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**THE LEGISLATIVE ASSEMBLY FOR THE
AUSTRALIAN CAPITAL TERRITORY**

TENTH ASSEMBLY

Maternity in Focus: The ACT Public Maternity System Plan 2022-2032

**Presented by
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Minister for Health
3 August 2022**



Maternity in Focus:

The ACT Public Maternity System Plan 2022-2032



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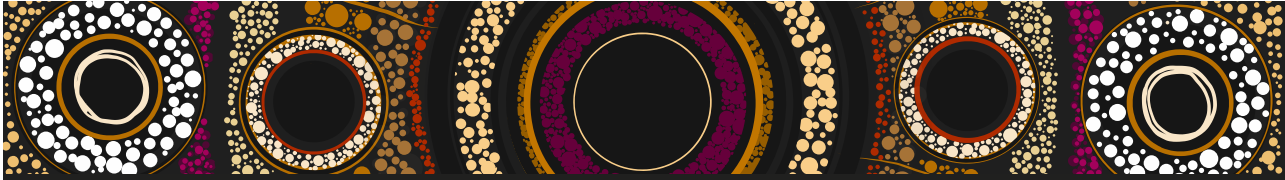


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Acknowledgment of Country

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Disclaimer

Please be aware this document outlines goals and actions to reduce stillbirth rates and provide better supports to individuals and families experiencing perinatal loss including early miscarriage, stillbirth, and neonatal loss. We acknowledge this information may trigger emotional responses among those who have experienced perinatal loss.



The ACT Government is committed to continuous improvement and innovation across our public maternity system to ensure we continue to deliver high quality healthcare that meets the needs of women and pregnant people, their babies and families, and our dedicated multidisciplinary workforce.

Foreword



The ACT Government has undertaken a holistic and strategic approach to reviewing and planning for the future of our public maternity system. *Maternity in Focus: The ACT Public Maternity System Plan 2022-2032* is the result of this diligent and considered work setting the direction for an evolution in our service delivery over the next decade.

Maternity in Focus incorporates a variety of national maternity related strategies and the Government's Response to the ACT Legislative Assembly's Inquiry into Maternity Services (Inquiry) into one plan. Outlining our priorities over the next 10 years, *Maternity in Focus* is designed to inform and prioritise practical steps to create sustainable and meaningful change across our services. The actions outlined in this document should not be

considered an exhaustive list of requirements within the ACT public maternity system, but rather the first steps to evolve our maternity system to become more woman- and person-centred and continue to support our excellent frontline healthcare workers.

I would like to thank everyone who provided input and advice into the Inquiry and the development of *Maternity in Focus*. This document is the result of extensive consultation by ACT Health Directorate across Canberra Health Services and Calvary Public Hospital Bruce to unpack current services, challenges, and opportunities. Targeted stakeholder engagement was undertaken to ascertain current system demands and opportunities for change and reform. Whilst COVID-19 has proven a significant distraction and obstacle to undertaking the essential engagement activities to produce this plan, I am grateful for the feedback provided during these challenging times.

The implementation of *Maternity in Focus* cannot be undertaken in isolation. The ACT Government is committed to working in partnership with consumers, key stakeholders, academics, and health professionals to create the most inclusive and accessible public maternity system in Australia.

With the number of women and pregnant people accessing our public maternity services increasing, I am proud to share *Maternity in Focus* with you and I look forward to seeing our system continue to evolve into and remain the best public maternity system in Australia.

Director-General and Chief Executive Officers' commitment

Maternity in Focus demonstrates that ACT Health Directorate, Canberra Health Services and Calvary Public Hospital Bruce are listening and committed to strengthening the public maternity system in the ACT, ensuring the system is women-, person-, and baby-centred and supported by a strong and collaborative workforce.

Many of the actions in this plan bring about fundamental and foundational changes to our public maternity system, which we can build from to ensure our services are accessible, accountable, and sustainable into the future and meet the needs of those accessing our services.

By working together across government and with consumers, non-government organisations, academics, and community health services, we can ensure continuity and collaboration in the care we provide and wrap around supports to ensure everyone is supported, respected, and assisted to reach their optimal health and wellbeing.

We are committed to working together to strengthen and evolve our public maternity services in the ACT for the health and wellbeing of women and pregnant people, their babies, and families.



Rebecca Cross
Director-General of the ACT Health Directorate



Dave Peffer
CEO of Canberra Health Services



Ross Hawkins
Regional CEO – ACT, Calvary

An illustration in the top left corner shows two hands, one larger and one smaller, holding a globe of the Earth. A stethoscope is draped around the globe, with its chest piece resting on the top of the globe and its earpieces extending upwards. The background of the top half of the page is a dark purple gradient with a large, light blue circular shape on the left side, partially overlapping the globe illustration.

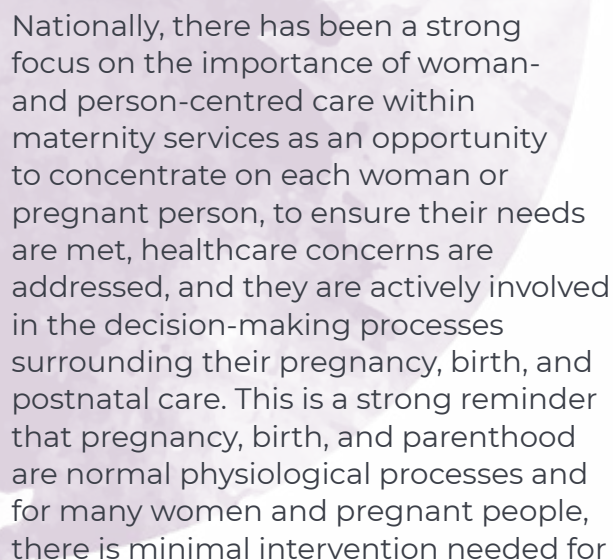
Executive summary

Each year, over 5,000 women, pregnant people and their families access the Australian Capital Territory (ACT) public maternity system for their pregnancy and birth. With over 5,100 babies born in public hospitals in 2019, the care received can have a profound impact on an individual and influence their experience. Maternity services provide care and support through a period of transformation and new beginnings, and each woman, pregnant person and parent who receives care in the public system has an individual story.

The demand for maternity services is growing within Canberra. This holistic Plan sets the direction and defines Government's priorities for the next 10 years to ensure the public maternity system is best placed to meet the needs of women, pregnant people, their babies and families, and the multidisciplinary workforce.

The role of maternity health professionals is to provide quality woman- and person-centred care, and to empower, respect and support each person for optimal health and satisfaction outcomes. Unfortunately, not all pregnancies or births go as planned, and the

multidisciplinary team of midwives, nurses, obstetricians, and allied health professionals, provide high quality care, compassion, and support through this experience. Evidence from literature, submissions to the Inquiry into Maternity Services in the ACT (Inquiry) and the strategies linked to this Plan, tells us that the public maternity system needs to evolve to meet the needs of women, pregnant people and their families, and the workforce. Satisfaction, outcomes, and culture must be considered during design and delivery of system and service level changes.



Nationally, there has been a strong focus on the importance of woman- and person-centred care within maternity services as an opportunity to concentrate on each woman or pregnant person, to ensure their needs are met, healthcare concerns are addressed, and they are actively involved in the decision-making processes surrounding their pregnancy, birth, and postnatal care. This is a strong reminder that pregnancy, birth, and parenthood are normal physiological processes and for many women and pregnant people, there is minimal intervention needed for them to safely birth their baby. Women and pregnant persons are experts within their own lives. By actively involving them in their care by providing them evidence-based information about their pregnancy, any interventions, or concerns, health professionals can ensure women and pregnant people are able to make an informed choice for all decisions.

Maternity in Focus: The ACT Maternity System Plan 2022-2032 (Maternity in Focus) is a consolidated action and implementation plan that addresses national and local strategies, in addition to recommendations from the Inquiry. It is a holistic approach to maternity system reform underpinned by a focus on individualised care, equity, and evidence.

The system-wide focus of this Plan will deliver system and service level changes that better support the needs of individuals accessing the public maternity systems and the multidisciplinary health professionals working within the system. Through this Plan, there will be ongoing involvement with consumers, community sector and health professionals to evolve the maternity system to meet the ongoing needs and desires of consumers and health professionals.

Ongoing evaluation and monitoring of these changes are an important part of this process to ensure the approach is having the desired impacts on outcomes, satisfaction, and culture. Everyone accessing and working in the public system should feel safe, supported, and empowered. The care provided by public maternity services respects the human rights of the mother/birth person and the baby's family through ensuring informed choice, shared decision making, and individualised care.

The ACT Government is committed to improving the health and satisfaction for women and pregnant people accessing the public maternity system. As part of this plan, the ACT Health Directorate (ACTHD), Canberra Health Services (CHS) and Calvary Public Hospital Bruce (Calvary Public Hospital) will work closely with stakeholders to deliver a public maternity system that delivers the right care in the right place at the right time and meets the needs of the community and workforce.

Over the next 10 years, we will work together to make changes to the public maternity system and services through evidence and innovation to achieve these goals and actions, and to make the ACT public maternity services the best in Australia.





Setting the scene

A system-wide plan

As the main maternity care provider for pregnancy and birth in the ACT, the public maternity system is integral to women, pregnant people and their families in the ACT and surrounding region. Pregnancy, birth, and parenting can be life-changing for women, pregnant people and their immediate family, and the care, support and respect received during this period can have a resounding impact on health and wellbeing outcomes and satisfaction.

Several national and local strategies have articulated the ACT Government's ambition to have a public maternity system that provides the right maternity care at the right time, which meets the needs and requests of the woman or birth person and their family. This care should be woman- and person-centred, encompassing the social, emotional, physical, psychological, spiritual, and cultural needs and expectations of each individual and family.



These strategies include:

The 2019 **Woman-centred care: Strategic directions for Australian maternity services** (National Maternity Strategy) that outlines the future direction of the maternity services in Australia in line with contemporary practice and evidence.¹

The **Evaluation of the Publicly- Funded Homebirth Trial in the Australian Capital Territory** identified the success of the homebirth trial, recommending the establishment of homebirth as an ongoing model of care at CHS, as well as opportunities to expand the model of care for more women and pregnant people across the ACT.⁴

The **National Stillbirth Action and Implementation Plan** that focuses on reducing the stillbirth rate for all population groups across Australia with a focus on community awareness of stillbirth and the provision of high-quality bereavement care.²

The **Safer Baby Bundle** provides information for women and pregnant people on how to reduce their risk of stillbirth as well as education for health professionals to reduce perinatal mortality and stillbirth.⁵

The **Australian National Breastfeeding Strategy: 2019 and beyond** defines the framework needed to create a supportive and enabling environment for breastfeeding through policy and practice changes for positive short- and long-term health outcomes.³

The **ACT Government Response to the Inquiry into Maternity Services in the ACT (Inquiry)**. Between September 2019 and June 2020, the Standing Committee on Health, Ageing and Community Services undertook an inquiry into the operation of maternity services across the ACT with a strong focus on public maternity services, including models of care, information provision, birthing preferences, and workforce challenges.^{6,7} In August 2020, the ACT Government responded to the Inquiry committing to implementing a range of recommendations.⁷

Maternity in Focus is a consolidated Plan that addresses national and local strategies, in addition to recommendations from the Inquiry. It is a holistic approach to maternity system reform underpinned by a focus on individualised care, equity, and evidence. The public system-wide focus will deliver system and service level changes that better support the needs of individuals accessing the public maternity systems and the multidisciplinary health professionals working within the system.

Development of Maternity in Focus was led by ACTHD in close collaboration with CHS, Calvary Public Hospital and Queen Elizabeth II Family Centre (QEII), consumers, non-government organisations (NGOs), academic leads in maternity related fields, and health service providers. Ongoing, strong collaboration and engagement by all public maternity services providers, consumers and interested external stakeholders will be vital to successfully implement Maternity in Focus.

Governance frameworks

The care provided by the ACT public maternity system is guided by a variety of governance frameworks including:

- » The Respectful Maternity Charter: the Universal Rights of Childbearing Women.⁸
- » The Respectful Maternity Charter: the Universal Rights of Mothers and Newborns.⁹
- » Clinical Practice Guidelines: Pregnancy Care.¹⁰
- » The WHO Principles of Perinatal Care.¹⁰
- » Human Rights considerations.
- » The National Agreement on Closing the Gap.¹¹

- » National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2021-2031.¹²
- » Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020-2030¹³ (and its enabling strategies and plans).
- » ACT Aboriginal and Torres Strait Islander Agreement 2019-2028.¹⁴
- » Together, Forward – Better health and access to health care for Aboriginal and Torres Strait Islander peoples in the Canberra region.¹⁵

Policy context

The ACT Government is committed to providing high quality, safe and woman- and person-centred care to all women and individuals accessing care through the public maternity system.

Maternity care in the ACT encompasses a continuum of care — antenatal, intrapartum, and postnatal care for women and pregnant people, and their babies. This time can be an empowering transition period in a woman, pregnant person, father, and partner's life. For some, this is a time of extreme vulnerability, worry or grief, with additional supports and compassion needed to promote the best outcomes and wellbeing for all involved. The maternity experience can have a positive or negative effect upon emotional wellbeing and health of the women or pregnant person over the short- and long-term, with further impacts on relationships, including with the baby or other family members.



Public maternity services are comprised of health professionals from many disciplines including midwives, obstetricians, nurses, physiotherapists, social workers, and other allied health professionals. Outside of the public system, General Practitioners (GPs) are a vital member of the multidisciplinary team, providing pre-pregnancy, antenatal and postnatal care, and ongoing healthcare for the family. Each member of this multidisciplinary team plays an important role in the care and support provided to women and pregnant people, their partners, and babies during their maternity experience.

Maternity in Focus outlines the work needed to evolve care to meet the needs and expectations of women and individuals accessing maternity services, as well as creating a safe, supportive, and respectful workplace for midwives, nurses, obstetricians, and allied health professionals.

ACT Wellbeing Framework

The ACT Wellbeing Framework looks at the things that matter to the ACT to support feeling healthy, happy, and having good wellbeing. The framework outlines focus areas that Canberrans have highlighted as important to their own, their families and their community's quality of life.¹⁶

Maternity in Focus is linked to the following domains and indicators:¹⁶

- » **Health:** Best start to life, mental health, and access to health services.
- » **Identity and belonging:** Sense of belonging and inclusion, support for multiculturalism, and valuing Aboriginal and Torres Strait Islander cultures and recognising our Traditional Custodians.

- » **Governance and institutions:** Human rights
- » **Safety:** Workplace safety, feeling safe, and domestic and family violence.
- » **Social connection:** Sense of social connection.

Linkage to other Government projects

The recommendations from the following documents were consolidated in the development of Maternity in Focus:

- » [ACT Government Response to the Legislative Assembly's Inquiry into Maternity Services in the ACT](#)
- » [Woman-centred care: Strategic directions for Australian maternity services.](#)
- » [National Stillbirth Action and Implementation Plan.](#)
- » [Australian National Breastfeeding Strategy: 2019 and beyond](#)
- » [Evaluation of the Publicly-Funded Homebirth trial in the Australian Capital Territory](#)
- » [Safer Baby Bundle.](#)

In addition to this, CHS in collaboration with Calvary Public Hospital undertook an initial project to scope the current implementation status of the recommendations from the above documents. This work formed a strong platform for the development of the goals and actions in this document.

There are some recommendations within the above documents that are the responsibility of the Commonwealth or external organisations, and the ACT Government will support this work where appropriate. This Plan applies an ACT centric approach to the implementation of those recommendations which have been identified as being State/Territory specific.

In addition to these documents, there are several ACT Government projects with linkages and connections to maternity which need to be acknowledged, including territory-wide health service planning and those focused on the first 1000 days of a child's life. While these projects cannot be consolidated into the actions of this document, there is close collaboration to share learnings and explore opportunities to better support the ACT community.

Territory-wide Health Services Plan

The Territory-wide Health Service Plan sets a roadmap to redesign, invest in and redevelop health services funded by the ACT Government to better suit consumer needs. It also sets out ACT Government priorities for working with Australian Government funded health services, private providers, and general practice. The actions in Maternity in Focus are aligned with the Territory-wide Health Service Plan.

The Best Start for Canberra's Children: The First 1000 Days Strategy

Good maternal health and wellbeing during and after pregnancy is a key protective factor for children in their first 1000 days of life. Thus, effective maternity services, support for mothers and birth persons and their children, and continuity of care services are critical components of setting children up for the best start in life.

The physical and mental health and wellbeing of parents/caregivers, and the environment and community in which they raise children, is critically important to children's development.

The period from conception to a child's second birthday (the 'first 1000 days') is a critical time for establishing long-term physical, cognitive, social and emotional health and wellbeing because the brain is at its most important stage of development.

Maternity in Focus will be key in supporting outcomes for children and families under the Best Start Strategy, which is in development. The strategy will aim to refocus existing effort toward providing earlier and better support to children, their families and community, so all children get the best possible start in life, can thrive now and into the future.

Many of the actions under Maternity in Focus strongly align with the evidence about supporting children and families for optimal health and wellbeing outcomes in their first 1000 days. This evidence tells us what works for families is: providing better access to services and supports where people need them; a focus on good maternal and family health and wellbeing during and after pregnancy; increasing resilience and protective factors; and encouraging strong parent and care-giver child attachment and bonding.

Maternity health professionals

Maternity care is a multidisciplinary process in which midwives, nurses, obstetricians, GPs and other health professionals work in collaboration to provide care. This allows all health professionals to work at their full scope of practice, and to work in partnership with other health professionals to provide the appropriate care for women and pregnant people, and their babies.

GPs can provide care across the span of a woman or pregnant person's life, often providing pre-pregnancy counselling, confirmation of pregnancy and initial advice on maternity care options for women and pregnant people. For women and pregnant people who choose GP Shared Care, antenatal care is shared between the GP, midwives and multidisciplinary team as required within a hospital, with birth occurring at the hospital and postnatal care provided by the GP and midwives. For women and pregnant people who chose to receive maternity care through private or public maternity services, the GP will often provide ongoing care during pregnancy and for the for the woman, birth person and baby after birth.

Strong connection and collaboration between public health services and GPs is needed to ensure the woman or pregnant person is receiving the right care and connection to services to meet their individual needs. This includes looking at best practice approaches to GP Shared Care to reflect that pregnancy is part of the family life continuum and the integration of primary and

pregnancy care is important to many women and pregnant people accessing this model of care.

While midwives are often the primary care providers in maternity services, for some women and pregnant people, there is a need for specialist care from a multidisciplinary team. Not all pregnancies are low risk, and some change from low to high risk during pregnancy, birth and the postnatal period, requiring an additional level of care and support from the obstetric workforce.

Medical intervention has increased dramatically over the last decade. The increasing number of complex and high-risk pregnancies, and co-morbidities, has shifted some pregnancies and births to have more specialist involvement. In parallel to evolving the maternity services to place midwives at the forefront of low-risk maternity care, a collaborative partnership between obstetricians and midwives within a multidisciplinary team is optimal for medium to high-risk women and pregnant people.

Expanding midwifery continuity of care models provides the opportunity to invest in the quality care provided by midwives. A 2016 Cochrane Review of studies comparing midwife-led continuity models of care with other models of care demonstrated that midwifery-led continuity of care for low-risk pregnancies was better for maternal outcomes, including fewer interventions or instrumental births, less likelihood of experiencing pre-term birth, lower risk of stillbirth and higher likelihood of having a spontaneous vaginal birth.¹⁷



For medium or high-risk women and pregnant people who are provided continuity of care as part of a multidisciplinary team approach to care, there is the potential for better health outcomes and higher rates of satisfaction compared to those without continuity of care.

Continuity of care

Through the submissions into the Inquiry and through consultation, the ACT Government heard that women and pregnant people want equitable access to continuity of care.

With high demand for this service, and only 30 per cent of women and pregnant people being able to access continuity of care models currently across the ACT, it is evident that opportunities to expand this model of care should be considered to meet the needs of the community and respect their choices, while maintaining the safety and quality of healthcare services.

Continuity of care by a known midwife provides support during the antenatal, intrapartum and postpartum periods. This model is supported by the multidisciplinary team to ensure a woman or birth person's care needs are met. This collaborative approach to care provides an opportunity for higher acuity women and pregnant people to have the continuity of a known midwife through their pregnancy, birth, and early postnatal period, whilst ensuring appropriate care by other members of the multidisciplinary team as required. For some low risk women and pregnant

people, their care may be solely delivered by a midwife throughout their pregnancy and birth.

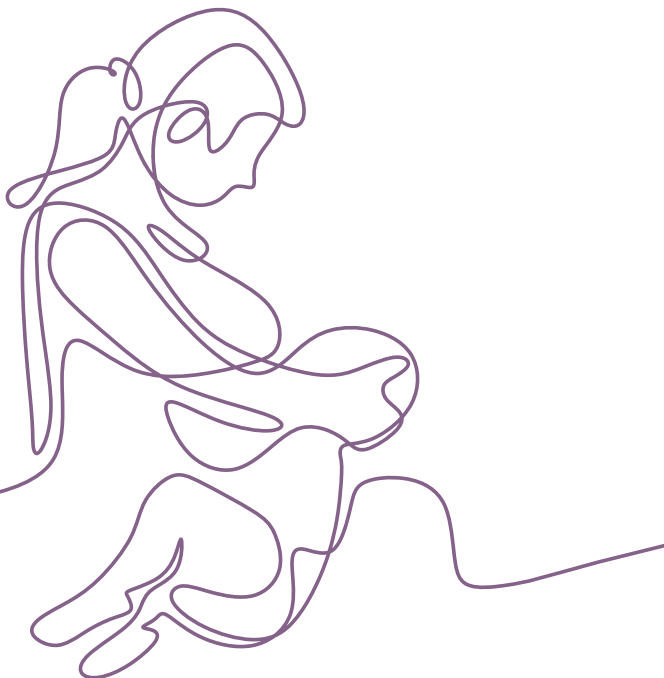
The benefit of increasing access to continuity of care cannot be underestimated. Continuity of care by a known midwife provides a strong partnership that empowers women and pregnant people to make informed decisions about their own care pathway to achieve their best health outcomes. These women and pregnant people are consistently supported through pregnancy, birth, and the postnatal period.

In addition to benefits to maternal satisfaction and health outcomes, research has demonstrated that midwifery-led continuity of care can be more cost effective compared with other models of care, and midwives working in these models have a higher level of job satisfaction and experience less burn out when compared to fragmented models of midwifery care.^{18,19} The benefit of investing in this model of care cannot be underestimated. To emphasise the importance of this service change, the ACT Government commits to over 50 per cent of women and pregnant people having access to this model of care by 2028. Workforce planning will need to be undertaken to understand the changes required to meet this goal, as well as changes to the Enterprise Agreement to provide more career development and opportunities within this model.

Breastfeeding support and information

There has been strong advocacy for increased breastfeeding support and information, noting the personal and public health benefits of exclusively breastfeeding for at least six months.²⁰

The benefits for a woman or breastfeeding parent and the baby are well known, and health professionals will work to provide additional supports for women or breastfeeding parents to help them achieve their breastfeeding goals through additional lactation consultants and dedicated lactation clinics. Opportunities to increase peer and community support will also be explored. Both CHS and Calvary Public Hospital have been accredited for an extending period as part of the Baby Friendly Health Initiative, which provides a framework to support breastfeeding and promotes the wellbeing of the mother or breastfeeding parent and baby. Midwives and nurses work closely with each woman or birth person to provide appropriate support and information on their preferred feeding method.



Priority groups and those experiencing vulnerability

The health outcomes for Aboriginal and/or Torres Strait Islander peoples, those experiencing disadvantage, those experiencing family and domestic violence, those with a disability or complex health issue, or from a culturally and linguistically diverse background are often poorer than the general population. This is consistent within the maternity system, and this plan provides opportunity to work with each of these cohorts to better understand their individual needs to ensure the system is safe, inclusive, and appropriate.

Evidence shows that Aboriginal and/or Torres Strait Islander women and pregnant people accessing a Birthing on Country model of care are 50 per cent less likely to give birth preterm, 80 per cent more likely to have five or more antenatal visits and 40 per cent more likely to breastfeed on hospital discharge.²¹ Birthing on Country provides the best start of life for Aboriginal and/or Torres Strait Islander babies and families through holistic, culturally appropriate care²². The maternal and neonatal health outcomes for those accessing Birthing on Country are significant, and it is imperative that the ACT Government work with consumers, community organisations, Aboriginal and/or Torres Strait Islander Elders, and relevant academics to develop an ACT specific Birthing on Country model of care. This will provide an additional maternity care option for Aboriginal and/or Torres Strait Islander women and pregnant people, or those pregnant with an Aboriginal and/or Torres Strait Islander baby.



Priority will also be given to Aboriginal and/or Torres Strait Islander women and pregnant people to allow care models to increase opportunity for women and pregnant people to build trusted relationships with healthcare providers for support and advocacy. This work aligns with the National Agreement on Closing the Gap, the ACT Aboriginal and Torres Strait Islander Agreement 2019-2028, National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2023 and Together, Forward.^{11, 12, 14, 15.}

Continuity of care is valuable for all women and pregnant people but is particularly important for those experiencing vulnerability, those living with a disability, or from a culturally and linguistically diverse background. Having a known care provider supports these women and pregnant people to build trust and comfort within the public health system, providing connection to supports and advocating for individual needs. To understand how public maternity services can be more culturally sensitive and appropriate, collaboration with consumers and community organisations will be undertaken to understand how to improve services, including continuity of care, through a co-design process. Creating stronger collaboration between public maternity services and GPs is crucial to support women and pregnant people experiencing vulnerability or disadvantage.

Perinatal loss

Perinatal loss received significant attention in the Inquiry, and the Inquiry identified opportunities for the ACT to improve services and supports for those experiencing such loss. The ACT Government is committed to reducing stillbirth after 28 weeks gestation by 20 per cent by 2025 in line with the Safer Baby Bundle National Initiative, through supporting women and pregnant people to stop smoking, improving detection and management of impaired fetal growth, increasing awareness and early investigation/management of reduced fetal movements, education on safe sleeping and supporting decision making around timing of birth for those with risk factors. With over 40 stillbirths in the ACT each year, the ACT Government is actively working to reduce this number, where preventable.

Support and access to services for those experiencing perinatal loss, in particular early loss, has been highlighted as an opportunity for improvement. The often-fragmented approach to care during perinatal loss can have immediate and long-term consequences for women, pregnant people and families. Providing a safe, sensitive, and holistic environment for those experiencing loss is crucial in supporting the physical, emotional, and physiological health of women, pregnant people and families. This includes providing continuity of care for those experiencing perinatal loss, including warm handovers to other health professionals and/or support services appropriate to their individual needs. Information sharing between health professionals is critical to ensure smooth transition between services, or to cease services if no longer needed, and to ensure families do not have to repeat their story to each new health professional they interact with.

Mental wellness

Greater mental health supports are needed for women, pregnant people, and partners. While maternity health professionals provide screening and connection to services as required, the importance of support provided by mental health services, GPs and community-based support organisations cannot be underestimated. Difficulty accessing pregnancy-specific specialist support from psychologists and psychiatrists also needs to be recognised.

Mental health and wellbeing education, early intervention and prevention programs and supports during the perinatal period are important. They may reduce the likelihood, severity, or long-term nature of some mental health issues. Additional work is needed to achieve early screening and referral to supports and services. The ACT Government will deliver a residential mental health service unit for the mother/birth person and baby to support mental health care and increase parenting attachment, following an initial scoping study and model of care development.

Respect, integrity and individualised care is important for positive experience and health outcomes for women and pregnant people accessing the public maternity system. While the Inquiry highlighted opportunities for us to improve services, it is important to acknowledge the hard work of the workforce and the positive experiences women, pregnant people and their families have every day in the public maternity system.

This approach epitomises woman- and person-centred care. The ACT Government strives to ensure each person accessing the public maternity system feels connected, respected, and heard, and will continue to work with consumers, NGOs, and industry

to ensure a collaborative approach to service redesign and future opportunities.

All women, pregnant people and their families should feel that health professionals are here to support them to achieve their pregnancy and birth aspirations, and to work with them when things don't go to plan so they can be informed, respected, and empowered to make decisions about their care.

Pregnancy, birth and the perinatal period are times of heightened risk for domestic and family violence. The Strengthening Hospital Responses to Family Violence program has provided training to all health professionals in identification of and response to family violence and supports health professionals in connecting women and pregnant people to support services. The Health Justice Partnerships embed lawyers in health settings to provide advice on domestic and family violence to women who are pregnant or have recently given birth, many of whom would not otherwise access support. Both programs leverage the value of healthcare contexts as trusted settings where people experiencing violence can access support. Early identification of risks through safe conversations with health professionals also provides the opportunity for connection with community services including the Domestic Violence Crisis Service for support and response, as required. It is important to note that unintended pregnancy can be a result of reproductive coercion, which is a form of domestic and family violence. Trauma-informed perinatal mental health and wellbeing services are key to supporting women or pregnant people who may be in this situation, including creating opportunities for people to decide whether they wish to continue with their pregnancy.



Inclusive language

Women have been the focus of the maternity system for many years. Most individuals accessing maternity services identify as women and we have established language that makes these individuals feel comfortable and supported within these services. This is not changing.

The ACT Government has taken a gender-additive approach to inclusive language within Maternity in Focus. In this document, we will continue to use woman-centred language and talk about breastfeeding with the use of terms such as pregnant person, birth person and individuals accessing maternity services used respectfully alongside woman, to reflect the diversity of individuals accessing maternity services including those who identify as gender non-binary, gender diverse or transgender. The term father and parent are used to describe a co-parent or second biological parent.

This has been done to highlight the important role of women within the maternity system while also ensuring services are as accessible, equitable and respectful to everyone accessing maternity services in the ACT. This approach means using gender-neutral language alongside the language of womanhood to make sure everyone is represented and visible within the system. By increasing the depth of language used within the maternity system we can ensure the language used meets an individual's preferences to ensure everyone feels safe and respected. This supports the focus of providing woman- and person-centred care for everyone and creates a greater sense of acceptance within the system, increasing an individual's sense of coherence and confidence.





Methodology

Consultation

Maternity in Focus has been developed through extensive consultation with CHS and Calvary Public Hospital to unpack current services, challenges and opportunities and link these areas of growth to the recommendations within the Inquiry and national strategies. Research has been used to inform opportunities for change and improvement. An Executive Steering Committee and Working Group were formed for internal governance, ownership, and consideration of the way forward.

Targeted stakeholder engagement was undertaken to ascertain current system demands and opportunities for change and reform. Both stakeholders and consumers were provided the opportunity to review the proposed goals and actions to ensure the thoughts and concerns raised through engagement were captured within the actions.

Through the analysis of the maternity strategies and reports, four key themes were identified which highlight the areas of reform needed within the public maternity system. These themes are consumers, best practice maternity care, clinical governance and data, and workforce.

Working with consumers

Many actions within Maternity in Focus provide the opportunity to work with consumers, NGOs, and community services through co-design and/or collaboration. Co-design is important to capture the knowledge and lived experience of different individuals and provide them with the opportunity to work collaboratively with health services to resolve them. This process will involve consumers, stakeholders and ACT Government representatives working as equal partners to share expertise in the design and delivery of maternity services, including information provision. This may involve workshops, regular meetings, and document review to understand the situation and work together to find changes that meet the needs of all parties, where possible.

Whilst this process can be time intensive for stakeholders, remuneration will be provided in line with organisational consumer, carer, and community representative reimbursement policies, where appropriate.



Where we are now

The role of maternity health professionals is to provide quality woman- and person-centred care, and to empower, respect and support each person for optimal health outcomes and satisfaction. We acknowledge that not all pregnancies or births go as planned, and the multidisciplinary team of midwives, nurses, obstetricians, and allied health professionals, provide high quality care, compassion, and support through this experience.

Nationally, there has been a strong focus on the importance of woman- and person-centred care within maternity services as an opportunity to concentrate on each woman or pregnant person, to ensure their needs are met, healthcare concerns are addressed, and they are actively involved in the decision-making processes surrounding their pregnancy, birth, and postnatal care. This is a strong reminder that pregnancy and birth are normal physiological processes, and for many women and pregnant people, there is minimal intervention needed during pregnancy, birth and the postnatal period. Women and people giving birth are experts within their own lives. By actively involving them in their care by providing them evidence based information, we can ensure women and pregnant people are supported to make decisions about their care.

Public maternity in the ACT

The ACT public maternity system provides maternity care to over 6,000 individuals each year, with over 5,100 births occurring in public hospitals in 2019. CHS, Calvary Public Hospital and QEII provide publicly accessible maternity services across a range of models of care and additional services.

Canberra Health Services

CHS and the Centenary Hospital for Women and Children (Centenary Hospital) provides all levels of maternity care, including for women with complex obstetric and fetal conditions requiring tertiary-level multidisciplinary care. As the regional tertiary referral service, it supports and links with the surrounding lower-level maternity services regarding consultation, referral, and transfer of high-risk women/babies. The service provides routine antenatal education, clinical management, and care by medical, midwifery and allied health teams at the Centenary Hospital in both the ambulatory and inpatient setting. Midwives additionally provide education and care in community, schools, educational facilities and in the family home. The service provides valuable training experience for medical, midwifery, nursing, allied health staff and students.

Calvary Public Hospital Bruce

Calvary Public Hospital provides antenatal, intrapartum, and postnatal care for women with low to moderate risk pregnancies with obstetrician-led, midwifery-led and GP Shared Care models available. Intrapartum care is provided for women who are 34 weeks gestation or over. Women requiring tertiary level maternity and/or neonatal care are transferred for ongoing management to Centenary Hospital.

Queen Elizabeth II Family Centre

QEII provides a residential program for families with children aged up to three years of age experiencing health and behavioural difficulties in the postnatal and early childhood periods. QEII is a public facility, operated by a NGO through funding by ACT Government.



Demographics

In 2019,
6,187 mothers
and birth parents
gave birth to
6,315 babies
in the ACT.

Most mothers and
pregnant people accessed
a **midwife-led
clinic** followed by an
obstetrician-led
model of care for
their pregnancy.

The majority gave birth
in the public system,
with **5,174 mothers** and
birth parents supported
at Canberra Health
Services and Calvary
Public Hospital and
1,013 using the private
health system.

Of babies born in
the public system,
over **90%** were
breastfeeding
on discharge.



Models of maternity care

Currently, there are five models of public maternity care provided by CHS and Calvary Public Hospital. These models of care are accessed through the Canberra Maternity Options Service (CMOS) which was launched late 2019 following community and health professional consultations as part of the ACT Public Maternity Access Strategy project. Through CMOS, the women or pregnant person will ideally meet with an antenatal midwife between 10-12 weeks of pregnancy. The midwife will gather health information that informs a discussion on models of care to identify which model would be preferred and

which would best meets that woman or pregnant person's individual needs. CMOS also helps ensure safe capacity at each public maternity hospital and allocates models of care close to home where possible. The available models of care and services are outlined in Appendix one.

For women and pregnant people whose babies require additional care or for those experiencing perinatal loss, this care pathway may look different. Health professionals involved in care will provide support and connection to services to meet individual needs.

Care through the antenatal period can be provided by a variety of health professionals as part of the multidisciplinary team. For low-risk women and pregnant people, a midwife may be the only health professional involved in their antenatal care, birth and postnatal care. Obstetricians may be involved in antenatal care, birth and postnatal care if there are risks or complications, and referrals to allied health professionals are made as appropriate to support health and wellbeing of the individual woman or pregnant person. Neonatologists may be involved in their health complications with the baby pre- or post-birth. Some women and pregnant people also choose shared antenatal care with a GP and midwifery care in a public hospital.

Birth may occur in the birth centre, birth suites, at home or in theatre depending on the model of care chosen or any complications that arise. Following birth, most women and birth persons will spend a short period in hospital before discharge. Longer postnatal admissions may be required depending on individual health needs.



Upon discharge, a continuity of care midwife or a midwife from the Midcall service will provide home visits to a woman or birth person and their baby for up to two weeks. These visits are an opportunity to check on the physical and psychological health and wellbeing of the mother/birthing person and baby, and to support families in their transition to parenthood. A referral is also provided to the woman or birth person's GP to ensure ongoing care.

Following Midcall or postnatal continuity of care, a woman or birthing person and their family have access to the Maternal and Child Health (MACH) Service. A MACH nurse provides an initial home visit to discuss health and wellbeing issues for the mother or birth person and the baby, and provides information on the MACH services available to continue to support families until the child commences school. Women and birthing persons can also choose to access ongoing support through their GP, as an alternative or in addition to MACH.

The Early Pregnancy and Parenting Support line was implemented in early 2020 to replace drop-in clinics as part of the COVID-19 response. It provides the opportunity for parents to access phone support from a MACH nurse. This may be followed up with a face-to-face support as required. The phone line has proven popular and is a service change likely to remain.

QEII is also available to provide additional support to parents and babies who experience postnatal and early childhood difficulties.



Maternal outcomes

We are fortunate in Australia to have a health system that provides a high level of safety and quality of care which improves maternal and infant health outcomes. In Australia's Mothers and Babies report released by AIHW in November 2021, the ACT benchmarks favorably to other jurisdictions as per Table 1 but there is still room to improve maternal outcomes and intervention rates in the ACT.²³

Table 1: 2019 data from Australia's Mothers and Babies on maternity indicators comparing ACT to other jurisdictions in Australia.²³

Topic	Category	ACT Rate	National Rate
Place of birth	Hospital birth	92%	96.7%
	Birth Centre	6.9%	2.3%
	Homebirth (planned)	0.4%	0.3%
Onset of labour	Spontaneous	46.0%	42.5%
	No labour	21.6%	22.7%
	Induced	32.4%	34.7%
Method of birth	Vaginal, non-instrumental	51.2%	51.3%
	Vaginal, forceps	6.9%	5.1%
	Vaginal, vacuum	6.6%	7.5%
	Caesarean section	35.2%	36.0%
Perineal status	Intact	25.9%	22.1%
	1st degree	14.1%	21.3%
	2nd degree	32.9%	30.4%
	3rd and 4th degree	3.7%	2.9%
	Episiotomy	19.9%	24.3%

Note: Percentages for each theme do not equal 100% due to a small amount data from 'other' category not included in this table.

When compared to international countries through the Health at a Glance 2019 data from Organisation for Economic Cooperation and Development (OECD), Australia had the eighth highest rate of caesarean section in OECD countries at 33.7 per 100 live births in 2017, compared to an average of 28.1.

The rates of caesarean section have risen over the last decade, with a greater incidence in elective caesarean sections.¹

In the report from the Inquiry, there was frequent reference to the term “medicalisation of birth”, particularly due to a perceived increase in the use of intervention in the birth process. This could be partially due to CHS being the tertiary hospital for the ACT and surrounding NSW region. This means that most women and pregnant people with complex and/or high-risk pregnancies, co-morbidities and pregnancy complications from nearby regions are referred to CHS for the appropriate care. This can cause a bias in the data captured for reporting as it can include women and pregnant people who birthed in the ACT due to high risk, not just those who reside in the ACT.

While we should ensure normal physiological births are free of intervention and medicalisation where possible, there will be times when a multidisciplinary approach is needed to support complex pregnancies and births. Keeping women and pregnant people, and their baby, safe through their pregnancy and birth is crucial and, in these circumstances, birth may need to be ‘medicalised’. There is still opportunity through this to ensure the woman or pregnant person can be supported through continuity of care by a midwife, to ensure there is a known person at the birth for support and advocacy. A multidisciplinary approach to maternity care is crucial for optimal maternal and neonatal health and satisfaction outcomes.





Where we want to be



Vision and principles

The vision of Maternity in Focus is to provide the right maternity care at the right time, which meets the needs of the woman or pregnant person and their family and encompasses their social, emotional, physical, psychological, spiritual, and cultural needs and expectations.

This Plan and ACT public maternity services key principles:

- » **Woman- and person-centred care:** Recognising the woman or birth person, their baby or babies, partner, family, and community, and respects cultural and religious diversity as defined by the individual. It considers the woman's or birth person's individual circumstances, and aims to meet their physical, emotional, psychosocial, spiritual and cultural needs.¹
- » **Equity of care:** Providing all individuals, with the same access to and quality of care, regardless of family structure, gender, sexual orientation, ethnicity, disability, geographic location, and socioeconomic situation.
- » **Informed and supported:** Ensuring high quality, evidence-based information is provided to individuals in a way that meets their information needs to ensure they have the capacity for informed decision making and feel supported and empowered in this process.
- » **Evidence-based care:** Integrating the best available research evidence, staff skills, training, and clinical experience to provide unbiased and individualised care considering an individual's psychosocial and physical needs. This includes the spectrum of care from low intervention to specialist care, depending on the individual health needs of the woman or pregnant person.
- » **Public and preventive health approach evolving to salutogenesis:** Encompassing factors that contribute to health and wellbeing, rather than the causes of illness and the importance of an individual's sense of coherence as a predictive indicator of health.²⁵
- » **Individualised care:** Ensuring each woman or pregnant person receives individualised care, tailored to their medical and psychosocial circumstances as part of a multidisciplinary and collaborative approach.
- » **Universal rights of the childbearing woman or pregnant person:** Embedding the Respectful Maternity Charter into everyday practice. Every woman and pregnant person has the right to:⁸
 - freedom from harm and ill treatment.
 - information, informed consent, respect for their choices and preferences, including companion of choice during maternity care and refusal of medical procedures.
 - privacy and confidentiality.
 - dignity and respect.
 - equality, freedom from discrimination and equitable care.
 - healthcare and the highest attainable level of health.
 - liberty, autonomy, self-determination, and freedom from coercion.



Four themes for reform

Through the analysis of the maternity strategies and reports, four themes for reform were identified that highlight the breadth of changes needed across the public maternity system. Each theme reflects a key aspect of the public maternity system – consumers, best practice maternity care, clinical governance and data, and workforce.

The goals and actions within each theme encapsulate the key principles of Maternity in Focus, ensuring the care and information provided to each woman and pregnant person is evidence based to ensure they are informed to make the right decision for their individual circumstances.

1. Consumers

“Maternity services need to be holistic and work in partnership with families in all their diversity”²⁸

“Women and birth persons are more likely to experience birth trauma when they do not feel that they have been involved in decisions about their care”²⁹

This theme is focused on understanding the unique needs, expectations and choices of each woman or pregnant person, and how to work with them to ensure the best physical and mental health outcomes across the perinatal period and birth. Our public maternity system is focused on the physical and mental health and wellbeing of women and pregnant people, the baby as well

as that of the fathers, partners, and support persons. It is important that the maternity system is safe, holistic and woman- and person-centred to create a supportive and empowering environment for women and pregnant people to have the best physical and mental health outcomes associated with birth, and we are committed to placing this goal at the core of our system.

Women and birthing people are experts in their lives and this needs to be respected and maximised throughout the maternity continuum. Woman- and person-centred care focuses on the woman’s and birthing person’s unique needs, expectations and aspirations; recognises their right to self-determination in terms of choice, control and continuity of care; and addresses their social, emotional, physical, psychological, spiritual and cultural needs and expectations.²⁶

It also acknowledges that a woman or pregnant person and unborn baby do not exist independently of their social and emotional environment, and incorporates this understanding in assessment and provision of healthcare.²⁷ Woman- and person-centred care also enables individual decision making and self-determination while protecting dignity and empowering choices.

Through the Inquiry, we heard that women and pregnant people want autonomy, individualised care and respectful communication and collaboration with health professionals. These reflect the key values of the National Maternity Strategy and Respectful Maternity Charter: The Universal Rights of Childbearing Women of safety, respect, choice and access.¹



2. Best practice maternity care

“The key demand is for woman-centred care, where the woman is supported to make her own decisions based on good-quality, unbiased evidence, and those choices are respected by her birth attendants.”³⁰

This theme outlines the opportunities to improve maternity care through evolving models of care, information provision and safe, respectful environments to improve health outcomes and satisfaction.

Women and pregnant people who choose the public maternity system to provide care and support through their pregnancy, birth and postnatal period have individual needs, preferences and experiences that need to be supported and respected throughout the maternity continuum. A strong relationship between the health professional/s providing care and the woman or person giving birth is vital to meet the individual needs and preferences in this time of transition.

The Inquiry and associated submissions highlighted opportunities for improvement within public maternity services through increasing access to continuity of care models, increasing information provision for informed choice, and creating a safe, supportive, and respectful environment for all women and pregnant people accessing maternity services and working within them.

3. Clinical governance and data

“While this data currently supports internal quality improvement activities within ACT maternity services, it could also be a valuable source of information for consumers”²⁹

This theme focuses on evolving public maternity care through new research, collaboration, and data capture to support ongoing system change and strong governance. The ACT strives to provide the highest quality healthcare possible to the community through evidence based, best practice healthcare. In the public maternity system, our current services are driven by this focus and evolve to take into consideration new research and evidence to support change with models of care and policies. While our public maternity services in the ACT are a safe and supportive environment to receive pregnancy care and to give birth, there is always the opportunity for continued improvement.

The ACT Government, Canberra Hospital and Calvary Public Hospital continue to ensure that ACT public maternity services align with applicable local and Commonwealth regulations and legislative requirements and follow nationally and internationally consistent best practice guidelines.

4. Workforce

“Midwives provide an incredible service to women, and we do this because we believe in the power of birth and the necessity of woman-centred care, however the pressures facing midwives in a hospital setting, and the dynamics of the hospital makes practicing this philosophy difficult.”³¹

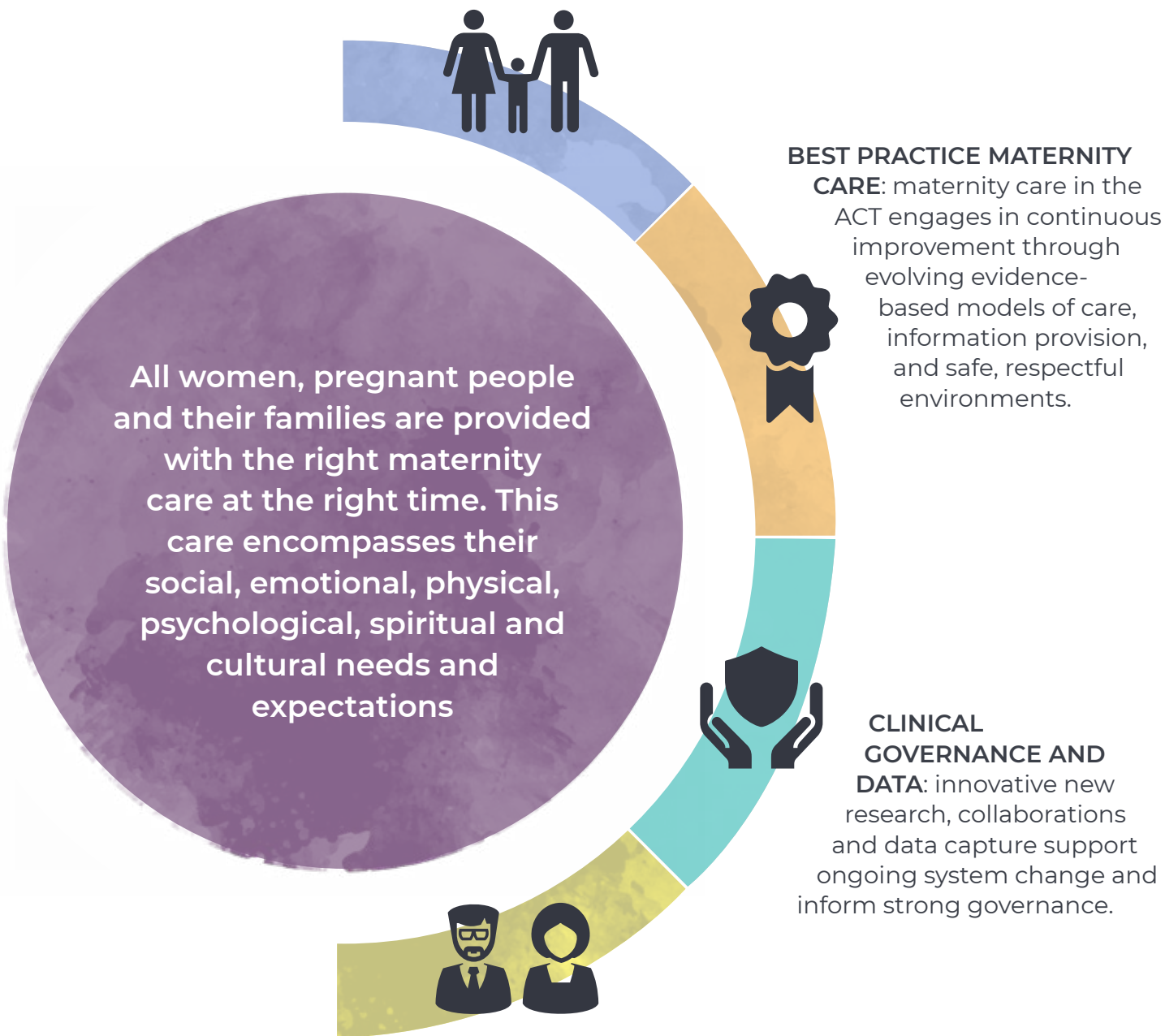
This theme sets up strong foundations to support growth, positive culture, and professional development within the workforce to meet the needs of women and pregnant people into the future. The ACT public maternity service workforce plays a pivotal role in providing maternity services which are woman- and person-centred. To ensure effective and evidence-based care is provided, the planning, design and delivery of a sustainable workforce is essential and needs to be prioritised. Whilst workforce planning is essential, several submissions to the Inquiry highlighted examples of an unsupportive workforce culture which impacted on the care provided. It acknowledged that a positive workforce culture is essential in promoting a workforce that is based on interdisciplinary collaboration and communication, shared learning, and development opportunities. With evidence-based workforce planning and a positive workforce culture, there are many opportunities to improve clinical care and professional development.

Media attention around the Inquiry and culture at our public maternity systems often distract from the high-quality care and professionalism provided by our maternity workforce, which has also felt the additional pressure of COVID-19. While there are improvements that can be made to better support staff and increase workforce capacity and capability, the current efforts cannot be diminished.





CONSUMERS: understanding the unique needs, expectations and choices of each woman or pregnant person, and how to work with them for the best outcomes across the perinatal period and birth.





What we will do

Maternity in Focus outlines the overarching goals we aspire to complete over the next 10 years to bring about system and service level change to the public maternity system. Some changes will build a solid foundation for future actions whilst other actions provide new opportunities to evolve the current system to meet the needs of women and pregnant people, and their babies.

To achieve the goals outlined under the Plan, three action plans will be delivered. The first action plan outlines the actions that will be undertaken in the first four years of the Plan.

Future reform

Some changes to the public maternity system will take time, including building workforce diversity and capacity to expand services and respond to increasing workload. Following on from the initial four-year reform outlined below, the focus of Maternity in Focus will be to build on the actions completed in previous years with the continued objective of achieving system-wide improvement within the public maternity service.

Alignment of actions

The development of this Plan has been based on consolidating the recommendations from the Inquiry and national strategies into actions and goals that will affect system and service level changes for the ACT public maternity system. Recommendations from the national strategies are often broad and need a local lens applied to determine how to achieve these goals within the jurisdictional context.

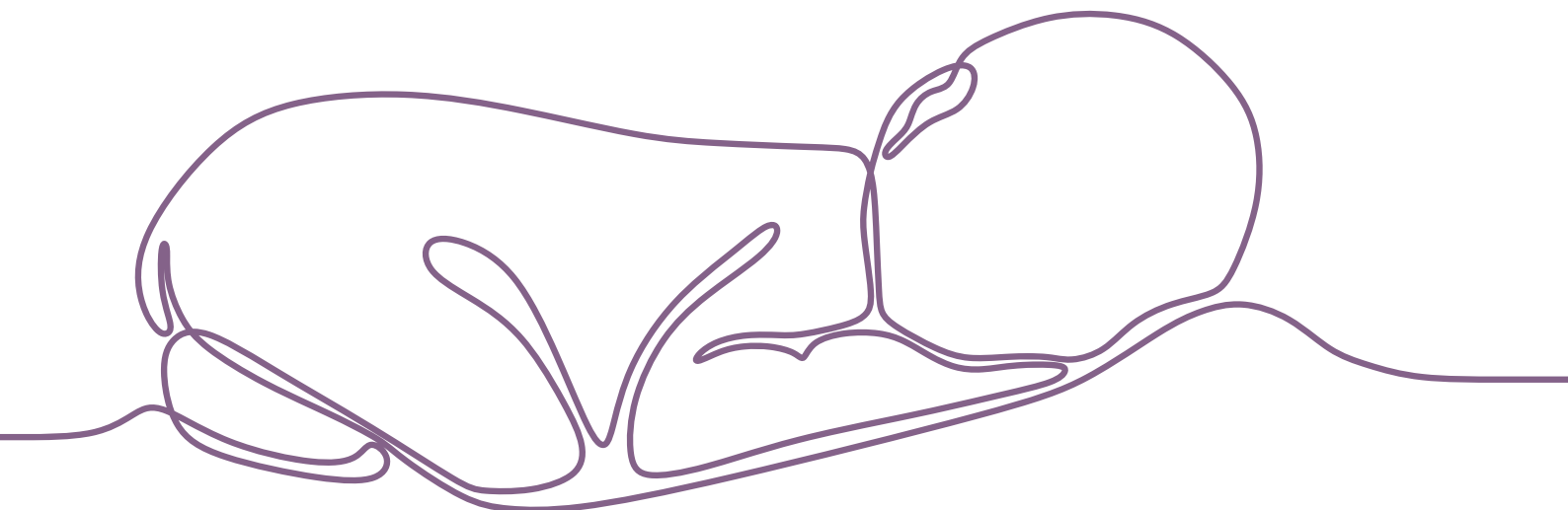
Each action has been linked to a national strategy or recommendations in the Inquiry and aligned to one of the four reform themes.

Monitoring and evaluation

It will be important to know that what we deliver under the Maternity in Focus Plan is making a difference. A performance and evaluation framework will be developed in consultation with stakeholders to measure success under the Plan.

The framework will provide clear direction for all stakeholders on what needs to be achieved in the short and longer-terms, how we will measure and report on progress, and where we may need to recalibrate our efforts. Where relevant, the performance criteria will reflect those to which the ACT Government has committed under the Wellbeing Framework.

The performance and evaluation framework will be finalised in 2023. Progress reports on implementation activities will be released annually from 2024.





Conclusion

Maternity in Focus outlines the goals and actions to evolve the public maternity system to better meet the individual needs and desires of those accessing this system, to feel informed, empowered, and respected. The way forward is evidence based, innovative and holistic. The ACT Government has reviewed and consolidated over 120 recommendations from the Inquiry and maternity related national strategies into a plan that considers the local context, the needs and desires of both consumers, and workforce pressures to create a pathway forward. While some actions provide quick opportunities for change, system and service level changes take time.

Over the next 10 years, the ACT Government will work with consumers, NGOs, health professionals and industry to evolve and transform the public maternity system, looking at opportunities to innovate, invest and divest, and evolve the system to meet future demands and expectations.

Maternity in Focus should encompass the needs of all system users. The approach of woman- and person-centred care ensures that care is individualised through informed decision making, honest and transparent interactions and evidence-based information. Opportunities to work closer with consumers, NGOs and other stakeholders will support public maternity services to better meet the needs of those accessing the public maternity system and continue to evolve these services.

While a woman- and person-centred approach helps tailor care to meet individuals, there is the opportunity to provide additional care and supports to women and pregnant persons where needed. A strong focus of reform within the public maternity system is expansion of the midwifery-led and midwifery-coordinated continuity of care models to over 50 per cent by 2028. The evidence for good health outcomes and maternal satisfaction in continuity of care is strong, and the community has advocated for increased access to this model. Increasing access to this model will require changes in the development of the workforce, and this will require workforce planning and consultation to ensure the expansion is done appropriately.

The ACT Government understands the importance of connection to culture and country for Aboriginal and/or Torres Strait Islander women, pregnant people and their families and will actively work with consumers, community organisations, Aboriginal and/or Torres Strait Islander Elders and other stakeholders to develop an ACT specific Birthing on Country model. This land is and always will be Aboriginal land and the ACT Government wants to ensure maternity care is culturally safe and public maternity services support all Aboriginal and/or Torres Strait Islander peoples.

For those experiencing vulnerability, continuity of care with a known midwife provides a safe and supportive environment to tailor care and provide support, ensuring a positive transition to parenthood.

For women and pregnant people needing specialist care, midwifery-coordinated continuity of care provides the benefit of a multidisciplinary team to respond to changes in clinical circumstances, whilst having a known midwife to provide support and advocacy. This approach supports collaborative planning and clinical decision making within the multidisciplinary team and with the woman or birthing person and their support network.

Unfortunately, pregnancy and birth don't always go to plan. In those circumstances, health professionals will ensure individuals are involved, informed, and supported through these experiences, including perinatal loss. A known midwife through continuity of care can provide support through the immense grief and heartbreak of loss. Rather than resharing their story with each new health professional, a continuity of care midwife can help families experiencing loss to navigate through this period and provide warm referral and connection to other services that meet their needs.

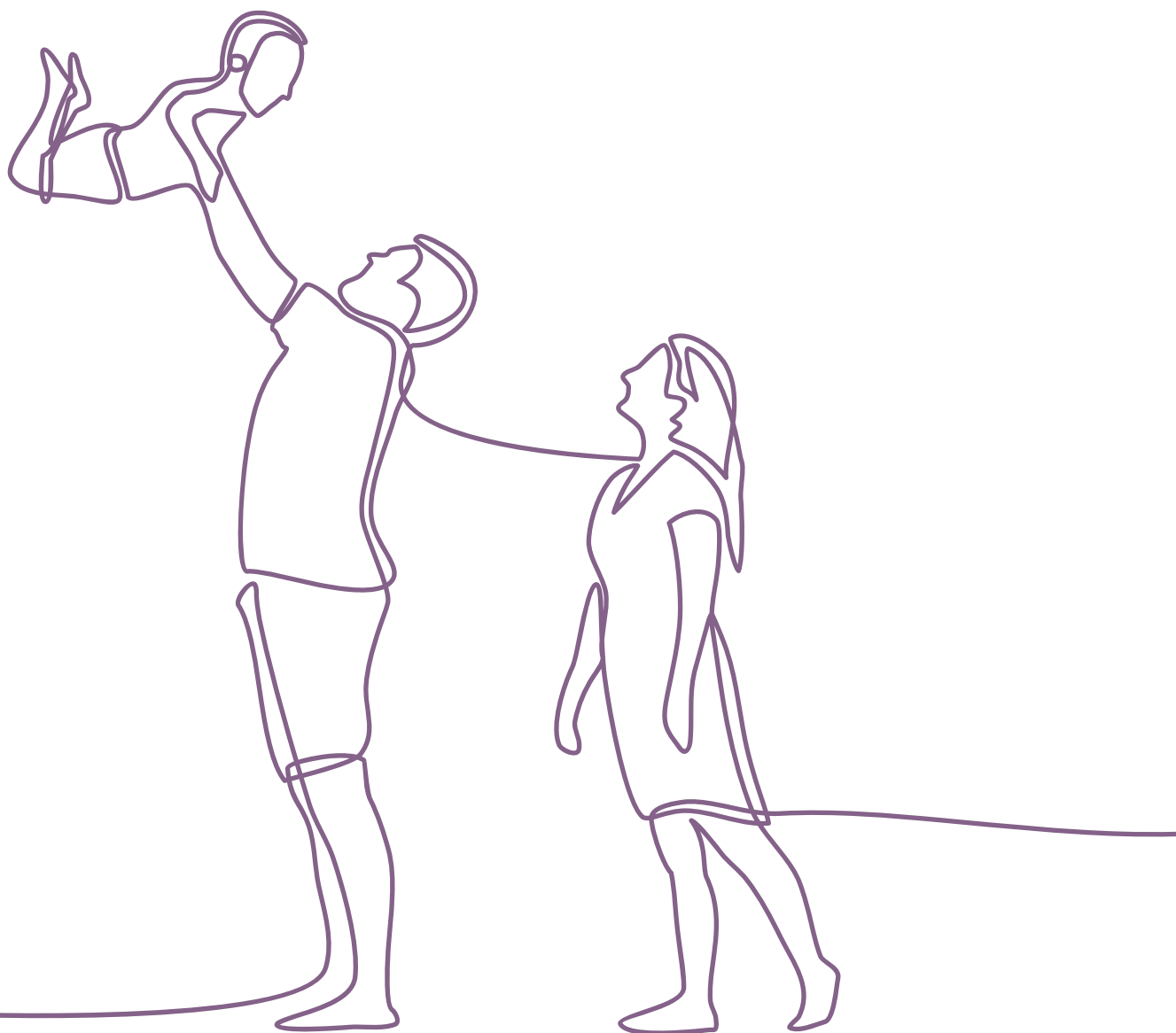
The multidisciplinary workforce has risen to the unprecedented and unpredictable challenges of the last few years, continuing to provide high quality care and compassion. The ACT Government will ensure public maternity services are a safe, supportive, and respectful environment for staff to thrive and be in the best position to support the ACT community. Through undertaking maternity workforce planning, the development of a Territory-wide maternity education and training framework and additional scholarship opportunities, there is an ongoing commitment to support the public maternity workforce to reach their full potential and feel supported



in their roles. Through new pilots and research, education and care provision changing to meet latest evidence, the public maternity workforce can rise to meet future challenges to support the community.

The ACT Government is committed to improving the health and satisfaction outcomes for women and pregnant people accessing the public maternity system. Through expanding continuity of care, the workforce and maternity system can meet the demands of the community and improve health outcomes and satisfaction.

Through the implementation of Maternity in Focus, the ACT Government will continue to work with health professionals, consumers, NGOs, and other stakeholders to evolve the public system and services through evidence and innovation to achieve the goals and actions to make the ACT public maternity services the best in Australia. The next 10 years will see the public maternity system grow and evolve to ensure everyone accessing and working in the public system feels safe, supported, and empowered.

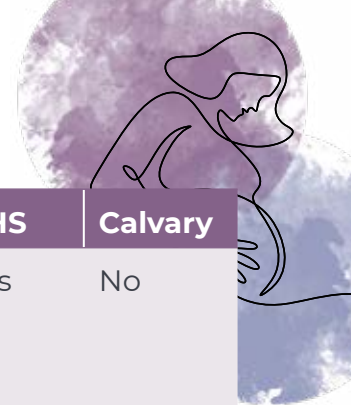


Appendix one: Models of Care and services



Model of Care	Description	CHS	Calvary
Continuity of Care – Low Risk	<p>Midwifery-led continuity of care through the birth centre supports a low intervention, physiological and active approach to pregnancy, birth, and the postnatal period. This model includes homebirth for women and pregnant people who meet the eligibility criteria, providing an option to birth in the comfort and familiarity of their own home.</p> <p>This option supports building a relationship with a known midwife or a small team of midwives who will care for the woman or pregnant person during pregnancy, labour, birth and after the baby is born. The allocated midwife, or a midwife from the team, will provide care throughout the pregnancy and is on-call for labour and birth. Birth is planned for the Birth Centre. Early discharge from the hospital is encouraged for well women and birth persons, and their babies. Following discharge from the hospital, a known midwife will make home visits during the postnatal period.</p>	Yes	Yes

Model of Care	Description	CHS	Calvary
Continuity of Care – All Risk	Midwifery-led continuity of care is suitable for all women and pregnant people, including those with complex and high-risk pregnancies, wanting care from a known (primary) midwife. A primary midwife will provide care throughout pregnancy, labour, birth and after the baby is born. If the woman or pregnant person has existing or pregnancy related health concerns, they will be referred to medical and allied health appointments as necessary. Birthing care is provided in the hospital Birth Suite or Birth Centre (whichever is most appropriate) by the primary midwife working collaboratively with the medical team if needed. Postnatal care is provided in the postnatal ward for those requiring a longer stay. The primary midwife will also make home visits following discharge from the hospital.	Yes	Yes
Maternity Care Team	The Maternity Care Team supports a team of midwives to be available to take care of a woman or pregnant person during pregnancy, labour, and birth, working collaboratively with medical and allied health staff if required. Uncomplicated births are attended by midwives in the Birth Suite and medical staff are available when the need arises. Postnatal care is provided in the postnatal ward for those requiring a longer stay. If the woman or birth person lives in the ACT, they will receive home visits from a midwife following discharge from hospital.	Yes	Yes
GP Shared Care	GP Shared Care supports uncomplicated pregnancy care to be shared between the hospital and a chosen GP. During pregnancy, most appointments will be with the GP, with some with a midwife from the hospital. The baby will be born in the Birth Suite under the care of a midwife or doctor, with other medical staff available if necessary. Postnatal care is provided in the postnatal ward for those requiring a longer stay. If the woman or birth person lives in the ACT, they will receive home visits from a midwife following discharge from hospital.	Yes	Yes



Services	Description	CHS	Calvary
Fetal Medicine Unit	<p>The Fetal Medicine Unit provides care for women and pregnant people with complex or high-risk pregnancies who require specialised care for themselves or their baby. Only people with identified risk factors in their pregnancy or those who have had complications in a previous pregnancy will be referred to this service. Care is provided by specialist doctors, sonographers and a designated midwife who will provide continuity of antenatal care during pregnancy. During labour and birth, the woman or birth person is cared for by a team of midwives and medical staff within the Birthing Suite. If the woman or birth person lives in the ACT, they will receive home visits from a midwife following discharge from hospital.</p>	Yes	No
Specialist Team Care	<p>With Specialist Team care, a team of midwives, medical staff and allied health professionals in a hospital will provide care throughout pregnancy and labour. Labour and birth will occur in the Birth Suite supported by a midwife, working collaboratively with medical staff. A midwife, doctor or GP may refer a woman or pregnant person to this service if necessary. If the woman or birth person lives in the ACT, they will receive home visits from a midwife following discharge from hospital.</p>	Yes	Yes



Terminology

Acuity means the physical and psychological state of a person, as a way of describing the intensity of care required.

ACT means the Australian Capital Territory.

ACTHD means the ACT Health Directorate.

Allied health refers to health disciplines that are not medicine, dentistry or nursing. These disciplines focus on preventing, diagnosing, and treating a range of conditions and illness supported by evidence-based research. Allied health professionals include psychologists, social workers and physiotherapists.

Antenatal refers to the period of pregnancy (i.e., from conception to birth).

CHS means the Canberra Health Services, which includes Canberra Hospital and Centenary Hospital for Women and Children. CHS operates as a separate entity to ACTHD within the ACT Government structure.

Calvary Public Hospital refers to Calvary Public Hospital Bruce.

Centenary Hospital refers to the Centenary Hospital for Women and Children which is part of CHS.

CMOS refers to Canberra Maternity Options Service. This service is the entry point and navigates women and pregnant people to the right pregnancy care at the right place and at the right time, as close to home as possible.

Continuity of care is a philosophy that involves shared understanding of care pathways by all health professionals involved in a woman's or pregnant person's care, with the aim of reducing fragmentation of care and conflicting advice.



Continuity of carer means care provided by a known healthcare provider over the full length of the episode of care. Relational continuity is provided by the same named care provider being involved throughout the period of care even when other care providers are required. Other care providers may be involved in the provision of care, either in a support capacity to the named care provider or to collaborate in the provision of care, however the named care provider remains involved to coordinate and provide ongoing care throughout.

Gender-additive language means using gender-neutral language alongside the language of womanhood to ensure everyone is represented and included.

LGBTIQ+ is the umbrella term respectfully used to refer to people of diverse genders and sexualities. It is not intended to be limited to people who identify as lesbian, gay, bisexual, trans and/or gender diverse, intersex and/or queer.

Maternity means the care provided during pregnancy and in the postpartum period. This is the current terminology used in clinical practice and literature, and includes care provided to any woman or pregnant/birth person and their newborn baby.

Maternal refers to the mother or pregnant/birth person, during pregnancy, birth and the postnatal period, in the context of this document. This is the current terminology used in clinical practice, data reporting and literature

Mental health is a state of well-being in which an individual realises their own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to contribute to their community.

Midwife-coordinated continuity of care means care provided to a woman or pregnant person by a known (primary) midwife who will coordinate care across the multidisciplinary team, as required, throughout pregnancy, labour, birth and in the postnatal period.

Midwife-led continuity of care means care provided to a woman or pregnant person by a known (primary) midwife throughout pregnancy, labour, birth and in the postnatal period.

Multidisciplinary team describes a team of clinicians spanning multiple disciplines, in maternity this may include obstetricians, neonatologists, midwives, nurses, general practitioners and allied health professionals.


Model of care refers to how a health service is delivered, with the aim to ensure people get the right care, at the right time, by the right team and in the right place.

NGO means Non-Government Organisation.

Parent is the caregiver of a child. They may be biologically related to the child as the mother/birthing parent/father but may also be connected to the child through emotional/legal/kinship relationships.

Postnatal care refers to care in the 12 months after giving birth.

Perinatal refers to the period from conception until 12 months following pregnancy or birth.



Perinatal loss includes miscarriage, stillbirth, neonatal death (up to 28 days old) or termination after diagnosis of an abnormality in the developing foetus.

Pre-term birth refers to births before 37 completed weeks of gestation.

Person who experiences vulnerability or disadvantage can arise from ill health, disability, migration status, experiences of trauma including domestic and family violence or other abuse, poverty, inadequate housing, discrimination, and other social factors, such as power structures and exclusion. This is also linked to the social determinants of health, and the non-medical factors that impact on health inequities. A person who is vulnerable or disadvantaged has a higher risk of adverse outcomes related to their healthcare if their personal circumstances are not considered. Conditions that make someone vulnerable or disadvantaged can change over time and in different circumstances.

Salutogenesis focuses on the causes of health and wellbeing, rather than the causes of illness and the importance of an individual's sense of coherence as a predictive indicator of health.²⁵ Care focuses on addressing immediate health needs along with building capacity to meet future health or other challenges

Stillbirth refers to the birth of a baby who has died any time from 20 weeks into the pregnancy. The baby may have died during the pregnancy or, less commonly, during the birth.

Warm handover describes a handover from one health professional to another in the presence of the woman or person whose care is being discussed or with their consent.

Wellbeing describes not only the absence of disease or illness, but it also describes how people feel and function on both a personal and social level, and how they evaluate their lives.

Woman- and person-centred care recognises the woman, pregnant person, baby or babies, partner, family, and community, and respects cultural and religious diversity as defined by the individual. Woman- and person-centred care considers the woman's or pregnant person's individual circumstances, and aims to meet the woman's physical, emotional, psychosocial, spiritual, and cultural needs.



Acknowledgements

Extensive consultation was undertaken across the public maternity services as well as external stakeholders. We acknowledge that COVID-19 did impact the ability to engage with some stakeholders. Opportunities to work with stakeholders will continue through the implementation of Maternity in Focus.

In addition to this list, all the submissions into the Inquiry were reviewed to ensure the actions developed incorporated the important messages shared through this process. The ACT Government thanks everyone who provided a submission into the Inquiry and shared their experience to support growth and change within the public maternity system.

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Person	Title / Area	Organisation
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