

Future Directions for Victoria's
Maternity Services
Implementation Report

Published by the Victorian Government Department of Health
Melbourne, Victoria

© Copyright State of Victoria 2009

This publication is copyright, no part may be reproduced by any process
except in accordance with the provisions of the *Copyright Act 1968*.

This document may also be downloaded from the Department of Human
Services web site at:

www.health.vic.gov.au/maternitycare/ or www.health.vic.gov.au

Table of Contents

Executive Summary	page 4
Background	page 5
Purpose	page 5
Methodology	page 5
Results	pages 5 & 6
Key Findings	pages 5 & 6
Discussion	pages 6 & 7
Conclusion	page 7
Next Steps	page 7
Action Plan	pages 7 & 8
Acknowledgements	page 8
Appendices	
Appendix 1: Examples of implementation strategies	pages 9 - 11
Appendix 2: Health Services Providing Midwifery Maternity Models	pages 12-13
References	page 14

Executive Summary

Purpose:

Future Directions for Victoria's Maternity Services (Future Directions) was launched in 2004 and set the 5-10 year agenda for strengthening maternity services in Victoria. The focus of *Future Directions* was to provide primary maternity services within local settings, provide women with greater control of their birthing experience and establish maternity service models that promote continuity of care. It was timely to assess progress toward these goals.

Methodology:

In August 2008 health services were asked to provide information to the Department relating to the implementation of *Future Directions* policy. Forty five health services responded, providing information on the changes they had made to their maternity service, their plans for the next one to two years and barriers to implementation of the policy.

Key Findings:

The responses indicate that many maternity services have made significant changes to maternity models of care, and introduced multidisciplinary education and training and collaborative partnerships, which are now more common place. Some organisations appeared to have progressed with significant changes since the release of *Future Directions* in 2004. Other health services have made smaller, more incremental changes, consistent with the policy and continue to work towards further implementation.

The introduction of caseload midwifery has been a highlight across metropolitan, regional and rural Victoria, with improved continuity of care and carer as outcomes. Team midwifery is also a feature of many rural and metropolitan maternity models. There was also recognition amongst a number of maternity services that women with specific and unique needs require specialised services.

The majority of health services have reported their involvement in the Maternity and Newborn Clinical Network and their partnerships with other health services and their local communities. These partnerships have maximised opportunities for multidisciplinary staff education and professional development, and resulted in the development of consistent referral and clinical practice guidelines.

Health services identified a number of key barriers to implementation of *Future Directions* which included workforce, education, partnerships, sustainability, physical environments and infrastructure. Health services commented on the need to promote development of funding models that support new models of maternity care.

Conclusions:

It was identified from health services' responses that the principles of *Future Directions* underpin the delivery of maternity care within the majority of maternity services in Victoria. Whilst many health services have made significant change, support from the Department in overcoming barriers to change is essential for continued implementation. Victorian women now have more options and choices in models of care, increased continuity in care and carer, more detailed information available to them, and are thus making more informed decisions regarding their maternity care.

Next Steps:

1. That health services continue to progress *Future Directions* implementation through providing leadership in change management and working collaboratively with other health services and amongst professions to facilitate change
2. That the Department's development initiatives continue to be targeted to addressing barriers to implementation of *Future Directions* as identified by health services through the maternity workforce initiative; expanding access to best practice antenatal care through exploring a range of funding sources and models at State and Commonwealth levels; supporting multidisciplinary maternity education and training; funding primary maternity workforce models and capital improvements and development of maternity services and the Maternity and Newborn Clinical Network.

Background

Purpose

Future Directions for Victoria's Maternity Services (Future Directions) was launched in 2004 and set the 5-10 year agenda for strengthening maternity services in Victoria. The focus of *Future Directions* was to provide primary maternity services within local settings, with appropriate access to specialised care when required; provide women with greater control of their birthing experience; establish maternity service models that promote continuity of care and facilitate a collaborative, multidisciplinary team approach to the provision of maternity care through education, training and development. It was timely to assess progress toward these goals.

Methodology

In August 2008 health services were asked to provide information to the Department relating to the implementation of *Future Directions* policy. Health services were given a period of four weeks to respond. Follow up phone calls and emails to health services following this time frame facilitated the high level of response. Forty five of forty seven health services responded, providing information on the changes they had made to their maternity service, their plans for the next one to two years and barriers to implementation of the policy.

The responses were collated into a table, grouped by region and hospital. Barriers identified by health services were also tabled under major theme headings, with existing strategies and key messages for health services and for the Department listed. The results were written into a report for distribution within the Department and to health services.

Results

Key Findings

A summary of health services changes made since the release of *Future Directions* are outlined in Appendix 1.

Participation in the Maternity and Newborn Clinical Network (MNCN) has provided the impetus for health services to form their own partnerships and collaborations with other health services and their local communities. Many regional and rural health services reported that the Rural Maternity Initiative has supported the development of partnerships between larger regional centres and smaller rural services. This has maximised professional development options, providing opportunities for staff to update and refresh their clinical skills, maximising educational opportunities, providing workforce support for rural staff to attend training and professional development sessions and continues to support consistency in clinical practice guidelines and referrals.

Another strong theme identified by most health services was the development of governance changes within their organisations – collaboratively reviewing clinical practice to improve quality and safety in maternity care, improving accountability, and increased consumer involvement in service review and development.

The vast majority of health services report that education and training is predominantly multidisciplinary, where all maternity health professionals learn together to provide comprehensive maternity care within a team framework. Nine health services reported involvement in the Maternity Emergency Education Program and eight reported participation in the fetal surveillance program.

Most health services reported changes to maternity care models, increased options available to women, changes to documentation and information systems, physical and workforce changes that supported *Future Directions* policy.

Caseload is now a model of care offered at seven health services (four rural and three metropolitan). Team midwifery is also a feature of many rural (fourteen) and metropolitan (six) maternity models. Seven more health services are planning to either introduce or expand

team midwifery and five are planning to either introduce or expand caseload midwifery in the next one to two years. Twelve rural and regional health services have also developed models of shared care between GPs and midwives. A summary of health services currently providing and planning provision of caseload and team midwifery led models are listed in Appendix 2.

The majority of health services are working towards the provision of more midwifery led antenatal care. There was recognition amongst a number of maternity services that women with specific and unique needs require specialised services. These maternity services targeted their maternity care to meet the unique and individual needs of Koori, young, isolated, working, and vulnerable women, as well as women requesting vaginal birth after caesarean section (VBAC).

A number of health services have also received Baby Friendly Health Initiative (BFHI) accreditation, demonstrating the commitment of health services and staff to support women in establishing and maintaining lactation.

A number of barriers to implementing *Future Directions* were identified by health services. The principal barriers identified were workforce and funding models, however, a range of other barriers were reported. Workforce barriers included recruitment and retention, resistance to change, inexperience, lack of skills, industrial constraints, an ageing workforce and specific medical and midwifery barriers. Funding barriers included perceived misalignment of current funding models with new models of care, education and training, infrastructure and staffing changes required with new models of care.

Other barriers included education (access, isolation, travel time and backfill costs); sustainability (clinical issues, community expectations, non recurrent resources, loss of medical support, women's choice and limited demand); partnerships (poor interdisciplinary relationships and communication); physical environments (space, capacity and environment challenges with new primary care models); and service delivery constraints (current funding models and workforce compatibility with new models of care, increased demand, and multilingual information to women).

Discussion

Through collaborative partnerships and changes to governance structures, many maternity services have used a broad range of strategies to make significant changes to maternity models of care and introduced multidisciplinary education and training to their maternity workforce, to increase options available to women within their local community. Government supports this through the establishment of the Maternity and Newborn Clinical Network and a range of Government funded education programs. Victoria is also actively engaged in working with the Commonwealth on the development of the National Maternity Services Plan.

Some organisations appeared to have progressed with significant changes since the release of *Future Directions* in 2004. Other health services have made smaller, more incremental changes, consistent with the policy and continue to work towards further implementation. These changes have been made at the same time as additional demand for maternity care has occurred. Increased demand has been a catalyst for some of these changes. Nevertheless, these changes are valuable in themselves. Some have assisted with demand management as well as increasing options for women and introducing new ways of working within maternity care.

The introduction of caseload midwifery has been a highlight across metropolitan, regional and rural Victoria, with improved continuity of care and carer as outcomes. Most services who have implemented this model are planning to increase this option to more women as a result of women's increased satisfaction and an increase in job satisfaction for midwives. Overall, where health services have evaluated midwifery led models of care they identified significant reductions in rates of intervention (caesarean section and induction of labour) and increased breastfeeding rates, increased VBAC rates, increased maternal satisfaction with pregnancy and birthing experiences and reduced length of stay. Caseload represents a new way of working for midwives, moving away from shift based organisation of their work to one where the woman seeking care is the focus of their work arrangements. One challenge is that caseload

midwives work across the full spectrum of maternity care rather than focusing on one component of care, for example, postnatal care.

The Department acknowledges that health services require support to overcome the barriers inhibiting implementation of *Future Directions* policy. Many of the Department's maternity related funding and initiatives are targeted to assist health services in overcoming these barriers, including the maternity workforce initiative, expanding access to publicly funded antenatal care, supporting multidisciplinary maternity education and training, funding primary maternity workforce models and funding capital improvements and development of maternity services.

The landscape of Victorian maternity services is very different now, as a result of the implementation of models of care consistent with the principles underpinning *Future Directions*. *Future Directions* has played a significant role in supporting health services in expanding primary models of maternity care and is consistent with both the Commonwealth's Maternity Services Review discussion paper *Improving Maternity Services in Australia* and the Maternity Services Inter Jurisdictional Committee's *Primary Maternity Services Framework*.

Conclusion

Future Directions policy retains its currency in shaping maternity services provision in Victoria, and has a high level of consistency with the *Primary Maternity Services Framework* and the Commonwealth's discussion paper *Improving Maternity Services in Australia*. The Department recognises the significant changes that health services have achieved and is committed to continuing to work with them in supporting implementation. Victorian women now have more options and choices in models of care, increased continuity in care and carer, more detailed information available to them, and are thus making more informed decisions regarding their maternity care.

Next Steps:

1. That health services continue to progress *Future Directions* implementation through providing leadership in change management and working collaboratively with other health services and amongst professions to facilitate change
2. The Department's maternity related funding and initiatives continue to be targeted to addressing barriers to implementation of *Future Directions* as identified by health services through
 - a. The maternity workforce initiative
 - b. Exploring the expansion of access to best practice antenatal care
 - c. Supporting multidisciplinary maternity education and training
 - d. Funding primary maternity workforce models through maternity workforce and other funding grants, and the Rural Maternity Initiative
 - e. Future capital improvements and development of maternity services and
 - f. The Maternity and Newborn Clinical Network

Action Plan

1. The Maternity Care in Victoria website www.health.vic.gov.au/maternitycare/ has detailed information on the key principles of *Future Directions*, a description of what each principle entails and a number of examples of health services demonstrating these principles in action.
2. The maternity workforce initiative is an integral part of an action plan to progress the *Future Directions* policy. It has a state wide, multidisciplinary approach to build workforce capacity through education and training across all professions; support workforce redesign; and meet the needs of maternity services in addressing inpatient flows, and developing and progressing plans for changes to maternity models of care. The workforce strategy will have a dual focus – recruitment and retention and the optimal use of workforce skill mix.
3. The Department supports multidisciplinary maternity education and training and is developing a strategy and project plan to support further development of the maternity education plan.

4. The Department supports the exploration of expanding publicly funded antenatal care through exploring a range of funding sources and models and is developing a strategy and project plan to support implementation, subject to clarification of the Commonwealth intent with regard to the National Maternity Services Plan.
5. The Maternity and Newborn Clinical Network is supporting clinicians to build relationships and improve consistency in practice through three projects – induction of labour, vaginal birth after caesarean section (VBAC) and admissions to SCN. Information regarding these projects is available from the MNCN facilitators (contact details available on the MNCN website) www.health.vic.gov.au/clinicalnetworks/maternity
6. As part of the maternity workforce strategy four maternity and health workforce and initiative resource guides were developed to provide health services with information about additional sources of funding for education and training, workforce redesign and research. The guides are located in the Maternity Care in Victoria website www.health.vic.gov.au/maternitycare/mhwi_guides

Acknowledgements

Thank you to each of the health services who responded to the request for information.

Appendix 1

Examples of Implementation Strategies

Collaboration

- **Inter Hospital**
 - A number of health services have developed regional partnerships to coordinate and sustain maternity service delivery in smaller rural services. Where possible, these health services share their workforce, education and training, and provide each other with education back fill support when required.
- **Community**
 - Many health services developed and expanded their partnerships within their local community, for example, one health service established links with Beyond Blue to address the issue of perinatal depression. Another health service participated in Core of Life community education with their local school to introduce teenagers to the realities of pregnancy, childbirth and parenting, and to assist in reducing teenage pregnancy rates.
- **Intra Organisation**
 - A number of health services have undertaken multidisciplinary planning for strategic maternity service redesign and review which has helped to build relationships between obstetricians, GPs and midwives.

Governance Changes

- **Collaboratively Reviewing Practice**
 - Many health services review their practice against the Victorian Maternity Services Performance Indicators and used this information to inform practice changes and improvements to maternity service delivery. A number of maternity services have established a multidisciplinary risk management framework which includes combinations of the following: perinatal audits, sentinel events and case reviews, development of evidence based clinical practice guidelines, neonatal clinical reviews, implementation of practice improvement committees to review practice change, establishment of a working party to improve Vaginal Birth after Caesarean (VBAC) rates, and review of consumer, staff and stakeholder satisfaction.
- **Accountability**
 - The health services that demonstrated the most significant achievements identified Board and executive commitment, leadership and support as vital to successful maternity service changes and workforce redesign. Some went on to develop a Maternity Services Framework, improved their maternity data collection to inform practice and developed referral guidelines.
- **Midwifery**
 - Many health services established midwifery reviews and working parties supported by midwifery management and the Rural Maternity Initiative. Some health services identified the need to create specific midwifery roles to coordinate and integrate maternity services, within their service and across regions in response to demand. Another health service created midwifery admission units and standing orders for midwives to support primary models of midwifery led care.
- **Medical**
 - One health service formed a GP sub committee to assess GP accreditation and workforce training. The same service developed and implemented a suite of clinical competency assessments for maternity health professionals across disciplines.
- **Consumers**
 - A number of health services increased consumer involvement in maternity service delivery. One service established a centralised booking system to improve access for women using their service.

Documentation

- Many health services implemented the Victorian Maternity Record and developed and implemented evidence based guidelines and information for women. Some improved their data collection and information technology systems to support accurate documentation.

Education

• Collaborative and Multidisciplinary

- The vast majority of health services have participated in some form of multidisciplinary education and training for maternity health professionals including at least one of the following: the Maternity Emergency Education Program, fetal surveillance education, regional obstetric skills workshops, Advanced Life Support in Obstetrics, perineal suturing training, simulation workshops, and Ambulance Victoria's emergency birthing training.

• Midwifery

- Midwives across a number of health services have been active participants in professional development, education and training specific to their profession. The range of programs attended includes: the ANEW program, Pregnancy Care Program, HIV counselling program, alcohol and drug addiction pregnancy team education, R.E.M.O.T.E (Retraining and encouraging midwives out of training environments), lactation education, neonatology (including NETS) and paediatric education sessions, Graduate Midwifery Programs, Midwife Refresher Program, and perineal suturing education.

Options for women

• Models of Care Implemented

- One of the highlights of the responses was identifying that women across Victoria now have access to a variety of maternity care options including: team midwifery, caseload midwifery, shared care model between midwives and GPs, midwifery group practice, shared care midwives clinic, outreach midwife program for vulnerable families, midwives pregnancy care clinic, vaginal birth after caesarean (VBAC) clinic, Know Your Midwife Program, early pregnancy assessment clinic, young mothers program, vulnerable families innovations program, maternity program for women with complex psychosocial issues and the introduction of Division 2 nurses into maternity models of care.

• Changes to Maternity Care

Antenatal

- Publicly funded antenatal care has been extended in some health services to include preadmission clinics, an early pregnancy assessment and care coordination service, increased access to community based antenatal services and evening clinics, midwifery post term reviews, and at one service, the introduction of a Koori coordinator. Antenatal care is now more multidisciplinary in nature.
- Some health services have made changes to the delivery of childbirth education to reflect new models of care.

Birth

- In some health services where models of care have changed, birthing options for women have increased to include water birth provided by accredited midwives and GPs, expanded pain management options, and perineal repair by midwives. One health service supports active home birthing services.

Postnatal

- Postnatal care has been improved across most services with the expansion of domiciliary care, breastfeeding and lactation services and the ability of midwives to perform newborn checks to aid continuity and facilitate timely hospital discharge.

General Changes

- Overall, the vast majority of health services increased their use of midwives' scope of practice and some have revised information on maternity options available to women.
- A number of rural and regional health services have developed partnerships within their local community with various groups, including young, Indigenous and isolated

women, some now provide a multidisciplinary Koori focus on antenatal/postnatal care.

- Baby Friendly Health Initiative accreditation was achieved by a number of health services.
- One hospital developed and implemented a local catchment, prioritising access for local low risk women.

Physical Changes

- A number of health services have increased their maternity bed capacity, refurbished and had equipment upgrades. Some of the larger services have developed a centralised domiciliary service, and now also provide offsite community antenatal, domiciliary and lactation services. One health service improved accommodation for parents of neonates in Special Care Nursery.

Workforce changes

• Education and Training

- Most health services identified the value in building and retaining a skilled and capable workforce and have participated in multidisciplinary training and education. Some smaller rural maternity services rotate their midwifery staff into larger regional services to maintain their birthing skills and to support educational needs of their staff. Health services also provide undergraduate clinical places for midwifery and medical students.

• Recruitment

- Other workforce changes focused on recruitment, specifically on succession planning, developing clinical coaching roles and overseas recruitment, which was undertaken in a number of health services to facilitate change, in particular to models of care. One health service employed an obstetric registrar to support midwifery led practice. Various models of undergraduate student midwifery employment have also been developed and implemented at a number of health services.

Appendix 2

Health Services Providing Midwifery Maternity Models

Caseload Midwifery Currently Offered

Metropolitan

Eastern Health (Box Hill Hospital)
Royal Women's Hospital
Western Health (Sunshine Hospital)
Southern Health (Casey Hospital)

Rural

Ballarat Health Service
Barwon Health
Bendigo Health Care Group
Western District Health Service (Hamilton)

Caseload Midwifery Planned or Expanded

Metropolitan

Rural

Alpine Health
Benalla and District Memorial Hospital
Bendigo Health Care Group
Goulburn Valley Health
Stawell District Hospital
Western District Health Service

Modified Caseload Midwifery Offered

Metropolitan

Rural

Bass Coast Regional Health
Kilmore and District Hospital
Orbost Regional Health
Timboon and District Health Care Service
West Gippsland Health Service (Warragul)

Team Midwifery Currently Offered

Metropolitan

Mercy Hospital for Women
Peninsula Health (Frankston)
Royal Women's Hospital
Southern Health (all campuses)
Western Health (Sunshine Hospital)

Rural

Alpine Health
Ballarat Health Service
Barwon Health
Kyabram and District Hospital
Kyneton District Health Service
North East Health (Wangaratta)
South Gippsland Hospital (Foster)
South West Health Care (Warrnambool and Camperdown)
Stawell District Hospital
West Gippsland Health Service (Warragul)
Wimmera Health Care Group (Horsham)

Team Midwifery Planned or Expanded

Metropolitan

The Northern Hospital

Rural

Midwifery Antenatal Care Currently Offered

Metropolitan

Mercy Hospital for Women
Royal Women's Hospital
Southern Health (all campuses)

Rural

Ballarat Health Service
Barwon Health
Central Gippsland Hospital (Sale)
Cobram District Hospital
Echuca Regional Health
Goulburn Valley Health
Latrobe Regional Hospital
North East Health (Wangaratta)
Numurkah District Health Service
Robinvale District Health Service
Wodonga Regional Health Service

GP/Midwifery Shared Care Currently Offered

Metropolitan

Rural

Ballarat Health Service
Benalla and District Memorial Hospital
Bendigo Health Care Group
East Wimmera Health Service (St Arnaud)
Djerriwarrh Health Services (Bacchus Marsh/Melton)
Kerang and District Hospital
Kilmore and District Hospital
Kyabram and District Memorial Community Hospital
Kyneton District Health Service
Gippsland Southern Health Service (Leongatha)
Mansfield District Hospital
Maryborough District Health Service
North East Health (Wangaratta)
Seymour District Memorial Hospital
South West Health Care (Camperdown)
Stawell District Hospital
Swan Hill District Hospital
Terang and Mortlake Health Service (Terang)
West Wimmera Health Service
Wimmera Health Care Group (Horsham)
Yarrawonga District Health Service

The above information was provided by health services directly and/or Department of Health officers as of August 2009.

References

Commonwealth of Australia, (2008), *Improving Maternity Services in Australia A Discussion Paper from the Australian Government*, Canberra.

Department of Human Services, (2004), *Future Directions for Victoria's Maternity Services*, Melbourne.

Maternity Services Inter-jurisdictional Committee (2008), *Primary Maternity Services in Australia – A Framework for Implementation*, NSW Department of Health.