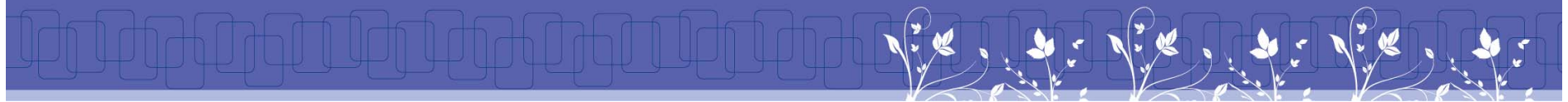


# *Future Directions*

principles in action: examples from the field

Maternity Services Program  
Department of Human Services  
January 2009



## Women have informed choice, continuity and safety in their pregnancy, birthing and postnatal experiences

*Definition: All women have access to appropriate levels of maternity care, with the option of receiving maternity care by the same midwife or GP throughout pregnancy, labour and postnatally.*

### **In keeping with this principle, services would demonstrate the following:**

- Women are provided with clear, unbiased information about their available maternity care options, including the limitations and implications of each option.
- Women feel confident to ask questions and know what to expect from their care provider/s.
- Women are able to see the same caregiver throughout pregnancy, labour, birth and postnatally.
- Normal, healthy, low risk women see midwives or GPs for maternity care.

#### **Barwon Health increases access to primary models of maternity care**

Barwon Health's multidisciplinary collaboration to redesign maternity services and improve continuity of care resulted in the establishment of Midwifery Group Practice in July 2008.

25 per cent of all birthing women have their maternity care provided by a known midwife through this model. The aim is to expand Midwifery Group Practice as an option of maternity care to 50 per cent of all women birthing at Barwon Health.

Obstetricians and midwives regularly attend and facilitate multidisciplinary emergency maternity education sessions and lead strategic planning, monitor performance indicators and action change to ensure that the quality maternity care they deliver is safe and effective.

#### **Goulburn Valley Health builds Indigenous partnerships**

Goulburn Valley Health (GVH) has built partnerships with Rumbalara Health Service to support delivery of maternity care to Indigenous women. Regular multidisciplinary meetings ensure that Indigenous women receive culturally appropriate care and support. GVH is improving clinical practice through multidisciplinary training and professional development in different facets of maternity care.

#### **Royal Women's Hospital increases continuity of care for women**

The Royal Women's Hospital (RWH) reviewed their team care model to increase continuity of care for women in their local community, providing community clinics, evening sessions and revising consumer information and clinical practice guidelines to ensure that women are better informed to make choices in their maternity care.

GP shared care comprises 24 per cent of all new bookings and one-to-one midwifery led care (caseload) was introduced in January 2008 to provide further options for healthy women.

#### **Alpine Health maximises continuity, promotes choice and equity of access through collaboration**

Although a small and relatively remote service, Alpine Health offers maternity care with a known midwife for women in the townships of Bright, Mt. Beauty, Myrtleford and surrounding areas.

The establishment of team midwifery has maximised continuity for women, promotes choice and equity of access to maternity care. Team midwifery has enabled both shared antenatal care and domiciliary care with a known midwife and enhanced collaboration between all maternity health professionals and GPs in providing safe and effective care for women.

## Primary maternity care is the most appropriate model of care for the normal life events of pregnancy and birthing

*Definition: All women have equitable access to primary models of maternity care unless their circumstances warrant transfer or referral to a specialist level of care*

### **In keeping with this principle, services would demonstrate the following:**

- All women have access to primary models of maternity care unless their circumstances warrant transfer or referral to a specialist level of care.
- Midwives are used effectively in all aspects of maternity care in normal pregnancy and childbirth to meet the needs of women.
- Primary maternity care is an option for low risk women at all health services providing maternity care. Where smaller rural facilities are unable to provide birthing services, antenatal, postnatal and support services are provided.
- Midwives and GPs skills are extended in labour and birth.
- Midwifery led maternity care uses a team or caseload approach with defined guidelines and protocols.
- Maternity models are developed to suit specific local needs with an emphasis on continuity of care and carer (where able) and collaboration.

### **Continuity models of maternity care for women at Kyneton District Health Service**

After a multidisciplinary review of maternity services, Kyneton District Health Service (KDHS) developed and implemented continuity models of maternity care - shared care GP team with midwife support; midwife care team with GP support, which now manages 50 per cent of birthing women; and obstetric care with midwife support. An information pack regarding birthing choices is available for all women.

KDHS has reported that implementation of continuity models has resulted in improved outcomes, reduced length of stay, and reduced workforce resource requirements through optimal use of midwifery skills and sustainability of medical workforce by reducing medical workloads and improving medical and midwifery workforce satisfaction.

KDHS is seeking to expand antenatal care within the community and further expand team midwifery as a result.

### **Western Health leads Victoria in caseload midwifery**

Sunshine Hospital's strong commitment to providing primary maternity care sees the majority of midwives working across all areas of their scope of practice. The introduction of caseload midwifery provides one-on-one midwifery care for women, is woman and family centred and aims to provide continuity of care, of one midwife from early pregnancy, through birth and on return to the woman's home environment. Caseload is a model that many women in Victoria want to access.

By April 2009, caseload midwifery will be an option for approximately one third of women receiving maternity care at Sunshine Hospital. Sunshine reports that increased breastfeeding and vaginal birth rates are a direct result of caseload midwifery care.

In addition to providing women with services that meet their needs, the caseload model is also attractive to midwives and assists in midwife recruitment and retention.

Western Health is also reviewing and promoting its shared care model with GPs to enhance primary maternity care models.

## Access to appropriate specialised care when required is integral to providing safe, high quality maternity care

*Definition: All women have access to primary models of maternity care unless their circumstances warrant transfer or referral to a specialist level of care*

### In keeping with this principle, services would demonstrate the following:

- Women move seamlessly through the levels of care they require.
- Health services facilitate consultation and referral processes from primary to secondary and tertiary models of care.
- Midwives and GPs provide maternity care to low risk women and refer to specialist obstetric care where clinically indicated.

#### **Timboon and District Health Care Service sustains their birthing service**

As a small rural service Timboon and District Health Care Service has been creative in maintaining maternity services with the withdrawal of GPs from maternity care.

Midwives now provide antenatal, birthing and postnatal care to all low risk women working in a team approach with obstetricians at Warrnambool, whom they refer on to when required, if complications arise.

Midwives have extended their scope of practice to include perineal repair and newborn examinations.

Collaboration and communication between midwives and obstetricians and appropriate and timely referral is integral to this model's success.

#### **Eastern Health changes its focus**

Eastern Health is in the process of restructuring its maternity services to enable obstetricians to focus on high risk women and midwives and general practitioners on low risk, normal, healthy women.

The Know Your Midwife Program (KYMP) allocates a specific midwife (and one or two back up midwives) for an individual woman choosing this model of care, providing continuity of carer throughout pregnancy, labour and postnatal domiciliary care. The KYMP, originally at Box Hill, has now expanded to Yarra Ranges Health Service as a result of the popularity of this model of care with women.

At Box Hill Hospital, changes to clinical practice have resulted in halving term baby admissions to special care nursery and significantly reduced induction of labour rates.

## A collaborative, multidisciplinary team approach to the provision of maternity care requires education, training and development

*Definition: All maternity care services make the best use of the complementary skills of midwives, general practitioners and obstetricians, while promoting multidisciplinary learning, respect and trust among these different disciplines*

### **In keeping with this principle, services would demonstrate the following:**

- Maternity health professionals have satisfying roles, are used effectively and efficiently in the provision of safe and effective woman centred care.
- Health services review their performance and benchmark their maternity care through the Victorian Maternity Services Performance Indicators and seek support for education, training and skill development where performance can be improved, including where intervention rates are high.  
This information is available to women to enable informed decision making regarding models of maternity care.
- Maternity services are active participants in the Maternity and Newborn Clinical Network (MNCN), supporting consistency in practice, collaboration and partnerships.
- Maternity health professionals regularly undertake collaborative, team based training, education and professional development that facilitates optimal maternity care team functioning.

#### **Multidisciplinary maternity education and training accessible across Victoria**

Many rural, regional and metropolitan health services have participated in multidisciplinary education and training to support the delivery of quality, safe and effective maternity care to all women.

The Department funds a number of maternity education programs that support team based collaboration and multidisciplinary learning and professional development. For example, the Maternity Emergency Education Program was delivered onsite to 22 maternity services across Victoria in 2007 and 2008, mostly in rural and remote Victoria. Another 14 workshops are planned for 2008/2009.

#### **Partnerships to sustain rural maternity services**

A number of health services have and are developing partnerships with smaller rural services and communities to develop clinical skills in all aspects of maternity care.

For example, Wimmera Sub Regional Maternity Services Group provides professional development and up skilling of the multidisciplinary maternity teams in their region. Recently, Dr David Simon from Warragul Hospital presented management of vaginal birth after caesarean section (VBAC) at Horsham Hospital which was supported through the Maternity and Newborn Clinical Network and funded through the Rural Maternity Initiative.

Goulburn Valley Health is interfacing their birthing outcome system with Numurkah and Cobram Hospitals to provide improved antenatal care documentation and providing multidisciplinary professional development opportunities across disciplines.