

National Framework for Maternity Services – consultation draft

Public consultation report – phase 2

June 2017

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1. Introduction

This report sets out the findings of public consultation submissions received from stakeholders by the Strategic Policy Unit, Strategy Policy and Planning Division, Queensland Department of Health (Department) on behalf of the Maternity Care Policy Working Group (MCPWG) to inform the further development of the draft National Framework for Maternity Services.

This report provides an analysis of information provided from State and Federal government and non-government services, industry bodies, advocacy groups, community partners and consumers across Australia.

2. Background

At the COAG Health Council meeting on 8 April 2016, Health Ministers agreed to task the Australian Health Minister's Advisory Council (AHMAC) through its Community Care, Population Health Principle Committee (CCPHPC) to develop an enduring national maternity policy position. This policy position was to include neonatal and child health services, antenatal risk factors and screening for family violence.

Queensland was nominated to be the lead jurisdiction to develop a National Framework for Maternity Services project and Chairs the MCPWG, a time limited, multi-jurisdictional policy working group that reports to CCPHPC. Queensland, on behalf of the MCPWG, engaged Deloitte Touche Tohmatsu (Deloitte) to conduct targeted consultations and prepare the consultation draft of the National Framework for Maternity Services (NFMS).

The project, as approved by AHMAC, incorporates two components:

- a. Evaluation of the processes that occurred in developing and implementing the National Maternity Services Plan 2010 – 2015 (NMSP)
- b. Development of an enduring National Framework for Maternity Services incorporating an Antenatal Health Risk Factors Strategy.

The decision to conduct a process evaluation was made as a final report on the achievements against the NMSP was already being developed by the National Maternity Services Interjurisdictional Committee. To conduct a further evaluation would have been a duplication of effort. The purpose of the process evaluation was to assist in understanding some of the challenges confronted by jurisdictions in implementing the former NMSP.

The reason for a framework is that it is consistent with the concepts of National Health Care Reform which focus on outcomes rather than inputs. Such an approach recognises the diversity of services within and between jurisdictions and the different priorities and actions areas that are necessary within each jurisdiction. A framework provides a structure to plan and deliver service reforms, encourages services to continually improve regardless of their current standing and encourages innovation.

In December 2016 nation-wide targeted consultation sessions with key stakeholder groups were undertaken which informed the development of the consultation draft of the NFMS. A consultation report from these targeted consultations has been made available on the COAG Health's Council's website (Phase 1 Consultation Report). The purpose of this first phase of consultation was to inform the development of a consultation draft of the NFMS which was to be made available for broad public consultation.

The consultation draft of the NFMS was made available on the COAG Health Council's website and the Queensland Government Get Involved website for public consultation between 21 March and 18 April 2017.

3. Public Consultation Mechanisms

Two mechanisms to provide feedback were available to stakeholders during the public consultation phase; phase 2. These included:

- an online survey via the Queensland Government Get Involved website; and
- written submissions provided to the Strategic Policy Unit via email or post.

The Department extended almost 200 invitations to stakeholders across Australia to provide comment on the NFMS. These invitations were sent to non-government organisations, advocacy groups, universities, Hospital and Health Services, reference groups, clinical networks, Primary Health Networks, Aboriginal and Torres Strait Islander health services, peak industry associations, professional colleges and councils as well as to those who participated in the 2016 targeted consultation sessions.

These invitations informed stakeholders of the publication of the consultation draft of the NFMS for feedback and encouraged participation in the public consultation process via the mechanisms mentioned above.

In addition, the Department also provided members of the MCPWG with a generic stakeholder letter outlining how to access the online consultation survey and requested members to invite their jurisdictional stakeholders to participate in the public consultation.

4. Consultation summary

In total there were 106 submissions received in response to the consultation draft of the NFMS. There were 65 survey responses through the Queensland Government Get Involved consultation survey and 41 written submissions.

Predominantly the feedback from both the consultation survey and the written submissions was positive and has provided the MCPWG with a number of suggested inclusions for consideration in the next draft of the NFMS.

Of the 41 written submissions 29 supported the continued development of the NFMS. Eight written submissions did not support the NFMS in its current form and recommended that greater consultation and participation by all stakeholders needs to be conducted to develop a new NFMS building upon the previous National Maternity Services Plan (NMSP). Four written submissions recommended the process to develop the NFMS was flawed and that the development of the NFMS be discontinued.

Issues cited in the non-supportive submissions included insufficient formal independent evaluation of the implementation of the NMSP and a lack of commitment to the actions outlined in the NMSP. The actions of the NMSP that were identified as key to further progress include continuity of care, choice for women to birth in a variety of settings including home and on-country and access to Medicare funded midwifery care.

Further criticisms of the NFMS included lack of direction and guidance for maternity services, and that no goals or standards are outlined. Clarity was also requested in relation to the term 'enduring' and the expected duration of the NFMS and identification of review periods.

Common themes emerged throughout both the consultation survey responses and the written submissions. There were specific comments received in relation to the vision, values and principles. The common themes identified include:

- Models of care
- Access
- Pre-conception care
- Evidence based care
- Health literacy
- The mother baby dyad
- Postnatal care
- National Antenatal Health Risk factors Strategy
- Collaborative care
- Workforce
- Outcome measures

A final national stakeholder consultation forum will be held in Melbourne on 23 June 2017 with a range of maternity services stakeholders to inform the next draft of the NFMS.

5. Get Involved consultation survey

The online survey was publically available over a four week period via the Queensland Government Get Involved website. During this time, the survey was viewed 661 times and a total of 65 completed surveys were received.

21 surveys were partially completed; however the respondents did not provide any feedback on the NFMS and as such, have not been included in this report.

5.1 Respondent demographic

In this section, 108 responses were received as it allowed for respondents to select more than one answer option from a predetermined list to indicate which role/s they identified with.

Answer options	Total responses
General practitioner	4
Medical specialist e.g. anaesthetist, neonatologist, paediatrician	5
Obstetrician and/or Gynaecologist	11
Midwife	26
Nurse	8
Allied health professional e.g. physiotherapist, pharmacist, dietitian	3
Aboriginal and Torres Strait Islander health worker	0
Advocacy organisation	10
State Government	1
Commonwealth Government	0
Private health sector	1
Public health sector	7
Specialist service provider e.g. private practice midwifery, private radiology	2
Other service provider	3
Academic/researcher	6
Private citizen	3
Consumer	6
Other, please specify	12
TOTAL	108

The respondents who selected multiple categories identified as:

- Midwife, public health sector (3)
- Medical specialist, Obstetrician and/or Gynaecologist, advocacy organisation, other (3)
- Midwife, Nurse, public health sector, private citizen
- Medical specialist, Obstetrician and/or Gynaecologist, advocacy organisation, specialist service provider
- Midwife, Nurse (3)

- Advocacy organisation, consumer
- Private citizen, consumer
- Allied health professional, academic/researcher, consumer
- Midwife, Nurse, other service provider
- Midwife, academic/researcher, other (2)
- Midwife, academic/researcher
- Midwife, Nurse, advocacy organisation, other service provider, academic/researcher, consumer, other
- Allied health professional, other service provider
- General practitioner, private health sector.

Of the 12 respondents that selected 'Other, please specify', they identified as:

- Specialist medical professional organisation (3)
- Murrumbidgee Local Health District
- NSW Child and Family Health Nurses Association
- Justice, Health and Forensic Mental Health Network NSW
- Primary Health Network
- Child and family health nurse (2)
- Educator
- Student
- Alternate therapies.

Nil respondents identified as an Aboriginal and Torres Strait Islander health worker.

The second question in the respondent demographic section, allowed respondents to select multiple options from a pre-determined list to identify which state or territory they provided or accessed maternity services.

Answer options	Total responses
New South Wales	29
Australian Capital Territory	7
Victoria	12
Tasmania	7
South Australia	4
Western Australia	8
Northern Territory	6
Queensland	20
Metropolitan	7
Regional	8
Rural and remote	7
Outside of Australia	3
TOTAL	118

Respondents were also able to identify whether they provided or accessed maternity services in metropolitan, regional, rural and remote areas or outside of Australia. Of those

who identified as providing or accessing maternity services in metropolitan, regional, rural and remote areas or outside of Australia:

- One respondent identified as providing or accessing maternity services across all states in metropolitan, regional and rural and remote areas.
- Three respondents identified as providing or accessing maternity services across metropolitan, regional and rural and remote areas throughout all states and outside of Australia.
- One respondent identified as working in rural and remote New South Wales.
- Two respondents identified as working in regional Queensland and one respondent identified as working in regional Victoria.

53 respondents did not specify whether they provided or accessed maternity services in a metropolitan, regional or rural and remote setting or outside of Australia.

5.2 Results

Question 1: Does the Vision statement actively reflect a clear goal for the Framework? If not, what should be included?

	Total responses
Agreed	51
Did not agree	7
Nil response	4
Response unrelated to question	3
TOTAL	65

51 respondents agreed that the Vision statement actively reflected a clear goal for the consultation draft Framework. Some of the comments provided by those respondents who agreed with Question 1 included:

- *The Vision is excellent. Includes woman, baby and family...*
- *Vision statement clearly articulates a clear goal/direction of the Framework.*
- *The Vision does actively reflect a clear goal for the Framework, it is a broad statement which all maternity services can aim for and adopt, regardless of location or type of service...*
- *The Vision could be strengthened by including reference to integrated care across the maternity care continuum.*
- *Yes, although more emphasis needed on the transition to child and family services and ongoing care.*

A sample of comments provided by the nine respondents who did not agree with the above question has been included below:

- *The statement does not reflect a goal – it is not measurable. The Vision statement should be taken from the previous plan and worked to reflect the area and outcomes that were not achieved during the lifetime of the plan.*
- *No. The Vision statement and the Framework both fail to set clear goals for maternity services. The wording is vague and general enough that any service of any quality will be able to claim alignment.*

Question 2: Do the identified Values appropriately guide achievement of the Vision?

	Total responses
Agreed	50
Did not agree	6
Nil response	7
Response unrelated to question	2
TOTAL	65

50 respondents agreed that the identified Values appropriately guided achievement of the Vision and some of the comments included:

- *Values excellent and well-articulated supporting women centred care and choice...*
- *Leadership seems a little ambiguous to me and I think it could be tightened. Otherwise I think these Values ground the Vision well.*
- *The identified Values appropriately guide achievement of the Vision by providing Values that support the provision of care that is evidence-based, high quality and achieves optimal health outcomes...*
- *In the main we are supportive of the values but would comment that it is important to include reference to the best interests of the baby under the Values of “Respect” and “Accountability”.*
- *Yes, good to include child and family health and breastfeeding and linkages to other Primary Health Care providers.*

Of the six respondents who did not agree with the above question, the comments included:

- *There is nothing to achieve, there is nothing measurable and whilst the values are very nice, they do not represent anything that women and their families can gain from this plan.*
- *No, the Values are not able to guide achievement of woman-centred services. By being vague and general, they enable services of any quality to claim alignment. They do not include Values that might protect consumer interests. Some of the Values are desirable (Respect and Accountability), but not supported by mechanisms that enable them to be implemented.*

Question 3: Are the Principles of the Framework reflective of the needs of mothers, babies and their families? If not, what should be included?

	Total responses
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Agreed	52
Did not agree	3
Nil response	7
Response unrelated to question	3
TOTAL	65

52 respondents agreed that the Principles of the Framework were reflective of the needs of mothers, babies and their families. Of those respondents who agreed with Question 3 some of the comments provided included:

- *Excellent. Align through whole document. Inclusive of whole family, self-determination and informed choice.*
- *Yes. Particularly important is appropriate access to maternity services to Aboriginal and Torres Strait Islander people...*
- *Yes, they're great. Comprehensive, well-written, I really like these. Just one suggestion...*
- *Yes - Principles outline and underpin the needs of mothers, babies and their families.*
- *Yes - good to include child and family health and breastfeeding. Please also include partners and/or fathers.*

Three respondents did not agree that the Principles were reflective of the needs of mothers, babies and their families:

- *As it appears models of care were excluded from this framework - the whole process leaves women with little evidence that it will add anything meaningful.*
- *The Principles, like the whole Framework, avoid any text which might require anything to happen or be actually delivered to women, beyond existing services and models of care. This shows no respect for the consumers/women who have worked so hard for so long to see reforms in Australian maternity services.*
- *No. It should focus on outcomes and not "motherhood" "feel good about ourselves" statements.*

Question 4: Does the Framework provide direction for the planning of maternity services? If not, what should be included?

	Total responses
Agreed	48
Did not agree	9
Nil response	6
Response unrelated to question	2
TOTAL	65

48 respondents agreed the Framework provided direction for the planning of maternity services. Some of the supporting comments included:

- *Provides strong direction. I like how the actions were specific and aligned with contemporary care models, best practice and continuity of care...*
- *The Framework does provide direction without being prescriptive. This will enable flexibility to all services provided there is a mechanism of accountability for key measures.*
- *The Framework provides direction for the planning of maternity services by providing the vision, values, principles and outcome measures. The aspect of design and delivery with identified enablers and the National Antenatal Health Risk Factors Strategy ensures that the Framework can be utilised and put into practice. The Framework will be very useful in health service planning for the future.*
- *The Framework covers most of the key areas and risk factors. However what should be included is...*
- *Yes - good incorporation of a broad range of other national frameworks including child and family health, domestic violence, perinatal depression, mental health, cultural respect and Aboriginal and Torres Strait Islander workforce.*

Nine respondents did not agree that the consultation draft Framework provided direction for the plan. A sample of their feedback included the following responses:

- *The Framework provides absolutely zero direction. It provides nothing concrete and nothing measurable. A return to the previous plan and a review and revision of it would be far more beneficial.*
- *No. The concepts are good but are too abstract to provide any meaningful guidance. The direction should be made much more explicit, for example, increase access to continuity of care programs and provide environments such as birth centres that specialise in facilitating physiological birth for low risk women.*

Question 5: Does the National Antenatal Health Risk Factors Strategy adequately define health risk factors that affect pregnant women and their babies?

	Total responses
Agreed	48
Did not agree	7
Nil response	8
Response unrelated to question	2
TOTAL	65

48 respondents agreed the Framework provided direction for the planning of maternity services. Of those respondents who agreed with Question 3 some of the comments provided included:

- *Yes – the most current prominent issues are identified that are most likely to affect the health status.*
- *Yes – very comprehensive and inclusive.*

- *Yes – and it acknowledges there will always be more risk factors – but it does define the risk factors that occur most often.*
- *The noted risk factors are all valid and appropriate. Include the current identified risk factors. Consideration should be given to including...*
- *The strategy does adequately define health risk factors that affect pregnant women and their babies. The risk factors are relevant and accurately define the risks identified for pregnant women in custody...*

Of the seven respondents that did not agree their feedback included the following comment:

- *The antenatal risk factors section is a list of clinical factors, not a strategy. It does not recognise the relationship between the woman and the provider that is to a significant extent defined by model of care as central to risk.*

Question 6: Does the national antenatal health risk factors strategy identify strategies to respond to antenatal health risk factors? If not, what should be included?

	Total responses
Agreed	50
Did not agree	3
Nil response	10
Response unrelated to question	2
TOTAL	65

50 respondents agreed the national antenatal health risk factors strategy identified strategies for respond to antenatal health risk factors with a number of comments provided including:

- *The strategies mentioned will support clinicians to identify and respond when health risk factors are identified...*
- *I think the strategies outlined are sufficient.*
- *The strategy does identify strategies to respond to antenatal health risk factors using a holistic approach, risk and needs assessment, screening and appropriate interventions...*
- *We really like the focus on data, research and innovation as well as data and digital technology...*
- *The Framework covers most of the key areas and risk factors. However, what should be included is...*

An example of respondent feedback not in agreement includes:

- *No. The strategy doesn't appear to include strategies which could be implemented in a systematic way. The section doesn't recognise model of care as a strategy to address antenatal risk. Model of care, and the relationship between the care provider and the woman are the issues repeatedly raised by consumers and which offer the opportunity to gain greatest improvements.*

Question 7: Does the Framework effectively highlight key priority areas to improve health outcomes for women and their babies? If not, what else should be included?

	Total responses
Agreed	48
Did not agree	5
Nil response	10
Response unrelated to question	2
TOTAL	65

48 respondents agreed the Framework effectively highlighted key priority areas to improve health outcomes for women and their babies. Some of the comments included:

- *Yes – the most common risk areas have been highlighted that are likely to affect most women.*
- *The Framework effectively highlights key priority areas to improve health outcomes, including the need for consistent clinical indicators which will ensure consistency in care and measures to monitor the level of care provided. The tools will enable quality improvement and help identify gaps in services.*
- *Yes – in adhering to the national perinatal mental health guidelines and adopting innovative approaches to education, screening and referral pathways this is sufficient from a mental health perspective.*
- *It does to some extent. The emphasis on women-centred care and the importance of support informed choices is absolutely vital to health outcomes for women and babies and highlighted appropriately...*
- *Yes – reinforce the need for the seamless transition of mothers, their children and families in the journey...*

Of the five respondents who did not agree with the above question, a sample of the feedback has been provided below:

- *No. The Framework lists clinical issues but does not outline strategies to address the clinical needs. Strategies to improve the services delivered to women can only be effective if they address model of care and funding mechanisms.*
- *It is so non-specific and written with so much management consultant jargon that it barely relates to the provision of services. The enablers segment doesn't make any specific recommendations it seems.*

Question 8: Do you have any additional comments that you would like to make in relations to the consultation draft for the National Framework for Maternity services.

This question allowed respondents to provide additional comments without restriction. 40 respondents chose to provide additional comments. To avoid repetition the key themes emerging from Question 8 have been captured in section 6.1: Written submissions 'key themes' summary.

6. Written submissions

Written submissions received during the public consultation period totalled 41 and were received from individuals and organisations. A comprehensive list of submitters can be found at Appendix 1.

A summary of the written submissions is outlined in the following pages:

Vision

The submissions predominantly supported the vision statement with a couple of suggested inclusions being to include the term 'woman-centred' and to recognise 'diversity'. The other comment that was repeated a number of times was the need to set a clear and measurable goal within the vision statement.

Values

Comments received related to the values statements identified the need to include 'partnership' and 'working in partnership with a woman' to further support the value of 'Respect'.

Leadership was the value that has the least support noting that the description is 'ambiguous' and a 'motherhood statement'. In respect to Leadership the following has been suggested 'It would be much more meaningful to commit to ensuring that consumers of maternity services are actively engaged in the planning, design, delivery and evaluation of every maternity service'. A documented process of engagement would be required to support this statement.

There has been a suggestion to include an additional value:

***'Honesty** - be added and well defined, to ensure that all maternity services and providers provide honest, transparent and informed communication across all levels of services'*

Principles

Overall there is support for the existing principles although there had been suggestions through the written submissions for the inclusion of two additional principles:

***"Health outcome focussed** - Women and their babies are entitled to access evidence-based expert care, support and information about infant feeding options to ensure optimal health outcomes".*

***"Evaluation** – Sufficient time and resources should be allowed for professionals to critically appraise and assess outcomes of maternity care to ensure care is achieving world class standards".*

Comments relating to the principles in the NFMS included:

- **'Women – centred'**
 - 'Woman centred, family focus seems to be lost throughout the document'
 - Suggested augmentation of this principle as follows:
 - "Where multiple courses of action are possible, complete, unbiased evidence based information about all courses of action (including

expectant management) should be provided, to enable each woman to make informed choices”.

- **‘Culturally safe’**
 - Add a specific statement on the inclusion of Aboriginal and Torres Strait Islander people.
 - Cultural safety in maternity services is key to addressing the gap in health outcomes between Indigenous and non-Indigenous women.
 - Broaden this principle to incorporate cultural emotional and psychological safety.
 - Reference to a strengths based approach
- **‘Safe high quality maternity care’**
 - Expand the description to include **perinatal** health needs as opposed to antenatal.
 - Include an explicit focus on women’s preconception and postnatal wellbeing.
 - Include primary health care providers as key to health promotion and the foundation for health care and integration and coordination of services ensuring linkages across the primary secondary and tertiary health care system.
 - To include broader aspects of quality provision, we suggest the phrase ‘safe high quality maternity care services and information’ be used in place of ‘safe high quality maternity care’.
 - Include reference to research
- **‘Access’**
 - Suggest inclusion of diversity specifically LGBTIQ
 - Models of care – rural and remote
 - Access to services should outline how the circumstances of women in economically disadvantaged positions will be taken into account
- **‘Equity’**
 - Maternity services have a responsibility to work with other sectors to address health inequality.
- **Collaboration**
 - Nil specific comment
- **Sustainable**
 - Suggest inclusion of midwifery models of care which are successful and cost effective.

6.1 Key Themes

Models of care

An identified key theme includes the omission within the draft NFMS on appropriate maternity models of care and the evidence that supports different models of care. There is mention within a number of submissions of the evidence to support midwifery models of care as 'safe, economic, and appropriate model of care for maternity services for both low risk women as well as women with complex medical, social and emotional needs'.

A number of submissions expressed the need for the NFMS to articulate a clear definition of 'continuity of care' and to provide reference to the evidence base supporting midwifery models of care. On balance a number of submissions outlined the evidence associated with improved outcomes for women with obstetric led care and GP shared care models.

'There is no choice for women if there is only one model of care'

'Different models of care are required to meet the unique needs of a community'

Access

A key theme of the submissions received related to access to maternity services particularly for Aboriginal and Torres Strait Islander women, rural and remote women and women who experience vulnerabilities including economic disadvantage, mental illness, migrant and refugee women and women with disability.

Feedback seeks to recognise rural service models within the NFMS whereby women can receive maternity care close to their home where family support is accessible.

Reduction in rural birthing services and lack of reference to the 'Birth on Country' strategy are noted in a number of submissions; as is the ability of women to access maternity care based on variability in workforce, models of care and cultural safety. Poor access to antenatal screening was noted as an issue for rural and remote women.

Access to services that are high quality and non-discriminatory to all maternity consumers including those 'people who are genderqueer, non-gender binary or transgendered' is vitally important.

Pre-conception care

Pre-conception care was a topic of discussion at the phase 1 consultation workshops and was included in the maternity journey exercise conducted by Deloitte. Eleven written submissions expressed concern about the omission of reference to pre-conception care in the draft NFM.

'Where pregnancies are planned there is an opportunity to encourage women to undertake pre-conception health checks with their GP. Pre-conception education is a key strategy to improving the health of a woman and her baby. 'Given the importance of addressing many aspects of a woman's health prior to falling pregnant it is vital to include pre-conception care concurrent with the newly added National Antenatal health Risk Factors Strategy (NAHRFS) as a fundamental part of maternity care'.

A suggestion has been made to include the role of GPs and primary health care providers in pre-pregnancy planning and preventative care. 'Pre-conception planning can alter the

health trajectory for babies into adulthood, as well as reducing the risks of pregnancy and birth complications’.

Evidence-based care

Access to and delivery of evidence-based care is thought to be an important inclusion in the NFMS. While there is support for the notion of evidence-based care it needs to be qualified by factor such as the woman’s choice and values and the practitioner’s experience and preferences.

An alternative and opposing view is that the NFMS should not enable the compromise of safety due to patient choice. Others acknowledged that there are areas where care may be informed by evidence other than randomised control trials; it is therefore suggested that “evidence based practice is the integration of clinical expertise, patient values, and the best research evidence into the decision making process for patient care”

There is strong agreement across a number of submissions that there be an emphasis on respecting a woman’s choice while ensuring women are supported to make informed evidence based decisions about their care. Women must be fully informed of the risks and benefits of all options available to them through the availability of unbiased and accurate information.

There is further support for the provision of evidence based care through the development of evidence based clinical practice guidelines that are nationally consistent with an aim to reduce variation in practice across settings and jurisdictions. This also extends to supporting quality and safe rural birthing services through development of clearly defined care referral pathways and access to GP obstetricians and specialist care where possible and appropriate. Use of the Australian Rural Birthing Index (ARBI) tool as a method of planning maternity services across regional rural and remote Australia has been suggested.

Health literacy

Health literacy was raised consistently throughout both phases of the consultation process as a key inclusion in the NFMS. Women and their families need support to develop health literacy. It is important that women have access to resources to assist in making informed decisions about clinical care decisions. This access to health information is relevant across the maternity care continuum including pre-conception care.

The mother baby dyad

It has been raised that there is limited recognition of the equal importance of the woman and baby. There is suggestion that the baby as an entity should be articulated in the principles and measures. The NFMS should recognise and provide focus on the safety, needs and outcomes for the baby including access to neonatal services.

Several submissions suggested the NFMS plays an important role in the promotion of breastfeeding which is associated with improved health outcomes for both mother and baby. There should be emphasis on the role of maternity services in providing antenatal and postnatal education and support, and referral to lactation specialists as required.

A number of submissions emphasised the lack of focus on the postnatal period, breastfeeding and transition to parenting. There was particularly strong support for the inclusion of ‘early intervention in parenting during the antenatal and postnatal period especially for families facing multiple vulnerabilities’. Families who are at risk of losing

children to family/community services may require additional support during the perinatal period and during the transition to parenting.

Postnatal care

Perinatal mental health including postnatal depression, postpartum psychosis, anxiety and fear of early parenting and social isolation are issues for some women that require support in the postnatal period. There is strong support for highlighting the role maternity services play in referring women to community based child and family services to support both mental and physical health and the transition to parenting.

The role of child and family health nurses should have greater emphasis in the NFMS due to their expertise in 'monitoring and addressing the physical and emotional health and development of infants and children; and the promotion of positive child-parent relationships and the provision of psychosocial support for parents'.

'Debriefing of birth experiences, unresolved physical and emotional aspects of pregnancy and birth', Post-traumatic stress disorder (PTSD) from previous traumatic birth and birth trauma have been cited as issues that contribute to poorer mental health in the postnatal period.

Collaborative care

There appears to be a common theme in relation to increasing the emphasis on collaborative care in the NFMS. 'It is vitally important that all health professionals are able to collaborate and communicate respectfully with each other, whilst always acting in accordance with the value of respect for a woman's choices and the principle of woman-centred care'.

It has been expressed that the collaborative care should support the transition of care across the maternity continuum, between public, community and private health sectors and settings and extends beyond the health care sector where maternity services work collaboratively with other sectors to address social determinants of health and support women with vulnerabilities.

Specific mention has been given to the integration of maternity services with other services and sectors that support the woman and her baby. Primary health care providers, particularly the role of the GP obstetrician has been overlooked in the NFMS.

Additionally, maternity services have a role to play in linking a woman and her baby to paediatric and child and family health services. The concept of integration has been raised in the context of linking maternal and child health records enabling continuity of care and identification of risk and the possibility of early intervention.

Workforce

There is a consistent theme in relation to expanding the workforce section of the NFMS to include specific reference to rural and remote workforce. Issues cited include 'insufficient positions for health practitioners, a lack of training opportunities and adequate infrastructure to support maternity services in rural and remote Australia'. Specific to rural and remote maternity services are increased collaborations between GP obstetricians and midwives and the inclusion of the nursing workforce who provide assistance and support to the maternity workforce.

‘Appropriate utilisation of the midwifery workforce is fundamental to addressing sustainability’ collaborative arrangements that enable eligible privately practicing midwives to access maternity hospitals are cited as a suggested solution.

It is suggested there should be reference to the multidisciplinary workforce required to support maternity services including strategies to address workforce shortages and limitations. Noted omissions in the workforce section include GP obstetricians, obstetric physicians and lactation consultants.

Several submissions discuss the provision of maternity services to Aboriginal and Torres Strait Islander women by Aboriginal and Torres Strait Islander midwives and health workers, innovative models of care to enable Aboriginal and Torres Strait Islander women to birth on country. A commitment to the provision of training for Aboriginal and Torres Strait Islander health care professionals is a consistent message.

Outcome measures

Overall there was significant comment in relation to outcome measures. There was a clear and consistent call for expansion of maternity outcome measures through development of additional measures including postnatal measures including breastfeeding, the neonate, maternal and perinatal mortality and morbidity, the measure of a woman’s maternity experience related to a ‘woman’s psychosocial, spiritual, emotional and cultural wellbeing’. The International Consortium for Health Outcomes Measurement (ICHOM) has been flagged as suitable measures to include in the NFMS.

‘The logic of outcome indicators is that they are associated with actions underway that are expected to have an impact on the outcomes’.

A number of submissions expressed concern that the NFMS does not outline accountability and frequency of reporting against the measures or include a commitment to measuring improvement in maternity services over a set period of time; one submission suggested ‘A far more valuable approach would be for the NFMS to commit to measurable improvement in all of the NCMI within 5 years’.

National Antenatal Health Risk Factors Strategy

There are opposing views across the submissions in relation to the inclusion of the national antenatal health risk factors strategy (NARFS) in the NFMS. A number of submissions questioned the approach taken which focused on a number of antenatal risks as opposed to the ‘strengths based principles of contemporary models of maternity and family health’. That the NARFS is contradictory to the principle that states maternity care is provided in a ‘wellness paradigm’ and inclusion of the risks and conditions in the NARFS fails to view the woman and baby in a woman-centred holistic approach or take into account the impact of social determinants of health. In addition, a number of submissions raised the challenges of engaging the most vulnerable women in antenatal care.

On the other hand there were a number of submissions that applauded the inclusion of the NARFS and recommend maintaining the inclusion of the five lifestyle risk factors and the addition of pre-existing medical conditions and risk factors that are medical in nature e.g. hypertension and endocrine disorders.

Several submissions described seeing women with increasing levels of risk and with co-morbidities and that within the NFMS there is no acknowledgement of the increasingly

complex health needs of Australia's maternity population. It should be possible for all women who require it to be co-managed with appropriate medical/surgical specialist teams.

A suggested strategy outlined in a number of submissions is enhancement of collaborative care arrangements and communication specifically between midwifery and medical teams around the management of chronic medical conditions.

A worthy strategy may include promotion amongst allied health professionals of the importance of referral to pre-conception care for women with pre-existing medical conditions e.g. diabetes. Additional strategies suggested include 'building the capacity of mothers to manage their own care and chronic conditions' and the identification of 'building the informal workforce that includes peer supported and peer led models' as an effective strategy for addressing risk factors.

Several submissions spoke about the reference to the Antenatal Care Guidelines in the NARFS as being contrary to their purpose which is to guide clinical practice as opposed to being a risk strategy. Inclusion of the Antenatal Care Guidelines may 'create confusion and duplication of guidance for clinicians'. In addition, there was guidance provided around perinatal mental health and the most recent initiatives and guidelines to be referenced in the NARFS.

It is thought that the emphasis of the NARFS should be on identification of risk strategies to respond to health risk factors across the entire maternity continuum. Strategies such as population based health strategies and community based health promotion strategies regarding healthy behaviours, normal birth and breastfeeding and promotion of antenatal education should be included in the NARFS to balance reference to conditions and risk.

There were several suggested inclusions to the NARFS as follows – perinatal mental health, communicable diseases, TORCH infections, child risk factors related to maternal risk factors, ethnicity, female genital mutilation/cutting (FGM), genetic screening, specific risks associated with early pregnancy complications, miscarriage and stillbirth, contraception as a strategy to prevent unplanned pregnancy.

7. Next steps

A national stakeholder consultation forum will be held in Melbourne on 23 June 2017. A range of maternity services stakeholders are invited to participate including clinicians, jurisdictions and consumers. The forum will be delivered by an independent, experienced and respected facilitator to develop the next draft of the NFMS.

Appendix One

Get Involved consultation survey

Whilst all respondents were de-identified, respondents were asked if they wished to provide personal information (e.g. name, contact details). The following is a list survey respondents:

1. Confidential
2. Australasian Diabetes in Pregnancy Society Ltd – additional feedback
3. Society of Obstetric Medicine of Australian and New Zealand Inc
4. Anonymous
5. Confidential
6. Australasian Diabetes in Pregnancy Society Ltd
7. Anonymous
8. Child and Family Health Nurses Association NSW Inc
9. Confidential
10. Women's Centre for Health Matters, Canberra
11. Anonymous
12. Anonymous
13. Anonymous
14. Soroptimist International
15. Anonymous
16. Confidential
17. Centre of Perinatal Excellence (COPE)
18. My Midwives
19. Confidential
20. Confidential
21. Anonymous
22. Anonymous
23. Anonymous
24. Centenary Hospital for Women and Children.
25. Anonymous
26. Central Queensland, Wide Bay and Sunshine Coast PHN
27. Anonymous
28. Anonymous
29. Early Childhood Australia (Tasmanian Branch)

30. Anonymous
31. Anonymous
32. Confidential
33. Anonymous
34. Anonymous
35. Anonymous
36. Confidential
37. Confidential
38. Anonymous
39. Anonymous
40. Confidential
41. Confidential
42. Anonymous
43. Anonymous
44. Anonymous
45. Anonymous
46. Confidential
47. Anonymous
48. Anonymous
49. Anonymous
50. Anonymous
51. Anonymous
52. Anonymous
53. Anonymous
54. Anonymous
55. Anonymous
56. Anonymous
57. Anonymous
58. Anonymous
59. The Kolling Institute, University of Sydney
60. Anonymous
61. Anonymous
62. Confidential
63. Anonymous

- 64. Yoorana Gunya Family Healing Centre AHC
- 65. Anonymous

Written submissions

- 66. Confidential
- 67. Confidential
- 68. Confidential
- 69. Statewide Maternity and Neonatal Clinical Network
- 70. Maternity Consumer Network
- 71. Australian Breastfeeding Association
- 72. Queensland Nurses and Midwives Union
- 73. Public Health Association of Australia
- 74. Midwifery and Maternity Provider Organisation Australia
- 75. University of Technology Sydney
- 76. Tresillian
- 77. Monash Health
- 78. Australian Medical Association
- 79. Still Aware
- 80. Central Queensland, Wide Bay and Sunshine Coast PHN
- 81. Midwifery Research Unit
- 82. Metro North Hospital and Health Service
- 83. Health Consumers Queensland
- 84. Soroptimist International Moreton North Inc
- 85. Collective Response – Australian College of Midwives, CATSINAM, Maternity Choices Australia, MMPOA, Soroptimist International Moreton North Inc., Safe Motherhood for all, My Midwives Australia, Still aware, Mothers and Babies Australia
- 86. Maternity Choices Australia
- 87. Women's Healthcare Australasia
- 88. Confidential
- 89. RACGP
- 90. Australian College of Midwives – Safety and Quality Advisory Committee
- 91. Federation of Ethnic Communities Councils of Australia
- 92. CRANA Plus
- 93. Mercy Health Victoria
- 94. Safe Motherhood for All

95. Rural Doctors Association of Australia
96. North West Hospital and Health Service
97. HealthCare Consumers Association
98. Australian College of Midwives
99. Queensland Paediatric Quality Council
100. RANZCOG
101. NASOG
102. Australian College of Children and Young People Nurses
103. Perinatal Society of Australia and New Zealand
104. Hunter New England Health Service
105. Australian Hospital and Healthcare Association
106. University of Tasmania