian jurisdictions has been piecemeal and women's access to respectful, high quality and woman-centred maternity services generally remains limited (Donnellan-Fernandez, Newman, Reiger, & Tracy, 2013).

The Australian Health Ministers' intention when endorsing the NMSP was that the evaluation of the Plan in 2015 (Year 5) would inform the development of the next Plan (Commonwealth of Australia, 2011, p. 60). In early 2016, the Federal Government has not yet confirmed whether it plans to continue leading the maternity services reform journey that began in 2010 and establish the next NMSP (V2.0). This means that there is currently no shared and continuing commitment by the Australian Federal, State and Territory Governments to increasing women's access to respectful, dignified and high quality maternity services. This is concerning as the organisation and provision of maternity services has a significant impact on women's physical and emotional health and wellbeing during the perinatal period, a major life transition (Newman, 2009). To fully realise the benefits that were envisioned for Australian women, their partners and families in 2010, significant work remains beyond the end of the first NMSP period.

In other policy areas, Australian jurisdictions have demonstrated their willingness to commit to achieving common long-term goals, requiring the implementation of successive action plans spanning several years. For example, in 2015, the Federal, State and Territory Governments all endorsed the Third Action Plan for the Children's Protection Framework (Commonwealth of Australia, 2015a). The jurisdictions' endorsement of this Third Action Plan recognised that ensuring the safety and wellbeing of children is a long-term strategy. Similarly, maternity services reform aimed at protecting and increasing women's access to respectful, dignified and high quality maternity services requires a long-term commitment, extending beyond the first five year NMSP period.

Further, in 2015, the Federal Government committed to improve the maternal health of Aboriginal and Torres Strait Islander women and increase their access to high quality maternity services by implementing the NMSP by 2018 in the Implementation Plan for the 2013-2023 National Aboriginal and Torres Strait Islander Health Plan (Commonwealth of Australia, 2015b). Therefore, MCA urges the Federal Government to establish a NMSP V2.0 and obtain a commitment from all the relevant Australian jurisdictions to continue implementing the key

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NMSP priorities for all childbearing women. Otherwise, MCA is concerned that women's access to respectful, high quality and woman-centred maternity care may plateau or even decrease in the future, with a resulting detrimental impact on maternal and infant health and wellbeing.

To help illustrate what the expiry of the NMSP means for Australian women, the broad contexts in which Australian women interact with maternity services will be briefly outlined, as will MCA's involvement in the NMSP's development and implementation. In particular, MCA's advocacy for the implementation of the key NMSP commitments by the Metro North Hospital and Health Service, the largest public health authority in Australia, will be described to illustrate the challenges to reform at the coalface of maternity services provision. MCA's recommendations for the establishment of NMSP V2.0 are also included.

Australian maternity services context

Despite several state and federal reviews calling for reform of Australian maternity services over several years, and the establishment of the NMSP over five years ago, many Australian women currently lack access to high quality and woman-centred maternity services that treat women with dignity and respect (Donnellan-Fernandez et al., 2013). As a result, some women experience disrespectful, discriminatory and non-consented maternity care during pregnancy and childbirth (Keedle, Schmied, Burns, & Dahlen, 2015; McKinnon, Prosser, & Miller, 2014; Thompson & Miller, 2014; Yelland, Sutherland, & Brown, 2012). Non-consented and discriminatory maternity care represent a violation of women's human rights (Bowser & Limbu, 2015), as outlined in the White Ribbon Alliance's *Respectful Maternity Care Charter: The Universal Rights of Childbearing Women* and supported by the World Health Organisation in 2014 (Respectful Maternity Care Advisory Council, 2011; World Health Organisation, 2014). Unfortunately, disrespectful and non-consented treatment of childbearing women within the health system is not confined to Australia. There is a growing body of evidence demonstrating that it is a widespread occurrence in many health facilities around the world, in both developing and developed countries (Bohren et al., 2015; Bowser & Hill, 2010; Friedman & Kruk, 2014).

As is the case in other developed countries (Friedman & Kruk, 2014), the violation of women's human rights within maternity services has largely evaded the attention of the Australian community. This oversight may be partly because some women's exposure to disrespectful, non-consented and non-dignified maternity care is overshadowed by Australian women's heightened risk of experiencing disrespect, discrimination and/or abuse in relation to their paid work and personal relationships during this significant life transition (Australian Human Rights Commission, 2014; Fair Work Ombudsman, 2013; Gartland, Hemphill, Hegarty, & Brown, 2011). Nevertheless, given that such maternity care represents a dimension or subset of violence against women (Jewkes & Penn-Kekana, 2015), it is imperative that the Australian community also acknowledges and addresses this context in which some women experience discrimination, disrespect, and/or abuse.

Recently, for example, there has been recognition regarding the significant cultural changes required in the practice of surgery in Australia and New Zealand (Royal Australasian College of Surgeons, 2015a). A review commissioned by the Royal Australasian College of Surgeons (RACS) in 2015 found widespread discrimination, bullying and sexual harassment across all fields of surgery, which has a detrimental impact on the quality and safety of patient care (Royal Australasian College of Surgeons, 2015b). It follows that similar challenges face Australia's medically dominated maternity services, with a corresponding detrimental impact on the quality of care provided to childbearing women, who are its primary recipients. For example, women in Australian studies have reported feeling judged, coerced and discriminated against by maternity services staff (McKinnon et al., 2014; Yelland et al., 2012), subjected to varying degrees of intimidation and bullying and treated "like a piece of meat" by hospital staff (Keedle et al., 2015, p. 5). Further, surveys of women birthing in Queensland hospitals have found large variability in

the level of women's informed decision-making and consent to a range of hospital procedures (Prosser et al., 2013; Thompson & Miller, 2014). For example, 26% of women experiencing an episiotomy reported that they were neither informed nor consulted about the procedure, while 13% of women receiving vaginal examinations were neither informed nor consulted, indicating concerning levels of non-consented care (Thompson & Miller, 2014). As Friedman and Kruk (2014) observe "health systems often reflect the deeper dynamics of power and inequity that shape the broader societies in which they are embedded" (p. 43).

Maternity Choices Australia and the National Maternity Services Plan

MCA is a national not-for-profit and volunteer-led organisation which advocates for women's access to respectful, woman-centred and evidence-based maternity services (Maternity Choices Australia, 2016a). In 2002, MCA (formerly called Maternity Coalition) partnered with midwives' organisations to develop the National Maternity Action Plan (Newman et al., 2011). This Plan set out a vision for reforming Australian maternity services to establish a strong primary care model where all women could choose to access community-based continuity of midwifery care, with midwives collaborating with obstetricians and other specialists as required (Maternity Coalition, 2002). Continuity of care is valued by many women as it enables women to build a relationship with their care provider, with greater potential to obtain respectful, individualised care (Davison, Hauck, Bayes, Kuliukas, & Wood, 2015; Prosser et al., 2013). Evidence demonstrates that continuity of midwifery care, in particular, is a high value service as it leads to improved maternal satisfaction, improved physical and emotional health outcomes for mothers, improved outcomes for babies, and costs less to provide than the standard, fragmented maternity services that most Australian mothers currently experience (McLachlan et al., 2015; Sandall, Soltani, Gates, Shennan, & Devane, 2013; Soltani & Sandall, 2012; Tracy et al., 2013).

Following sustained consumer and professional advocacy over several years, a Commonwealth review of maternity services was conducted in 2008-2009 (Commonwealth of Australia, 2009; Newman et al., 2011). In November 2010, the Federal, State and Territory Health Ministers all committed to implementing the NMSP, with its Five Year Vision being:

"Maternity care will be woman-centred, reflecting the needs of each woman within a safe and sustainable quality system. All Australian women will have access to high-quality, evidence-based, culturally competent maternity care in a range of settings close to where they live. Provision of such maternity care will contribute to closing the gap between the health outcomes of Aboriginal and Torres Strait Islander people and non-Indigenous Australians. Appropriately trained and qualified maternity health professionals will be available to provide continuous care to all women" (Commonwealth of Australia, 2011, p. iii).

A key NMSP commitment was to increase women's access to continuity of care models, particularly continuity of midwifery care, as it is a high value service, being both high quality and more cost effective than standard, fragmented maternity service options (Tracy et al., 2013). The NMSP defines 'Continuity of Care' as:

"the practice of ensuring that a woman knows her maternity care provider(s) and receives care from the same provider, or small group of providers, throughout pregnancy, labour, birth and the postpartum period" (Commonwealth of Australia, 2011, p. 121).

To support the achievement of this key NMSP commitment, the Federal Government passed legislation in 2010 enabling the provision of Medicare rebates for midwifery services (Commonwealth of Australia, 2010). To enable more women, regardless of their socioeconomic status, to obtain respectful, high value continuity of midwifery care, the Australian State and Territory Governments all committed to facilitate:

- increased access to public patients to continuity of care programs (NMSP Action 1.2.1) and

- the clinical privileges, admitting and practice rights of Medicare-Eligible Private Practice Midwives (EPPMs) at public hospitals (NMSP Action 1.2.2) (Commonwealth of Australia, 2011). Achieving this second commitment would enable women with Private Health Insurance, and/or those able to self-fund, the option to engage EPPMs to obtain continuity of care in the community and birth in a public hospital.

The Maternity Services Inter-Jurisdictional Committee (MSIJC) was delegated to monitor the NMSP's implementation (Australian Government Department of Health, 2016) and it is expected that the Federal Health Department will publish MSIJC's evaluation of the NMSP implementation in June/July 2016. The 2012-13 NMSP Annual Report, made available on the Commonwealth Health Department website on 5 February 2016 (Commonwealth of Australia, 2014) is the most recently published NMSP Annual Report. That it has taken the Federal Government over 2.5 years to publish the MSIJC report evaluating the jurisdictions' implementation of the NMSP's middle years 2012-2013 plan illustrates the importance (or lack thereof) that the current Federal Government has placed on driving maternity services reform and increasing women's access to respectful, dignified and woman-centred maternity services.

As MSIJC's evaluation of the NMSP has not yet been published, it is difficult to confirm the proportion of women who now have the option to access continuity of midwifery care across Australia. MCA understands that an increase in access to continuity of midwifery care for women using public health services has been relatively modest, increasing from approximately 2-5% in 2010 to approximately 8% in 2015 (Butt, 2015). There have also been cases, where, if not for the sustained advocacy of volunteer maternity consumers, midwifery leaders and other health professionals, access to continuity of midwifery care models would have decreased, rather than expanded, as per NMSP Action 1.2.1. This was the case in 2015 with the Tweed Valley Birthing Service at Murwillumbah District Hospital (ABC News, 2015), where significant community protest and advocacy was required before the Northern New South Wales Local Health District reversed its decision to close the service (Rylko, 2015).

With regards to NMSP Action 1.2.2, to date there are only 14 Australian maternity units out of 277 (Longman, Pilcher, Donoghue, Rolfe, & Barclay, 2013) that have established admitting and visiting rights for EPPMs. Queensland leads the way with eight hospitals, followed by three hospitals in Western Australia, two hospitals in the Australian Capital Territory, and one hospital in South Australia. More hospitals in Victoria and Queensland plan to establish visiting rights in 2016 (Premier of Victoria, 2015; State of Queensland Metro North Hospital and Health Service, 2015). This low rate of implementation has occurred, despite maternity consumer advocacy at all government levels and the first private midwifery practice to obtain visiting rights at an Australian hospital in 2011 demonstrating favourable health outcomes for mothers and babies, compared with national indicators (Wilkes, Gamble, Adam, & Creedy, 2015).

In 2015 MCA was announced a winner of the *Empowering Women in a Community or Organisation in Australia* Award by the Australian Centre for Leadership for Women (Australian Centre for Leadership for Women, 2016). This award recognised MCA for enabling women to become informed and effective maternity consumer advocates, which contributed to achieving improvements in the quality of maternity service options, particularly for women birthing in Queensland public hospitals. It is MCA's belief that these significant improvements, while relatively limited in scope, would have been much more difficult, if not impossible to achieve, without maternity consumer advocates being able to continually reference the NMSP commitments in their interactions with key political stakeholders. To help illustrate what has been required to achieve improvements in the quality of care options at the coalface of maternity services provision, MCA volunteers' advocacy for implementation of key NMSP commitments by the Metro North Hospital and Health Service (MNHHS) will be outlined.

MNHHS implementation of key NMSP commitments

MNHHS is the largest public health authority in Australia, serving a population of almost 900,000 (State of Queensland Metro North Hospital and Health Service, 2016). Its catchment extends from north of the Brisbane River to north of Kilcoy, an area just over 4,000 square kilometres. This represents approximately 20% of Queensland's population and 0.2% of the total area of Queensland (State of Queensland Metro North Hospital and Health Service, 2016). With an annual budget of over two billion dollars, there are three MNHHS birthing facilities, the Royal Brisbane and Women's Hospital (RBWH), which is Queensland's largest tertiary hospital, Redcliffe and Caboolture Hospitals. There are approximately 12,000 births in the Metro North Brisbane region each year, of which, approximately 8,000 babies are born in MNHHS birthing facilities (State of Queensland Metro North Hospital and Health Service, 2016). In 2010, the only way that women living in the Metro North Brisbane region who were planning to birth in hospital could access continuity of midwifery care, as defined by the NMSP (Commonwealth of Australia, 2011, p. 121), was by accessing the RBWH Birth Centre caseload model. However, access is restricted to women who are classified as being of 'low medical risk' and because demand consistently exceeds supply, a ballot is held each month to determine which fortunate women will access this high quality service.

Prior to July 2012, Queensland public health services were managed centrally by Queensland Health, so for the first two years of the NMSP period, MCA volunteers predominantly engaged with the Queensland Nursing & Midwifery Office in Queensland Health to support the implementation of key NMSP commitments by Queensland hospitals. Following the credentialing of EPPMs at Toowoomba Hospital in 2011 (the first hospital in Australia to do so), the Queensland Nursing and Midwifery Office selected three pilot sites (Gold Coast, Ipswich and Caboolture Hospitals) to establish visiting rights for EPPMs. As part of this pilot implementation, a volunteer MCA consumer representative participated as a member on the Steering Committee to establish Collaborative Arrangements between Caboolture Hospital and EPPMs.

While Gold Coast and Ipswich Hospitals achieved credentialing of EPPMs in 2012, Caboolture Hospital failed to do so. Despite Caboolture Hospital being provided funding by Queensland Health to establish this high quality maternity service option, the project ceased in 2012, following Caboolture Hospital's consultation with obstetric stakeholders. Therefore, women and families living in the Metro North Brisbane region were denied access to this high quality maternity service option, despite being a key Federal and State Government NMSP commitment and becoming available to women in other areas of Queensland.

On 1 July 2012, the Queensland Government decentralised control of public health services and established 16 Hospital and Health Services (HHSs) as independent statutory agencies. The decentralisation of the delivery of Queensland health services meant that MCA Queensland members needed to expand our engagement and establish new relationships with each of the Hospital and Health Boards and their Executives, rather than predominantly focusing our engagement with the Queensland Health Department to lead the implementation of NMSP centrally. At the State Government level, MCA volunteers continued to engage with the Queensland Health Department and attended quarterly Maternity Stakeholder meetings with the Queensland Health Minister from 2012-2014 to advocate for the implementation of key NMSP commitments by Queensland HHSs, namely increasing women's access to continuity of public and private midwifery care.

MCA engagement with MNHHS

From July 2012, MCA members engaged with various stakeholders including a former State Member of Parliament (MP) and executives from the then Metro North Brisbane Medicare Local, to obtain introductions to the new MNHHS Board members. Our initial engagement with the MNHHS Board was not encouraging, with the MNHHS Board Chair declining MCA's request to

meet with him in early 2013. Despite this initial setback, MCA volunteers persisted in our attempts to engage with MNHHS Board members to advocate for implementation of the key NMSP commitments by MNHHS. MCA's persistence eventually paid off, and we secured invitations to participate in MNHHS's two Board Engagement Forums in August 2013 and February 2014.

While attempting to establish relationships with the relevant MNHHS stakeholders, in February 2013 MCA requested an update regarding MNHHS's progress in implementing the key NMSP commitments across all three birthing facilities. The MNHHS response, received over three months later, was disappointing as it indicated that apart from recently establishing a Midwifery Group Practice (MGP) for Aboriginal and Torres Strait Islander women at Caboolture Hospital (Ngarrama North MGP), little progress had been made to increase women's access to continuity of midwifery care across the entire MNHHS region. MNHHS's response indicated that its birthing facilities were not measuring women's access to continuity of care, as defined in the NMSP, (Commonwealth of Australia, 2011, p. 121) and there appeared few plans to increase women's access to continuity of public and private midwifery care, consistent with NMSP Actions 1.2.1 and 1.2.2 (Commonwealth of Australia, 2011).

During this time, MCA also liaised with the office of our local Federal Member of Parliament, Honourable Wayne Swan MP, who subsequently sent letters on MCA's behalf to the Federal and Queensland Health Ministers, conveying MCA's concerns regarding MNHHS's implementation of the key NMSP commitments. Finally, in June 2013, MCA obtained a meeting with the Acting MNHHS Chief Executive (CE) and the RBWH Executive Director of Women's and Newborn Services, where RBWH offered to re-establish its Birthing Services Consumer Forum and invited MCA to provide consumer representatives for the Steering Committee to establish collaborative arrangements between RBWH and EPPMs.

In the second half of 2013, as MCA's relationship with RBWH began to improve, MCA continued to advocate for implementation of key NMSP commitments to be placed on the MNHHS strategic agenda, rather than confining our efforts and attention to services provided solely within the RBWH catchment. MCA's aim in doing so was to facilitate improvements in access to continuity of midwifery care for women living in areas served by the remaining two MNHHS birthing facilities. To that end, from our first meeting with the Acting MNHHS CE in June 2013, MCA has consistently recommended that MNHHS develop a strategic vision and plan for maternity services, including the commitment to increase women's access to continuity of public and private midwifery care, consistent with NMSP Actions 1.2.1 and 1.2.2 (Commonwealth of Australia, 2011).

From a consumer organisation's perspective, the establishment of such a strategic vision and plan, and the implementation of key NMSP commitments by MNHHS has been made difficult for a couple of reasons. Firstly, there has been a lack of strategic support demonstrated by the MNHHS Board for NMSP implementation. Secondly, while the Board membership has remained relatively stable since MNHHS's inception almost four years ago, there has been significant turnover in the MNHHS CE role. For example, after being denied a meeting with the MNHHS Board Chair in early 2013, MCA, in partnership with Friends of the Birth Centre (FBC) Queensland initiated and attended quarterly meetings with four different CEs, totalling 10 meetings over the past 2.5 years. This high turnover of CEs coincided with instability within MNHHS Executive positions. Therefore, MCA has invested time developing relationships and engaging with key MNHHS Executives who have since left, requiring new relationships to frequently be established and developed. It is MCA's view that if a MNHHS strategic vision and commitment was in place while this churn occurred, improving the quality of maternity services options would have been much easier to achieve.

To progress MCA's aim to have maternity services reform and the NSMP placed on the MNHHS strategic agenda, in late 2013, MCA, in partnership with the Queensland Centre for Mothers and Babies and Health Consumers Queensland, applied for and obtained a grant from the Metro North Brisbane Medicare Local (now the Brisbane North Primary Health Network) to host the Metro North Perinatal Health and Maternity Services Forum (Maternity Choices Australia, 2016b). The purpose of this Forum was twofold. The first objective was to communicate directly with women and healthcare providers regarding the services available that support women's health during the perinatal period. The second objective was to influence MNHHS to continue implementing the key NMSP commitments, namely increasing women's access to continuity of public and private midwifery care.

MCA obtained support from many organisations for our grant application. These included the MNHHS, the Queensland Centre for Perinatal and Infant Mental Health, FBC Queensland, Peach Tree Perinatal Wellness, Women's Health Queensland Wide, the Australian Breastfeeding Association, Homebirth Queensland, Embrace Life, Young Parents Program and the Australian College of Midwives (Queensland Branch). Many of these supporting organisations also participated on the Forum Steering Committee and gave presentations at the Forum.

Over 120 people attended the Forum, including women, their partners and babies, State MPs, MNHHS executives and health professionals (Maternity Choices Australia, 2016b). The former Queensland Health Minister, Honourable Lawrence Springborg MP, and then MNHHS CE, Malcolm Stamp CBE, were guest speakers. The Forum sessions focussed on the benefits experienced by local women and their families when accessing continuity of midwifery care and the services available for vulnerable groups of women who may have additional needs during the perinatal period. MCA collated feedback from the Metro North Forum participants and provided these key recommendations to the MNHHS in June 2014, as part of the MNHHS's community consultation process to develop its 2015-2020 Health Service Strategy. These recommendations included implementation of key NMSP commitments, in particular, NMSP Actions 1.2.1 and 1.2.2 (Commonwealth of Australia, 2011). Forum presentations and recommendations are available at: <http://www.maternitychoices.org.au/mnhhs-forum.html>.

Despite birthing women being one of MNHHS's largest 'system user' groups, MCA's persistent advocacy for NMSP implementation by hosting the Metro North Perinatal Health and Maternity Services Forum, initiating regular meetings with the MNHHS CE, and participating in MNHHS's two Board Engagement Forums, the consultation draft of the 2015-2020 MNHHS Health Service Strategy released in September 2014 made no mention of maternity services. MCA provided further feedback to MNHHS and discussed our concerns regarding this significant omission with the Acting/Interim CE. MCA's advocacy contributed to the inclusion of a paragraph about Women's & Children's Services in the final version of the MNHHS Health Service Strategy, released in December 2014 (State of Queensland Metro North Hospital and Health Service, 2014, p. 21).

While MCA was pleased that MNHHS had committed in its 2015-2020 Health Service Strategy to credentialing EPPMs to provide labour and birth care at all its birthing facilities (consistent with NMSP Action 1.2.2), a matching commitment to increase women's access to continuity with publicly employed midwives was omitted from the Strategy (consistent with NMSP Action 1.2.1) (State of Queensland Metro North Hospital and Health Service, 2014, p. 21). Even with Medicare rebates available, some women are not able to afford to pay for continuity with EPPMs. Unless MNHHS also intended to fund the provision of continuity with EPPMs for vulnerable groups of women, MCA is very concerned that this omission from the MNHHS Health Service Strategy might inadvertently exacerbate health inequality across the Metro North region, rather than enabling equity of access and outcomes, which was a key principle underpinning the MNHHS Strategy's development (State of Queensland Metro North Hospital and Health Service, 2014).

To progress this issue, in March 2015, MCA united with five other organisations, namely FBC Queensland, Women's Health Queensland Wide, Young Parents Program, Embrace Life and Children by Choice to share our concerns regarding this significant omission with the MNHHS Board Chair. We recommended that the MNHHS Board establish a MNHHS Women's & Children's Stream Strategic Plan that committed MNHHS to increasing women's access to continuity of public and private midwifery care (consistent with NMSP Actions 1.2.1 and 1.2.2), and invite organisations representing childbearing women to join the MNHHS Community Board Advisory Group (CBAG). Another community organisation, Soroptimist International Moreton North Incorporated, subsequently sent a letter to the MNHHS Board Chair supporting these joint recommendations.

The MNHHS Board Chair's response to these recommendations was disappointing, failing to adequately address our concerns regarding the potential exacerbation of health inequality across Metro North. The MNHHS Board Chair also dismissed our request that women using maternity services, one of MNHHS's largest service user groups, be represented on the MNHHS CBAG. MCA did, however receive support from other stakeholders, including representatives from other organisations that are currently on the MNHHS CBAG.

In the meantime, MCA's advocacy and participation on the RBWH EPPM Steering Committee contributed to a successful outcome in November 2014, with RBWH becoming the eighth hospital in Queensland (and at the time, in Australia) to credential EPPMs to provide labour and birth care to women who can afford private midwives. This option is attractive to many women who desire continuity of midwifery care, particularly those women who are not eligible for care in the RBWH Birth Centre due to its various exclusion criteria, such as having had a previous caesarean birth. In February 2015, MCA also celebrated RBWH's establishment of the Ngarrama Royal MGP, which enables Aboriginal and Torres Strait Islander women to access continuity of public midwifery care. The establishment of this MGP is consistent with key NMSP commitments (Commonwealth of Australia, 2011) and MCA hopes that this service will contribute to closing the gap between the health outcomes of Aboriginal and Torres Strait Islander people and non-Indigenous Australians.

MCA's engagement with Federal and State politicians

Local MCA volunteers continued to meet with Federal MPs and Queensland Senators in 2015 to advocate for NMSP implementation. Our elected representatives' support for maternity services reform was demonstrated in February 2015, with Senator Larissa Waters and Senator Claire Moore raising questions about implementation of the NMSP in Senate Estimates (Parliament of Australia, 2015b). Mr Luke Howarth MP, Federal Member for Petrie, also made a speech in the House of Representatives about the importance of women accessing continuity of care and the need for continuing improvement in maternity services across the Metro North region (Parliament of Australia, 2015a). In May 2015, following Mr Luke Howarth MP's advocacy on our behalf, MCA met with the Federal Health Minister, Honourable Sussan Ley MP to discuss the NMSP's implementation. In August 2015, Honourable Wayne Swan MP, Federal Member for Lilley, invited MCA to speak about the maternity care options available to women living in the Lilley electorate at the annual 'Welcoming the Babies' event.

At a State Government level, with assistance from Honourable Stirling Hinchcliffe MP, State Member for Sandgate, MCA and FBC Queensland obtained our first meeting with the new Queensland Health Minister, Honourable Cameron Dick MP, in May 2015. MCA has since met again with the Queensland Health Minister and his advisors regarding the implementation of NMSP commitments by Queensland HHSs.

Communication of women's maternity care options to local community

In order for women to be able to make informed decisions about their maternity care, it is important that the availability of new, high quality maternity care options is communicated to them. Since research demonstrates that many Queensland women are not provided with adequate information to make informed decisions about their model of maternity care (Prosser et al., 2013; Stevens, Thompson, Kruske, Watson, & Miller, 2014), MCA volunteers use a range of methods to share information with women about their maternity care options. For example, as members of the Metro North Maternity General Practitioner (GP) Alignment Steering Committee, MCA volunteers have presented to workshops of local GPs regarding the importance of GPs supporting women to make informed decisions about their model of maternity care. This aligns with the Australian Medical Association's (AMA's) position statement regarding the key role that GPs play in supporting pregnant women's informed decision making (Australian Medical Association, 2013).

MCA volunteers also share information directly with local women about their maternity care options via a South East Queensland MCA Face Book Group and at community events. For example, MCA volunteers presented at the 2015 Women's Health Week 'Maternity Choices' event hosted by Womenspace and have co-hosted stalls with FBC Queensland at Pregnancy, Babies and Children's Expos at the Brisbane Convention Centre and at various community festivals held in the Metro North Brisbane region.

Summary of NMSP implementation by MNHHS

MCA has contributed to the following improvements in maternity services for women and families living in north Brisbane:

- Establishment of full collaborative arrangements between RBWH and EPPMs, enabling continuity of midwifery care for those women who can afford private midwives. (November 2014)
- Establishment of the 'all risk' Ngarrama Royal MGP providing continuity of public midwifery care for Aboriginal and Torres Strait Islander women. (February 2015)
- Commencement of a MNHHS project to establish collaborative arrangements with EPPMs at Redcliffe and Caboolture Hospitals. (November 2015)
- More 'all risk' MGPs providing continuity of public midwifery care are expected to be established at RBWH within the next 6 months.

However, there is still room for improvement:

- The MNHHS 2015-2020 Health Service Strategy contains a significant omission, failing to commit MNHHS to increasing women's access to continuity of public midwifery care, which could potentially exacerbate health inequality across Metro North Brisbane.
- MNHHS does not currently have a Women's & Children's Services Stream Strategic Plan that commits all its birthing facilities to increasing women's access to respectful, dignified and high quality continuity of public and private midwifery care, consistent with key Federal and State Government NMSP commitments.
- While MCA is optimistic that women using maternity services may soon be represented on the MNHHS CBAG, this has not yet occurred.

This case study demonstrates that it is possible to achieve significant improvements in the quality of maternity care options when a health service, in this case MNHHS, the largest public health authority in Australia, actively engages with maternity consumer representatives. MCA volunteers have demonstrated a high level of engagement with MNHHS over the past few years and MCA appreciates the support that we have received from influential stakeholders both within and external to MNHHS. MCA congratulates the RBWH leaders, in particular, for leading the implementation of service quality improvements during a turbulent period in the organisation's development. However, implementation of these reforms has been made more

difficult given the the lack of strategic support demonstrated by the MNHHS Board for implementation of the NMSP commitments, and high turnover of the CE and other Executive roles.

MCA notes that there are many other Australian health services where key NMSP commitments have not been implemented to the same extent as in MNHHS. In some cases across Australia, MCA's volunteer consumer representatives have been treated with disrespect and hostility when advocating for the implementation of key NMSP commitments by their local health service. MCA considers that it is highly unlikely that some of the improvements that have been achieved by MNHHS and other Australian health services during the past five years would have occurred without maternity consumers, midwives and other health professionals being able to constantly reference the NMSP commitments in our engagement with key political stakeholders. Therefore we make the following recommendations.

Recommendations

MCA recommends the Federal Government:

- Leads the establishment of a 5 year NMSP V2.0, including the commitment by all jurisdictions to increase women's access to respectful, high value and woman-centred continuity of public and private midwifery care models, consistent with NMSP Actions 1.2.1 and 1.2.2.
- Reconfigures or replaces the MSIJC with a Standing Committee on Maternal Health that more effectively monitors the State and Territory Governments' implementation of NMSP V2.0 commitments and publishes these findings in a timely manner, by:
 - Making this committee permanent and more prominent (such as the Standing Committee on Child and Youth Health, which is a sub-committee of the Australian Health Ministers' Advisory Council).
 - Providing sufficient resources to the Committee so that it can more independently monitor and assess the jurisdictions' progress.
 - Including maternity consumer representatives on the Standing Committee.
- Allocates resources nationally, potentially to Primary Health Networks or an independent organisation, to communicate directly to Australian women and the broader community the high value maternity service options that are currently available, or will soon become available, as a result of these reforms.

Conclusion

With the NMSP's expiry imminent, there is currently no shared and continuing commitment by Federal, State and Territory Governments to increase women's access to respectful, high value maternity services. It is MCA's view that the relatively limited improvement in women's access to high value continuity of midwifery care that has been achieved over the past five years would not have been possible without the NMSP being in place. Unless the Federal Government establishes a NMSP V2.0 and obtains a commitment by all the relevant jurisdictions to implement key NMSP priorities, which will be coordinated and monitored by a Standing Committee, MCA is concerned that women's access to these high quality services may plateau or even decrease. Further commitment and coordinated action to a strategic national framework is essential to fully realise our vision that all Australian women can access respectful, dignified and high value maternity care.

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