Planning a new model of maternity care for BRHS
Community Forum Jan 30th 2015

Agenda

Background information

Limitations of BRHS

Issues with Existing Model

The new model explained

Summary

Why Change?

- **National & State Policy**
  - The vision is to ensure a woman-centred approach for all women that reflects the needs of individual women within a safe and sustainable system
  - Requires BRHS to provide a service that allows access to high-quality, evidence-based, culturally competent maternity care for all women that is supported by a confident, competent and sustainable workforce
- **Independent External Review**
  - Undertaken in June 2014 which made a number of recommendations including the phasing out of the existing My Midwife Program

Research about pregnancy care

"There is growing evidence that having the same midwife from early pregnancy, through labour and birth until around six weeks after birth has significant and lasting health benefits for women, their babies and families. Some hospitals have responded to this by introducing models of care where women are more likely to see the same midwife or small team of midwives throughout their care."

https://www.thewomens.org.au/ (Accessed Jan 2015)

National Health and Medical Research Council – *National Guidance on Collaborative Maternity Care 2010*

"A shared definition and understanding of what collaboration means for maternity care is an important first step to establishing successful collaborations"

Definition

- "In maternity care, collaboration is a dynamic process of facilitating communication, trust and pathways that enable health professionals to provide safe, woman-centred care. Collaborative maternity care enables women to be active participants in their care."

- "Collaboration includes clearly defined roles and responsibilities for everyone involved in the woman's care, especially for the person the woman sees as her maternity care coordinator."

National Health and Medical Research Council – *National Guidance on Collaborative Maternity Care 2010*

"A shared definition and understanding of what collaboration means for maternity care is an important first step to establishing successful collaborations"

Two of the key principles include:

- "Maternity care collaboration places the woman at the centre of her own care, while supporting the professionals who are caring for her (her carers). Such care is coordinated according to the woman's needs, including her cultural, emotional, psychosocial and clinical needs."

- "Collaboration enables women to choose care that is based on the best evidence and is appropriate for themselves and for their local environment."

Limitations of BRHS

- BRHS is classified as a Level 3 Maternity Hospital under the *Victorian Maternity & Newborn Capability Framework (2010)*
  - No obstetricians on staff for specialist care; all women need to travel away for specialist care
  - Limits the care that can be provided at BRHS
- Unpredictable nature of the work creates staffing challenges
- Geographical isolation introduces an additional level of complexity

Issues with existing model

- Professions work in isolation in the majority of the program resulting in a lack of shared knowledge
- The existing Shared Care option lacks the collaboration and continuity of care that other models are able to provide
- Pregnancy and childbirth education starts much later in the current model than other models
- Referral pathways are not clear or respected in the current model

Issues with existing model

- Access to specialist care, when required, is often not taken up under this model
- 'Booking In' visits are additional visits for women
- Women hoping for a VBAC have limited access to midwives during pregnancy and are unlikely to have a known midwife during labour and birth in this mode
- Workforce burnout is very high under this model

Maternity Services Review - responding to consumer and professional needs

- An Independent External Review was commissioned by BRHS into the Maternity Services Model
- A report was received in Sept 2014 and following this a Maternity Services Review and Restructure Committee was established with members elected by their peers and included a MMP midwife.

This project goal was set and aimed to

"To develop and implement a collaborative woman centred maternity care model for the women of Bairnsdale and surrounding communities"

Maternity Services Review - responding to consumer and professional needs

The goals of the new model are to:

- Provide safe and effective maternity care
- Provide greater choice for all women
- Provide clinicians (midwives and doctors) the opportunity to work to their full scope of practice
- Establish and achieve a sustainable workforce to support the model
- Achieve a better work\life balance for clinicians
- Use resources wisely to provide cost effective, sustainable, quality care
- Improve clinical outcomes

What are the benefits of the new model?

- ***All*** women would have greater access to midwives ante-natally and the chance to have a known midwife during labour and birth
- Improved rostering and staffing would decrease the chance of burnout of staff
- There would be great continuity of care for women

What are the benefits of the new model?

- Less waiting time to see health professionals
- Greater access to midwives whilst still maintaining a strong relationship with the family GP
- A more sustainable workforce with opportunities for succession planning to future proof the workforce

What options will I have in the new model?

- **Collaborative Team Maternity Care** – you are placed in the care of a small team of midwives and a doctor so that you are more likely to develop a relationship with them; this small team provide all your care through pregnancy and birth and the postnatal period and you should expect a known midwife for labour and birth

- **Caseload Midwifery** – care provided by one midwife throughout the pregnancy who will be on call for your birth; there must be an established relationship with a GP obstetrician also

- **Private Medical Care** – all care is provided by the medical staff; there is no contact with a midwife during the antenatal period other than for a 'booking in' visit and\or antenatal education classes

Shared Care as it exists now where women see a midwife at the hospital and a doctor at the medical clinic will no longer be offered all women will be seen together at the new clinic.

Summary

- All women will have access to collaborative care including care from a ‘known’ GP and midwife team
- All women having a VBAC will have a known midwife for labour and birth
- Water births will continue to be available unless there is evidence indicating unsafe practice
- Midwifery Caseload will be offered to very low risk women
- Private Medical care will be available

Summary

The Maternity Services Review Steering Committee, who have been elected by the staff strongly believe this model will provide more, and improved care options for ***all women*** *within our capability as a Level 3 health service, and achieve a better work-life balance for doctors and midwives.*