Practice-level indicators
of safety and quality for primary health care
CONSULTATION PAPER
AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

‘Practice-level indicators for primary health care’
Submissions may respond to other issues and comments raised in the paper

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TITLE: Comprehensive Primary Maternity models

PROJECT SUMMARY:

The development of Comprehensive Primary Maternity Models in Australia are required to meet the complex needs of childbearing women and their families. Current medical maternity models do not provide a quality maternity framework that meet the complex needs of childbearing women, as exemplified by rising intervention rates and increasing maternal dissatisfaction with hospital maternity care. Policy makers and health administrators are required to implement new maternity models to improve quality and safety outcomes.

Primary maternity care models have demonstrated positive maternal and perinatal outcomes, for example, the Centering Pregnancy program. It provides comprehensive maternity care through an integrated groupcare framework. The Centering model provides collaborative woman-focused care and has better outcomes due to its increased social support and its integrated approach to maternity care (Ickovics et al, 2007). Comprehensive Primary Healthcare should be provided to all mothers, babies and their families through appropriately funded initiatives, inclusive of private primary midwifery services, in order to provide safe high quality maternity care and improve women’s choices.

PROBLEMS AND OBJECTIVES:

Current rising caesarean rates will impact future health costs and service provision. Quality and safety frameworks in medical maternity models are difficult to institute due to the continuance of traditional-based practice and its biomedical focus of care. Alternatively, some benefits of primary maternity care models are listed as follows:

- Higher maternal satisfaction with care
- Higher staff satisfaction working in primary maternity models
- Reduced rates of adverse maternal and perinatal outcomes
- Reduced intervention rates and use of tertiary resources
- Inherent quality and safety frameworks for practice
- Continuity of care prevents fragmented care
- Builds social capital and community at the local level
- Addresses the social disparities of healthcare

The Consultation paper omits ‘MIDWIVES’ in its framework as outlined below. Midwives are eligible to provide Medicare rebates and primary maternity services to low risk women, according to current Safety and Quality Frameworks for midwifery practice by regulatory bodies (Nursing and Midwifery board of Australia, 2010):

- “What is Primary Health Care?’ – The summary does not include ‘Midwives’ who are the preferred primary carers for a majority of childbearing women and their families who are considered ‘low risk’
- 3.1 National Health Reform – Focuses on medical services rather than multidisciplinary primary care services
- 3.4 Patient-centred Health Care – omission of the Maternity Interjurisdictional Committee’s recommendation for a national Primary Maternity Service
- 4 Primary Health Care Services – The summary does not include ‘Midwives’
- 5.1 The Complex Nature of Primary Health Care – The summary does not include ‘Midwives’
BACKGROUND

1. The World Health Organization recommends Comprehensive Primary Healthcare in the 2008 report ‘Primary Care: Now more than ever.’ Currently in Australia, the selective primary model is practised, which is described as the medical primary model (Keleher, 2001). Comprehensive Primary models include a multidisciplinary team which are able to address the disparities in healthcare provision and the increasingly poor outcomes of chronic diseases, and in particular, medical maternity systems:

   Comprehensive Primary Healthcare encompasses ‘an understanding of the social, economic, cultural and political determinants of health’ which lead to better health outcomes through its focus on people and their communities (WHO cited in Zimmerman, 2010, pg 5)

2. The Maternity Services Interjurisdictional Committee 2011 recommends the implementation of Primary Maternity Services nation-wide to provide the following safety and quality indicators:

   High quality care; a collaborative multidisciplinary approach; continuity of care; women-centred care; reduction in health inequalities, and access to care at the local level

3. Midwives in collaboration with a multidisciplinary healthcare team should provide primary care for low risk childbearing women. High level evidence (ACM, 2011; Cochrane Collaboration, 1997; Chalmers et al, 1989) substantiates midwives as the primary carers for normal childbirth. Continuity of care models within Primary Maternity services will further enhance positive maternal and perinatal outcomes, in particular for disadvantaged Mothers, and which the Centering Pregnancy model has demonstrated (Ickovics et al, 2007).

4. Primary Care Midwives are important professionals who can address the lack of quality maternity service provision to the majority of Australian women and their families which currently exists in Australian maternity services. The current emphasis on secondary & tertiary level maternity services have resulted in increasing intervention rates with consequent maternal and neonatal mortalities and morbidities. Therefore major maternity reform is required to provide comprehensive care designed to meet women’s complex needs, that is, their biopsychosocial, economic, environmental and cultural needs, rather than the narrow clinical focus for the surveillance of pathology by medical maternity models.

SAFETY AND QUALITY FOR PRIMARY HEALTH CARE as per Consultation Paper

The Guiding Principles: Practice level indicators of Primary Health Care –

Comprehensive Primary Maternity Models demonstrate:

- Women-centered care
- Continuity of Care
- High quality safe maternity care
- Comprehensive maternity care
- Collaborative and coordinated care
- Evidence based care

Context for Quality Improvement in Primary Health Care –

Comprehensive Primary Maternity Models demonstrate:

- Innovative maternity services reform
- Continuity and Women-centered care improves quality and safety
- Better maternal and perinatal outcomes
- Continual assessment and evaluation of services through quantitative and qualitative data collection and feedback
- Collective quality improvement framework

The changes that are recommended are consistent with moves internationally where increased costs, women’s declining satisfaction with maternity services, and increasing morbidity attached to intervention rates, are forcing many to reconsider medically dominated systems of birthing and returning the focus of care to primary maternity services (Brodie, 2000).

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REFERENCES:


Zimmerman, M. (2010). What are the Benefits of a Group Antenatal Program: Centering Pregnancy. Masters of Midwifery, Nursing & Midwifery School of Nursing and Midwifery Faculty of Health, University of Newcastle. Free access at https://docs.google.com/document/d/1Ne5zRW1oJypKnb171VbIoNputhWugC1KxFodTJoOa/edit?hl=en_US