The Consultation Paper titled Australian Safety and Quality Goals for Health Care (November 2011) was reviewed by the Australian College of Midwives.

The comments provided by the team were developed in the context of current and future midwifery services within Australia. Whilst noting that the three draft goals are not maternity or midwifery specific it was seen that there is opportunity for clinicians and service providers of maternity care to utilise the principles outlined in the document to support improvements and initiatives within a safety and quality context.

The National Maternity Services Plan (NMSP)\(^1\) has been developed with the vision of maintaining Australia’s high standard of safety and quality in maternity care, while seeking to improve access to services and choice in models of care. The Plan is the blueprint for Australian jurisdictions to ensure safety and quality developments are made in maternity services over the next five years and is underpinned by 10 principles for maternity care. These principles align with the broad criteria used in determining the three priority goals outlined within the Australian Safety and Quality Goals for Health Care. Specifically –

Goal One – Safety of Care

The potential of maternity health professionals is maximised to enable the full scope of their specific knowledge, skills and attributes to contribute to women’s maternity care.

Women and families in rural and remote Australia have improved and sustainable access to high-quality, safe, evidence-based maternity care that incorporates access to appropriate medical care when complications arise.

Maternity care will be provided for all women and their babies within a wellness paradigm, utilising primary health care principles while recognising the need to respond to emerging complications in an appropriate manner.

The Plan recognises the importance of safety beyond clinical aspects of safety, in particular the need to consider the cultural and psycho-social aspects of safety when providing maternity services. In particular the needs of Aboriginal and Torres Strait Islander families are to be considered, including the development of culturally competent maternity care services, the development of an Aboriginal and Torres Strait Islander maternity care workforce and improved access to maternity care in rural and remote settings.

Goal Two – Appropriateness of Care

Maternity care enables all women and their families to make informed and timely choices in accordance with their individual needs. The planning and provision of maternity care is informed by women and their families.

Maternity services provide high-quality, safe, evidence-based maternity care within an expanded range of sustainable maternity care models.

Maternity services are staffed by an appropriately trained and qualified maternity workforce sufficient to sustain contemporary evidence-based maternity care.

---

\(^1\) National Maternity Services Plan 2011
Goal Three – That there are effective partnerships between patients, consumers and healthcare providers and organisations at all levels of healthcare provision, planning and evaluation.

Maternity care places the woman at the centre of her own care. Such care is coordinated according to the woman’s needs, including her cultural, emotional, psychosocial and clinical needs, close to where she lives. Maternity care enables all women and their families to make informed and timely choices in accordance with their individual needs. The planning and provision of maternity care is informed by women and their families.

The applicability of the broad criteria considered in determining the goals to the arena of maternity care and the maternity reform agenda is overwhelming.

The impact on the health system in terms of issues such as the burden of disease, cost to the system and number of adverse events

Improving the quality and safety in health care has been articulated in Australian national and state health policies over the last 15 years. These policies have sought to identify and rectify issues in order to improve patient safety and quality in the health system. However, the existence of significant safety and quality problems, such as high levels of preventable harm and significant gaps between evidence and practice continues to be evident. Adverse events occur in maternity care as in all other health services. Reportable avoidable adverse events in maternity care feature prominently in national and international morbidity and mortality data collections. In maternity care, adverse events resulting in morbidity can often involve two people: the woman and her unborn and/or newborn baby and the outcomes of these events can result in long-term morbidity for both women and babies.

Pregnant women are one of the highest users of health care in Australia with 294,540 women giving birth to 299,220 babies in 2009\(^2\) and 482,195\(^3\) inpatient (public and private hospital) separations associated with childbirth in 2009/10. The large number of women accessing maternity care in Australia indicates that a substantial number of these women and their babies are potentially at risk of preventable harm through adverse events. It is important that the Goals considered and be relevant to this population.

The existence of a body of work that could be built on to make improvements, with broad agreement about clinical guidelines or other evidence based strategies –

A number of actions within the National Maternity Services Plan align with this criterion. These include:

- Action 1.2.3 NMBA endorses a standard for a safety and quality framework which includes an assessment of clinical risk for the provision of private homebirth.
- Action 2.1.1 AHMAC endorses National Evidence –Based Antenatal Care Guidelines for the First Trimester
- Action 2.2.3 AHMAC undertakes research on international evidence-based examples of birthing on country programs

---


• Action 2.3.2 States and territories establish formal referral pathways for women experiencing depression and mental illness with perinatal mental health services.
• Action 2.3.3 Australian governments progress investigation of evidence-based maternity care models for at risk women
• Action 4.1.1 The Australian Government works with RANZCOG and ACM to inform the development of consultation and referral guidelines for maternity care.

That the potential goal was amenable to national action at multiple levels of the health system
The likelihood that improvements would be achieved in a three to five year timeframe

The NNMSP has been endorsed by the Australian Health Minister’s Conference (AHMC) and Australian governments will continue to report to AHMC on progress against the Plan and benefits delivered to the Australian women and their families over the coming five years.

The existence of links to other priorities
The Maternity Services Plan itself has been developed within the context of broader changes to Australia’s health and hospital systems. Other established linkages include current National Partnership agreements which have identified achieving sustained improvements in pregnancy and birth outcomes for Indigenous women and infants; as a key outcome.

The potential for the goal to be relevant across disease groups, sectors and settings of care
Pregnancy inherently crosses a number of sectors and settings. Although the number of women birthing outside hospitals is small, a significant component of pregnancy and postnatal care is provided in the community. Many women will transition from primary to secondary and ultimately require tertiary level care throughout the continuum of their pregnancy.

The existence of measures, or potential to develop measures, that could be used to monitor progress.

The evaluation of maternity care is a key component of the NMSP with signs of success aligned to each Action within the Plan. Further evidence of evaluation of outcomes is evidenced in a number of the Actions.
• Action 1.1.3 AHMAC endorses the first 10 core maternity indicators.
• Action 2.1.2 AHMAC considers the recommendations of the National Maternal Mortality and Morbidity reporting project.
• Action 4.1.5 The Australian Government funds the development of nationally consistent maternal and perinatal data collections.

1. How do you think national safety and quality Goals could add value to your existing efforts to improve the safety and quality of care?

As stated previously the three draft goals are not midwifery or maternity specific but certainly have some applicability for maternity service delivery. The principles and goals outlined in the document will support maternity care providers in their quest to improve the safety and quality of their service. The areas for activity outlines under the three goals are all achievable with the maternity context. Increasingly Australian women are experiencing pregnancy related complications such as gestational diabetes. This increasing complexity increases the likelihood that pregnant women will be prescribed medications during this time. As these women may transition across a number of sectors it is vital that risk related to medication use is minimised. Continuity of carer models have been demonstrated to facilitate a seamless patient journey thus minimising the increased risk related to the transfer of care.
With Australia’s increasing caesarean section rate the importance of appropriate use of VTE and antibiotics is paramount for those women experiencing surgery related to childbirth. The prevention of hospital acquired infection is obviously important with the vast majority of Australian
mothers birthing in hospitals. With neonates amongst the most vulnerable of our patients strategies to reduce the risk of infection are a priority for maternity services. The most relevant Goal is the third goal around partnering with patients and consumers. This Goal underpins midwifery care across all sectors and is a key component of the maternity reform agenda, placing women at the centre of their care.

- **2. Do you agree with the topics that have been included as Goals and priority areas? Are there other areas that should be considered?**

The ACM would encourage the Commission to incorporate Goals and strategies that will support the NMSP, for example a focus on reducing unnecessary obstetric interventions would have implications for a significant population base with a potential for significant savings in health care expenditure.

We would additionally suggest that consideration be given to the area of Mental Health that traverses all sectors and has such enormous ramifications for population bases of all ages.

In terms of Goals Two and Three the College would like to see priorities that acknowledge the impact improved health literacy and enhanced decision making can have on health service provision and in particular the rate of interventions related to not only childbirth, but a number of other specialties. Improvements in appropriateness of care and subsequent reduction in interventions have been demonstrated when health professionals truly work in partnership with the patient in a continuity model of care.

- **3. What do you think about the specificity of the Goals and priority areas? Are they too broad or too specific?**

In general the document has a narrow focus which the ACM would like to see expanded to include maternity services. We would also comment that whilst the strategies may cross health sectors, the focus appears to be on mitigation rather than causation and health promotion. The inclusion of an alternate approach incorporating a preventative/public health/population based/primary care focus as opposed to hospital based services would be welcomed. The College acknowledges that the strategies included are evidence based however the focus is on screening and managing rather than prevention. There is strong evidence around the impact public health strategies can have on health outcomes. One example is the evidence that demonstrates a reduced risk of developing diabetes later in life for infants who are breastfed. Inclusion of such strategies would support maternity service providers in their endeavours to enhance breastfeeding support in alignment with the National Breastfeeding Strategy4.

- **4. Do you think there should be specific targets attached to the Goals or priority areas? If so, what form should the targets take?**

The ACM is supportive of targets and sees that a link between best practice models and funding for services provide a strong driver for improved service delivery. The Discussion Paper provides an excellent overview of the linkages between key components of the health reform agenda.

The College however suggests that especially under Goal 3, outcomes integral to improvement of maternity services such as access, quality and satisfaction may require a different approach and need alternate measurements of success.

- **5. How do you see the Goals applying in different healthcare settings or for different population groups?**

Suggested additional tools include -
Question 5: Suggestions for application of Goals for Maternity setting

<table>
<thead>
<tr>
<th>Safety of Care</th>
<th>Appropriateness of Care</th>
<th>Partnering with Patients and Consumers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Safety</td>
<td>Diabetes</td>
<td>Increased access to midwifery-managed models of care</td>
</tr>
<tr>
<td>PCEHR – vital that all health care providers have access to enter and view these records</td>
<td>Access to dietetic services for all women at risk of GDM, including those with increased BMI*</td>
<td>Identification of culturally competent maternity care for ATSI people</td>
</tr>
<tr>
<td>National Guidelines for screening and treatment of GBS</td>
<td>Facilitation of BFHI accreditation by all maternity services</td>
<td>Development of options to prevent separation of mothers from their babies when receiving mental health care</td>
</tr>
<tr>
<td>Appropriate use of antibiotics for maternity and neonatal patients</td>
<td></td>
<td>Development of a national woman-held pregnancy record</td>
</tr>
<tr>
<td>Medication reconciliation post birth</td>
<td></td>
<td>Provision of supported accommodation and travel options for ATSI women and key family members who travel to access appropriate levels of maternity and neonatal care</td>
</tr>
<tr>
<td>HealthCare Associated Infections</td>
<td>ACS and Stroke</td>
<td></td>
</tr>
<tr>
<td>Option of homebirth available to women of appropriate risk</td>
<td>Appropriate antenatal care to ensure women with relevant conditions such as increased BMI*, hypertension are identified, managed and followed up post birth</td>
<td></td>
</tr>
<tr>
<td>Systems to monitor SSI rates for individual services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* The issue of maternal obesity is a significant concern for maternity service providers. Pregnancy offers an ideal opportunity to assist the mother to make lifestyle changes at a time when there is strong motivation. This can reduce the risk of future disease in the mother as well as having the potential to impact of reducing childhood obesity and the ongoing risk of disease throughout the life of the child.
6. What systems, policies, strategies, programs, processes and initiatives already exist that could contribute to achievement of Goals?

A number of Policy documents, programs and processes exist at a jurisdictional and national level to support safety, quality and the reform agenda within the maternity arena.

Policy:

- National Maternity Services Plan\(^1\)
- NHMRC Guidelines on Collaborative Maternity Care\(^5\)
- Safety and Quality Framework for Privately Practicing Midwives attending homebirths\(^6\)
- Jurisdictional Policies

Programs:

- Community based Models of Care in a number of jurisdictions
- Midwifery Peer Review (ACM)

Processes

- ACM engagement at a jurisdictional and national level

7. What do you think should be the initial priorities for action under the Goals?

It is clear that the Commission needs to be responsible with the health dollar and consider where the most impact can be achieved with the least expenditure (bang for buck so to speak). Continuity of care models as a strategy has significant potential to improve safety and quality across numerous specialties and health sectors. We would recommend that the Commission looks at this strategy as a priority. Within the maternity context (and across other specialised areas) improvements in appropriateness of care have potential savings in terms of reduced interventions such as induction of labour and caesarean section. This is particularly important for the more vulnerable groups within the Australian population. The NMSP makes clear reference to the need to improve birth outcomes for Aboriginal and Torres Strait Islander people and the special needs of women who are vulnerable due to medical or other risk factors.\(^1\)

8. How could the different stakeholders within the healthcare system be engaged in working towards achieving the Goals?

The ACM believes that what is needed is visible leadership to influence people across all levels around the priorities. We would assert that midwifery representation at a local, jurisdictional and national level to provide appropriate representation and advice is paramount. Currently there is a lack of a consistent midwifery voice at a senior level in some jurisdictions and in order to engage midwifery and maternity services in the safety and quality arena and ultimately progress the maternity reforms this needs to be rectified.

The Australian Commission on Safety and Quality in HealthCare has a key role in driving the Goals and needs midwifery guidance at a leadership level. The College would strongly recommend formalisation of a process to ensure midwifery representation in an advisory capacity to inform the ongoing development and refinement of the National Goals. A network of champions of all disciplines and levels would be a useful strategy to drive the Goals forward.

9. What barriers exist in achieving the Goals? How could these be overcome?

The Goals need to be inclusive of the maternity population if midwives are to assist in driving the Goals forward and need to have the capacity to be included as a part of everyday business to become entrenched in systems.

The challenges include the ability to engage service providers in challenging times of infinite demand, finite demand and competing priorities. The system as a whole needs to be engaged and there are numerous layers to be reached, let alone influenced.

One of the ways to overcome this barrier would be to ensure an effective feedback loop with the ability to provide timely, meaningful data at a local level. In order for this to occur it will be imperative that the new national bodies are effective and develop appropriate linkages.