

# Information Sheet

## BRHS New Maternity Services Model

### Why change the model?

BRHS is classified as a Level 3 Maternity Hospital under the *Victorian Maternity & Newborn Capability Framework (2010)* which means:

- 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
- The unpredictable nature of the work creates staffing challenges
- Geographical isolation introduces an additional level of complexity

An Independent External Review was commissioned by BRHS into the Maternity Services Model with a report being received in Sept 2014. Resulting from this report, a Maternity Services Review and Restructure Committee was established with members elected by their peers (including My Midwife Program midwives).

A number of issues were identified with the current model including:

- 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 always or followed in the current model
- Access to specialist care, when required, is often not taken up under this model
- 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 model
- Workforce burnout is very high under this model

### What are the goals of the new model?

- Provide safe and effective maternity care for **all** women
- 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 health professionals
- Use resources wisely to provide cost effective, sustainable, quality care
- Improve clinical outcomes

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### What options will I have in the new model?

- 1. Collaborative Team Maternity Care** – you are placed in the care of a small team of midwives and a doctor to enable you to develop a relationship with them; this small team will then provide your care through pregnancy, birth and the postnatal period with a known midwife supporting you throughout your pregnancy and birth.
- 2. Caseload Midwifery** – you will be cared for by a known midwife throughout your pregnancy and birth with support from your GP at appropriate times.
- 3. 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.

*These options will replace the Shared Care service as it exists now with all women being seen at the new clinic*

### Key Features:

- All women will have access to collaborative 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

### Key Benefits:

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

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We welcome feedback at:

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**Bairnsdale Regional Health Service is located on the traditional land of the Gunai Kurnai people.**