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

**ACT GOVERNMENT RESPONSE TO THE STANDING COMMITTEE ON HEALTH,
AGEING AND COMMUNITY SERVICES REPORT 10**

REPORT ON INQUIRY INTO MATERNITY SERVICES IN THE ACT

**Presented by:
Rachel Stephen-Smith MLA
Minister for Health
13 August 2020**

The ACT Government notes the Standing Committee on Health, Ageing and Community Services' (the Committee) Report on Inquiry into Maternity Services in the ACT (the Report) and welcomes this opportunity to respond to the Committee's recommendations.

The Government thanks the Committee for its comprehensive review of maternity services in the ACT, as well as the individuals, organisations and interest groups who provided considered and informed submissions to support the Inquiry. We acknowledge the sensitive and emotive nature of sharing personal interactions with the maternity system and the significance these experiences hold for individuals.

The Government is committed to providing the right maternity care at the right time, which meets the needs and requests of the family. Maternity care should encompass the social, emotional, physical, psychological, spiritual and cultural needs and expectations of families. Bringing a new child into the world is an extremely significant time in a person's life. The support provided by health professionals and the healthcare system plays an important role in the experience of each person.

The Government notes that a range of whole-of-government reforms across the human services system align with recommendations in the Report to enhance responses for priority groups and improve systems and practices so that they work with parents, partners and babies in the context of their family and community. The Early Support initiative is a ten-year roadmap to improve the capacity of all parts of the human services system, including health, to respond early and flexibly. A key component is embedding practice reform in all services to work in a strength based, person-centred way.

A key deliverable under Early Support is The Best Start for Canberra's Children: the first 1000 days Framework (Best Start), which will be further developed over 2020-21. Best Start responds to the importance of the first 1000 days prior to a child's third birthday in their development and long-term well-being. It is intended to drive collective and coherent action across the Canberra community and identify what families, the community, and government and non-government agencies can do to ensure all children get the best possible start in life. Best Start is well-placed to support the agreed actions in the Government Response.

The future focus on the ACT public maternity system is to support models of care that are based on informed choice and recognise the importance of involvement of individuals and families across the maternity continuum.

The national strategy *Woman-centred care: Strategic directions for Australian maternity services* agreed by all Australian health ministers in 2019 focuses on safety, respect, choice and access. The Government acknowledges the importance of this Strategy in the planning, design and delivery of high-quality maternity system for the ACT.

The Government recognises the knowledge gained through lived experience that consumers can provide to the planning, design and delivery of maternity care, and the vital voice they have in informing future improvements to maternity services in the ACT. Each interaction with a health care provider shapes their individual journey through the maternity continuum. Providing opportunities to share this experience, whether it be positive or negative, gives public maternity services the opportunity to grow and evolve.

The support provided through continuity of care and carer models cannot be underestimated in good physical and mental health outcomes for parents, partners and their babies. The ACT Government recognises there are opportunities for growth these models of care to be more inclusive, accessible and culturally appropriate to meet preferences of the person and for them to feel supported through the maternity continuum.

The ACT Government is committed to improving the inclusivity of our health services and has endeavoured to use inclusive language at every opportunity in the development of the response to ensure all members of the ACT community feel supported and accepted in the maternity system. From an LGBTIQ+ perspective, this is to acknowledge and reflect the diverse experience of the LGBTIQ+ community, in particular transgender, gender-diverse and non-binary identifying individuals who access maternity services in the ACT.

The Government recognises the emphasis on greater health and mental health support and provision of information and education, to provide an integrated and collaborative approach to maternity care across different healthcare and service providers. In particular, the Government acknowledges that more mental health supports are needed for parents and partners, as well as increased supports for those experiencing perinatal loss.

For a public maternity system to meet the needs of consumers, the focus must be on ensuring all aspects of the services are person-, baby- and family-centred. The Government is committed to working in partnership with consumers, health professionals and other stakeholders to create an inclusive, informed and strategic public maternity system.

Response to recommendations

Recommendation 1

The Committee recommends that the ACT Government ensure that the planning, design and delivery of maternity services in the ACT is woman- and baby-centred.

Agreed

The ACT Government agrees that the focus of care for maternity services should continue to develop to be person- and baby-centred and embrace the diverse needs and experiences of the community, moving away from the traditional service-centred model.

Recommendation 2

The Committee recommends that the ACT Government report to the ACT Legislative Assembly by the last sitting day in August 2020 on the implementation of the National Strategy—Woman-centred care: Strategic directions for Australian maternity services. This should include: (i) detail on the implementation plan and phases; and (ii) an assessment of the broad changes needed to the planning, design and delivery of maternity services in the ACT to provide for woman-centred care pursuant to the National Strategy.

Agreed in Principle

The *Woman centred care: Strategic directions for Australian maternity services* (the Strategy) is important to ensure consumer expectations of an equitable, safe and person-centred maternity service is available in the ACT, and that the information provided to inform choice is evidence based and consistent.

The ACT Health Directorate has been involved in the development of this Strategy at a national level. The ACT Government recognises the importance of the Strategy and the strong linkage to the findings in the Inquiry.

To ensure the implementation of the Strategy is carefully considered, consulted and evidence based, an implementation plan will be delivered to the Assembly in the first quarter of 2021. This timeframe will allow an appropriate amount of time for the Government to work with health care providers, staff, consumers, non-government organisations and other relevant stakeholders to deliver an informed, accessible and family centred maternity system for the ACT.

This reflects the importance of active engagement in the design and delivery of maternity services in the ACT highlighted in this Inquiry.

Recommendation 3

The Committee recommends that the ACT Government report to the ACT Legislative Assembly by the last sitting day in August 2020 on the implementation of Canberra Maternity Options and its effectiveness in making it easier for women to learn about and access Canberra's public maternity system. This should include: (i) detail on the implementation plan and phases; and (ii) the design of an evaluation framework that encompasses process, impact and outcome evaluation parameters.

Agreed

Canberra Health Services (CHS) has undertaken an internal implementation review of Canberra Maternity Options, including a four-month implementation evaluation and the design of an evaluation framework, which will be provided to the Assembly by the last sitting day in August 2020.

Recommendation 4

The Committee recommends that the ACT Government in partnership with Tresillian Family Care Centres conduct a trial of a 'First 2000 Days' pilot program to address the needs of families and to support vulnerable and disadvantaged families in the ACT.

Noted

The ACT Government recognises the importance of the first 2000 days, from conception to five years, in a person's life. The first 2000 days are a critical time for physical, cognitive, social and emotional health and wellbeing, and what happens in this period is shown to have an impact throughout life.

The ACT Government has begun work on a cross-government, cross-sector Best Start for Canberra's Children: the first 1000 days Framework (Best Start). Best Start recognises that individual programs on their own need to will not drive the change we need and that concerted efforts also need to be on addressing the social determinants of health. The holistic approach taken by Best Start will identify specific actions that deliver for Canberra's children, and may include opportunities for further universal supports, as well as supports for vulnerable and disadvantaged families in the ACT, and the best methods for delivery.

Any consideration of the proposed pilot would be subject to the outcome of future budget processes. This work would also be subject to appropriate procurement and probity requirements.

Recommendation 5

The Committee recommends that the ACT Government in partnership with Canberra Mothercraft Society and Relationships Australia ACT and Region trial the wider availability of the evidence-based parenting program 'Relaxing into Parenting + Baby Makes Three'.

Noted

The ACT Government acknowledges that information and resources provided through *Relaxing into Parenting + Baby Makes Three* programs help parents build confidence, create and strengthen support networks and recognises that parenting is a shared responsibility.

Canberra Health Services currently provides a range of support opportunities to new parents including Early Days, New Parent Groups and Sleep and Settling groups, noting that the provision of groups has been impacted by the COVID-19 pandemic. New Parent Groups are being offered in virtual format, and the Early Pregnancy and Parenting Support Line provides support to parents and families on a range of issues. Calvary Public Hospital Bruce also provides an early parenting program, Bringing Baby Home.

The ACT Government will consider the expansion of the *Relaxing into Parenting + Baby Makes Three* program. However, any financial implications associated with an expanded program would be subject to the outcome of future budget processes. This work would also be subject to appropriate procurement and probity requirements.

Recommendation 6

The Committee recommends that the ACT Government ensure that ACT maternity care clinical practices and referral pathways—in particular those concerned with post-natal depression are inclusive of fathers and partners to support timely identification and treatment.

Agreed

The ACT Government acknowledges the need for increased mental health support for partners post birth. Currently all persons accessing maternity services at Canberra Health Services and Calvary Public Hospital Bruce are screened for symptoms of emotional distress during pregnancy and the postnatal period using the Edinburgh Postnatal Depression Scale and Psychosocial Assessment in conjunction with clinical assessment.

Persons with identified mental health concerns are referred to Perinatal Mental Health Consultation Services and/or Perinatal Wellness Centre. Perinatal Wellness Centre also offer services for partners affected by emotional distress during the perinatal period.

Further work will explore new referral pathways and/or screening opportunities to support the mental health needs of new parents and will be considered as part of the development of national evidence-based guidelines for postnatal care (refer to Recommendation 68). This work will also consider how to ensure that services and pathways are inclusive of partners.

Any financial implications associated with an expanded program would be subject to the outcome of future budget processes. This work would also be subject to appropriate procurement and probity requirements.

Recommendation 7

The Committee recommends that the ACT Government ensure infrastructure planning responds to women's preference for partners and/or support people to remain with them during and after labour.

Agreed

The ACT Government will continue its preference for partners/support people to remain during and after labour and will consider this through the planning process for future infrastructure.

At both the Centenary Hospital for Women and Children and Calvary Public Hospital Bruce a partner and/or support person is encouraged to be involved across the maternity continuum through the inclusion in antenatal care, childbirth education, support during labour/birth and also to stay postnatally with the person and baby.

The hospital is designed for partners/support people to remain close by both during and after labour. Each postnatal room has facilities for the partner/support person to sleep in overnight.

As part of the recent upgrades to Calvary Public Hospital Bruce, the maternity ward has been made more family friendly, with an increased number of single bedrooms and day beds for partners to stay.

Recommendation 8

The Committee recommends that the ACT Government—in partnership with its Council of Australian Government (COAG) colleagues—advocate for changes to the Australasian Health Facility Guidelines (AusHFG) to support women's preference for partners and/or support people to remain with them during and after labour.

Agreed in Principle

The ACT Government will consider the applicability of amending the Australasian Health Facility Guideline to ensure partners and/or support people can remain during and after labour.

The Government will explore opportunities for the ACT to raise this at appropriate cross-jurisdictional forums.

Recommendation 9

The Committee recommends that the ACT Government should prioritise improving the availability of woman-centred midwife-led continuity of care throughout the ACT.

Agreed in Principle

The ACT Government acknowledges the benefit of person-centred, continuity of care for families along the maternity continuum.

Canberra Maternity Options currently provides the person and their families with evidence-based information on the benefits of midwife led care.

Both the Centenary Hospital for Women and Children and Calvary Public Hospital Bruce offer continuity of midwife care programs which are person-centred and appropriate models of care to meet the person's preference and requirements.

The Territory-wide Health Services Plan, currently under development, will identify priorities for health service development and redesign across the ACT. It will be based on a comprehensive assessment of health service needs across the care continuum on a geographic basis and for priority population groups and will consider the range of public health services provided by Canberra Health Services, Calvary Public Hospital Bruce and other organisations in the community. This will include consideration of service and infrastructure requirements for maternity services including birthing to meet the needs of the growing ACT population.

The ACT Health Directorate will work with public maternity service providers and consumers to review access and eligibility to continuity of care models in the ACT, including home birth and birth centre, to determine future expansion and improvements to these models of care. This will capture Recommendations 9, 10, 11, 12, 13, 41, 44 and 60.

Any financial implications associated with an expanded program would be subject to the outcome of future budget processes.

Recommendation 10

The Committee recommends that the ACT Government should prioritise dismantling the barriers that prevent the availability of and access to woman-centred midwife-led continuity of care. This includes but is not limited to: (i) extending midwife visiting rights to ACT hospitals; (ii) expanding birth centre and home birth places and options; and (iii) establishing avenues for providing women and families with independent evidence-based information on the benefits of midwife-led continuity of care.

Agreed in Principle

The ACT Government acknowledges the benefit of person-centred, continuity of care for families along the maternity continuum. Please refer to the response to Recommendation 9.

Recommendation 11

The Committee recommends that the ACT Government should expand the availability of continuity of care and carer models to enable women's choices to be met and supported.

Agreed in Principle

The ACT Government acknowledges the benefit of person-centred, continuity of care for families along the maternity continuum. Please refer to the response to Recommendation 9.

Recommendation 12

The Committee recommends that the ACT Government ensure that the planning, design and delivery of maternity services in the ACT is underpinned by the concept of continuity of care and carer. This should include the incorporation of the three dimensions of continuity of care—relational/personal; information; and management—in and across all available models of maternity care.

Agreed in Principle

The ACT Government acknowledges the benefit of person-centred, continuity of care for families along the maternity continuum. Please refer to the response to Recommendation 9.

Recommendation 13

The Committee recommends that the ACT Government should ensure that funding models for maternity services in the ACT recognise the need to include not only women but also their babies—to ensure adequate services and staffing and reasonable workloads to meet continuity of care needs of both mothers and their babies.

Agreed in Principle

The ACT Government will review funding models for maternity services in the ACT. Please refer to the response to Recommendation 9.

Recommendation 14

The Committee recommends that the ACT Government—in partnership with its Council of Australian Government (COAG) colleagues—advocate for the development of funding models to support access to continuity of care and continuity of carer models in all jurisdictions.

Agreed in Principle

The ACT Government acknowledges the benefit of person-centred, continuity of care for families along the maternity continuum.

The Government will explore opportunities for the ACT to raise this at appropriate cross-jurisdictional forums.

Recommendation 15

The Committee recommends that the ACT Government revisit the accreditation of its hospitals and health services as World Health Organization (WHO) health promoting hospitals and health services.

Agreed

The ACT Government is currently fully accredited against the National Safety and Quality Health Service Standards (NSQHSS) with the Australian Council on Healthcare Standards (ACHS), and both Canberra Health Services and Calvary Public Hospital Bruce are accredited with the Breastfeeding Friendly Hospital Initiative.

The ACT Government recognises that the WHO health promoting hospitals and health services accreditation has a positive influence in creating a supportive policy and physical environment, which promotes the health and wellbeing of the community who access the services and work there.

The ACT Government will investigate this initiative, determine the changes required to implement this accreditation, and the benefit for the community and staff across all public hospitals and health services, not just Centenary Hospital for Women and Children.

Recommendation 16

The Committee recommends that the ACT Government investigate the feasibility of accrediting the Centenary Hospital for Women and Children as a World Health Organization (WHO) health promoting hospital.

Agreed

Please refer to the response to Recommendation 15.

Recommendation 17

The Committee recommends that the ACT Government should: (i) publicly release key indicators of maternity safety, quality and health outcomes at regular intervals; and (ii) where quality and safety data indicate that services are performing below the National average in any area—a plan to improve care, involving women in the governance of these initiatives, should be developed and implemented. The Committee further recommends that the Government consider publishing this information in the ACT Public Health Services Quarterly Performance Report.

Agreed in principle

Maternity data on safety, quality and health outcomes is reported to Health Round Table, Women's Healthcare Australasia, Australian Commission on Safety and Quality in Health Care and Australian Institute of Health and Welfare on a regular basis. Canberra Health Services and Calvary Public Hospital Bruce monitor quality and safety indicators and performance to determine trends and possible improvements.

The ACT Government will consider the appropriateness and feasibility of including relevant indicators on maternity quality, safety and health outcomes in the ACT Public Health Services Quarterly Performance Report or the development of a regular alternative reporting mechanism.

Recommendation 18

The Committee recommends that the ACT Government should develop measurable targets for increasing women's access to continuity of care services, and access to psychological support and services across the maternity continuum.

Agreed in Principle

The ACT Government recognises the importance of accountability and transparency in meeting the needs of the person and their families. The ACT Health Directorate will investigate the development of measurable and meaningful targets using current data sources and captured through existing mechanisms in Canberra Health Services and Calvary Public Hospital Bruce.

Recommendation 19

The Committee recommends that the ACT Government consider developing a consumer feedback tool and process that elicits at six months post birth a woman's maternity experience—physical, social, cultural, emotional, psychological and spiritual safety—in accordance with the Australian Commission on Safety and Quality in Health Care Partnering with Consumer Standard.

Agreed

The ACT Government recognises the importance of capturing consumer experiences with the maternity system to inform future changes and improvements. Capturing a holistic perspective of the journey through the maternity continuum will provide valuable insight into an individual's experience to create a more robust and inclusive maternity system.

The development of a consumer feedback tool to capture this information would require work across ACT Health Directorate, Canberra Health Services, Calvary Public Hospital Bruce and involve consumers and other stakeholders.

The ACT Government, working with stakeholders, will explore the best mechanisms to undertake this work and determine what information should be captured and publicly reported. This information will be used to consider the development of a consumer feedback tool. This will be considered with Recommendation 24.

Recommendation 20

The Committee recommends that the ACT Government prioritise how lessons can be learned and future risks mitigated in relation to service complaints that are settled on a confidential basis and are not reported to the Health Practitioner Regulation Agency (AHPRA) or the ACT Health Complaints Entity (HCE).

Agreed

The ACT Government understands the importance of consumer feedback in informing change within a health system. Both Canberra Health Services and Calvary Public Hospital Bruce use consumer feedback to assist in the continuous improvement of the quality of services and the care provided to families.

The ACT Government will explore the processes associated with health service complaints to ensure opportunities for systemic improvement and future risk mitigation are captured and implemented. This work will give due consideration to the privacy, confidentiality and legal aspects related to service complaints.

Recommendation 21

The Committee recommends that pursuant to the ACT Civil Law (Wrongs) Act 2002 that the ACT Government provide flexibility for maternity care claimants seeking low financial compensation to be conciliated outside formal court processes under the ACT Human Rights Commission Act 2005.

Noted

The ACT Government recognises the need for more flexibility to respond to claimants seeking low financial compensation outside court processes. Further work will be undertaken by the ACT Government on this recommendation.

Recommendation 22

The Committee recommends that the ACT Government should implement the Australian Nursing and Midwifery Federation's Mandated Minimum Nurse/Midwife to Patient Ratios Framework for the safe management of maternity workloads across publicly funded maternity services.

Agreed in Principle

The ACT Government recognises the importance of ratios in health outcomes for patients and for safe and manageable workloads for nurses and midwives. The ACT Government is working with nurses, midwives and relevant stakeholders on how to implement ratios for safe management of maternity workloads across publicly funded services.

Negotiations with the Australian Nursing and Midwifery Federation on ratios were underway earlier this year but work was placed on hold due to the COVID-19 pandemic. The ACT Government is expected to reconvene discussions on the Nursing and Midwifery Enterprise Agreement with key stakeholders in August 2020.

Recommendation 23

The Committee recommends that the ACT Government establishes a Ministerial Advisory Council on Maternal Health comprising consumer and community representatives to advise the Minister on the policy direction for maternity services and models of care with a view to developing a comprehensive model of woman-centred care that encompasses a care continuum for the mother baby family unit from conception to early childhood.

Agreed in Principle

Feedback from new parents is vital in informing change in our maternity system, so opportunities for engagement must be tailored to be inclusive of the needs and wishes of new parents.

The ACT Government will investigate the best mechanism for consumers and community representatives to support and inform the Minister for Health, ACT Health Directorate and public health services on the community needs and expectations of public maternity services in the ACT.

Recommendation 24

The Committee recommends that the ACT Government should ensure that woman-reported outcomes, well-being and experiences are collected (for example, using patient reported experience(s) and outcome measures) and reported as a core part of quality assessment of maternity services.

Agreed in Principle

Please refer to the response to Recommendation 19.

Recommendation 25

The Committee recommends that the ACT Government strengthen the current consumer involvement process to ensure that it represents the needs of the people accessing maternity care.

Agreed

Please refer to the response to Recommendation 23.

Recommendation 26

The Committee recommends that the ACT Government ensure that maternity consumers are represented and included in ACT Maternity Services planning and monitoring committees.

Agreed

All health service planning activities in the ACT are undertaken according to an established methodology that places high importance on engagement with consumers and carers. This includes representation of consumers and carers in project governance structures and engagement through various consultation activities throughout the development of a plan.

Further engagement opportunities will be considered as part of the work committed to in response to Recommendation 23.

Recommendation 27

The Committee recommends that in light of the feedback provided by the Canberra Mothercraft Society on the ACT Health Territory-Wide Health Services Framework 2017–27 (the Framework), the ACT Government review the Framework and make any necessary adjustments.

Noted

Following the transition of ACT Health into two separate entities, the development of the Territory-wide Health Service Framework was reframed into two separate streams of work to better reflect the new service system arrangements.

Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020-2030 was released on 27 July 2020 and developed in consultation with an advisory group that included representatives from consumer, carer, peak and advocacy groups, primary health and clinical services. This Framework provides a common vision for the strategic, policy and planning activities that will shape the direction of ACT health services over the next decade.

The Territory-Wide Health Services Plan, currently under development, will identify priorities for health service development and redesign across the ACT. It will be based on a comprehensive assessment of health service needs across the care continuum on a geographic basis and for priority population groups and will consider the range of public health services provided by Canberra Health Services, Calvary Public Hospital Bruce and other organisations in the community.

Recommendation 28

The Committee recommends that the ACT Government remind all health professionals working within the delivery of ACT publicly funded maternity services of their responsibilities and obligations: (i) regarding adequate and contemporaneous clinical record keeping; and (ii) that any disclosure of patient clinical records should be in accordance with legislative requirements for managing the privacy of health records.

Agreed

The ACT Government acknowledges the importance of adequate and contemporaneous clinical records on the provision of quality care and will continue to remind staff of the record keeping requirements.

Recommendation 29

The Committee recommends that the ACT Government update its Canberra Maternity Options with accessible evidence-based information about the: (i) options, outcomes, and implications of choices regarding models of care; and (ii) benefits for women, their babies

and families and health professionals of planning, designing and delivering maternity services that are underpinned by the concept of continuity of care and continuity of carer.

Agreed

Canberra Maternity Options currently provides the person and their family with information related to different models of care available in the ACT, with a focus on continuity of care. As part of the planned evaluation of this program, Canberra Health Services will increase the provision of evidence-based information to support an informed choice of maternity care to suit individual needs.

The evaluation will include evidence based options, outcomes, and implications of choices regarding models of care, and benefits for persons, their babies and families and health professionals of planning, designing and delivering maternity services that are underpinned by the concept of continuity of care and continuity of carer.

Recommendation 30

The Committee recommends that the ACT Government mandate that birth debriefings with a qualified health professional be offered to and accessed by women and their husbands or partners within 72 hours after birthing.

Agreed

The ACT Government recognises the importance of offering a debrief with a qualified health professional to all families within 72 hours of birth. ACT public maternity services will maintain a flexible, family-centred approach to birth debriefing that meets the individual needs post birth and can be tailored to include relevant health professionals at a time that meets the needs of the family.

Recommendation 31

The Committee recommends that the ACT Government prioritise a feasibility study to examine the establishment of a perinatal hospice facility to provide perinatal services and care to relevant women, their babies and families.

Agreed

The ACT Government acknowledges the extreme impact that the loss of a child has on a family and that better bereavement care and emotional support is required. The ACT Government is undertaking work to improve supports and care through the maternity continuum for those experiencing perinatal loss, stillbirth and newborn death. This will include investigating the feasibility of establishing of a perinatal hospice facility, the incorporation of bereavement care into planning, design and delivery of maternity care, bereavement training for health professionals and increased bereavement care and emotional support and information for families experiencing loss.

Recommendation 32

The Committee recommends that the ACT Government—in partnership with its Council of Australian Government (COAG) colleagues—advocate for changes to the Australasian Health Facility Guidelines (AusHFG) to include inpatient requirements for perinatal hospice facilities, services and care.

Agreed in Principle

The ACT Government will consider the applicability of amending the Australasian Health Facility Guideline as part of the work to be undertaken in Recommendation 31.

The Government will explore opportunities for the ACT to raise this at appropriate cross-jurisdictional forums.

Recommendation 33

The Committee recommends that the ACT Government in the planning, design and delivery of maternity services and models of care adopt the Sands Australian Principles of Bereavement Care—Miscarriage, Stillbirth and Newborn Death.

Agreed in principle

Please refer to the response to Recommendation 31.

Recommendation 34

The Committee recommends that the ACT Government provide bereavement training—informed by the Sands Australian Principles of Bereavement Care—Miscarriage, Stillbirth and Newborn Death—to all health professionals working in and across the maternity care continuum in the ACT.

Agreed in Principle

Please refer to the response to Recommendation 31.

Recommendation 35

The Committee recommends that the ACT Government—in partnership with Sands Australia, Red Nose Australia, Perinatal Wellbeing Centre and other organisations working to support women and families experiencing perinatal loss—implement strategies to strengthen comprehensive bereavement care and information and emotional support for bereaved parents in their transition from hospital to home and the months following.

Agreed in Principle

Please refer to the response to Recommendation 31.

Recommendation 36

The Committee recommends that the ACT Government ensure that the planning, design and delivery of maternity services and models of care reflect and support the competencies detailed in the Characteristics of culturally competent maternity care for Aboriginal and Torres Strait Islander women report.

Agreed in Principle

The ACT Government acknowledges the importance of an integrated, holistic and culturally appropriate model of care for Aboriginal and Torres Strait Islander families. Currently at Canberra Health Services and Calvary Public Hospital Bruce, Aboriginal and Torres Strait Islander people have access to an Aboriginal Liaison Officer during their perinatal journey.

Canberra Health Services and Calvary Public Hospital Bruce also work in conjunction with Winnunga Nimmityjah Aboriginal Health and Community Services to provide maternity care for Aboriginal and Torres Strait Islander people.

The ACT Government will work with consumers and health professionals to ensure public maternity services and models of care are culturally safe and responsive to Aboriginal and Torres Strait Islander peoples.

Any financial implications associated with an expanded program would be subject to the outcome of future budget processes and dedicated resourcing.

Recommendation 37

The Committee recommends that the ACT Government continue and expand support for community-based maternal, child and family health services delivered by community-controlled, Aboriginal health services.

Agreed in Principle

The Territory-wide Health Services Plan, currently under development, will identify priorities for health service development and redesign across the ACT. It will be based on a comprehensive assessment of health service needs across the care continuum on a geographic basis and for priority population groups and will consider the range of public health services provided by Canberra Health Services, Calvary Public Hospital Bruce and other organisations in the community.

Aboriginal and Torres Strait Islander people are a priority population group for the Plan and consideration is being given to options for improving equity of access to services and culturally safe and appropriate location and colocation of services as part of this process.

Through this work, the ACT Government will review maternal, child and family community-based services currently provided to Aboriginal and Torres Strait Islander people to determine current demand and future needs.

Any financial implications associated with an expanded program would be subject to the outcome of future budget processes and dedicated resourcing.

Recommendation 38

The Committee recommends that the ACT Government support the implementation of strategies identified in the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2023.

Agreed

The ACT Government acknowledges the importance of growing and developing the capacity of the Aboriginal and Torres Strait Islander health workforce. The ACT Government will work with ACT public maternity providers to support the implementation of the strategies identified in the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2023*.

ACT Government is currently represented on the Project Reference Group developing the National Aboriginal and Torres Strait Islander Health Workforce Plan, which will further guide this work.

Recommendation 39

The Committee recommends that the ACT Government support the development of an Aboriginal and Torres Strait Islander maternity services workforce.

Agreed

The ACT Government acknowledges the importance in growing and developing the capacity of the Aboriginal and/or Torres Strait Islander health workforce and will work with ACT public maternity providers to support the continued development of an Aboriginal and/or Torres Strait Islander maternity services workforce.

Recommendation 40

The Committee recommends that the ACT Government enhance continuity of care for Indigenous women in the ACT—in particular, in regard to transfers between community-based and hospital settings.

Agreed

The ACT Government will work to strengthen the relationship between community-based and hospital care providers to enhance the continuity of care across health services for Aboriginal and Torres Strait Islander people

Recommendation 41

The Committee recommends that the ACT Government expand the continuity of midwifery care program to be accessible and culturally appropriate.

Agreed in Principle

The ACT Government acknowledges the importance of an integrated, holistic and culturally appropriate care for the ACT community, and the benefit of person-centred, continuity of care for families along the maternity continuum.

Please refer to the response to Recommendation 9.

Recommendation 42

The Committee recommends that the ACT Government ensure that the planning, design and delivery of maternity services and models of care reflect and support the competencies detailed in the Competency Standards Framework for Clinicians—Culturally responsive clinical practice: Working with people from migrant and refugee backgrounds.

Agreed

ACT Government acknowledges the importance of integrated, holistic and culturally appropriate care for the ACT community, and will work with consumers and health professionals to ensure public maternity services and models of care are culturally safe and responsive to the needs of people from migrant and refugee backgrounds.

Recommendation 43

The Committee recommends that the ACT Government ensure that the planning, design and delivery of maternity services and models of care support all health professionals providing services and care to people who need to use a language other than English to access information and/or communicate effectively when accessing maternity services and care. This should include: (i) the development of strategies to improve training in working with interpreters and bicultural workers; (ii) women who require interpreting services having access to these services at every appointment; (iii) improved accessibility of language services and bilingual and bicultural workers; and (iv) accessible language services should also be extended to women who are deaf or hard of hearing and require the use of Auslan or Deaf interpreters.

Agreed

The use of interpreters and accessible language services for those who don't speak English or are deaf or hard of hearing is critical for patient safety and informed consent and should be considered throughout the planning, design and delivery of all health services.

The ACT Government will review current policies on the use of interpreters, bicultural and bilingual workers, and training provided to staff on the use of interpreters and accessible language services, to improve understanding and utility of these services.

Recommendation 44

The Committee recommends that the ACT Government ensure that the planning, design and delivery of maternity services and models of care supports the delivery of care, especially face-to-face delivery, in places and in ways that are accessible for women with a range of disabilities.

Agreed

The ACT Government acknowledges the importance of accessible and appropriate care for the ACT community, and the benefit of person-centred, continuity of care for families along the maternity continuum.

Please refer to the response to Recommendation 9.

Recommendation 45

The Committee recommends that the ACT Government identify and implement strategies to better support women who are the subject of a child protection notification during their pregnancy.

Agreed

The ACT Government will review the current interactions across government agencies to implement integrated and holistic support services for families subject to child protection notification through the maternity continuum. The Health Justice Partnership provides free legal support to vulnerable persons who are at risk of experiencing or are experiencing domestic and family violence, along with child protection concerns. The lawyer is embedded in hospitals as part of the trusted health team helping to provide integrated and comprehensive care. When legal and other support services are provided early, it can significantly improve both legal and health outcomes for the vulnerable person and child.

Recommendation 46

The Committee recommends that the ACT Government in its planning, design and delivery of maternity services and models of care strengthen strategies to better identify and respond to women at increased risk of intimate partner violence during pregnancy and trauma informed care is used to ensure safety is prioritised.

Agreed

The ACT Government remains absolutely committed to the prevention of family violence, including domestic violence and sexual assault. The health sector is a critical entry point for identifying people affected by family violence, providing medical care and a pathway to specialist support and assistance.

For many people, a visit to a health professional is the first, and sometimes only, step enabling them to access support and care. Strengthening the capacity of health care professionals to identify and support people is crucial to the prevention of, and response to, family violence. During the perinatal period, persons are universally screened for domestic and family violence using “sensitive inquiry”.

Canberra Health Services and Calvary Public Hospital Bruce are currently rolling out the Strengthening Hospital Response to Family Violence program, which will better support staff to identify and respond to persons at risk or experiencing intimate partner violence during pregnancy. The rollout of this program will strengthen the planning, design and delivery of maternity services to be safe and responsive.

Recommendation 47

The Committee recommends that the ACT Government extend the continuity of the maternity care model for women under the Parenting Enhancement Program (PEP) to include postpartum support.

Agreed in Principle

The ACT Government recognises the importance of additional support for priority groups across the maternity continuum.

At the Centenary Hospital for Women and Children the Pregnancy Enhancement Program (PEP) offers vulnerable persons continuity of midwifery care by the PEP midwife for their antenatal care. The PEP midwife provides support and case management for vulnerable persons assisting them to connect with other services as required throughout their pregnancy.

The PEP midwife does not offer labour care but will follow up postnatally and refer persons as required to the Parenting Enhancement Program. The Parenting Enhancement Program is provided from the Maternal and Child Health team and offers a sustained home nurse visiting program for up to 12 months.

Recommendation 48

The Committee recommends that—for women and their families who are the subject of child protection notification in pregnancy and who are at risk of having their child removed from their care—the ACT Government: (a) strengthen and enhance pre and postnatal family and decision making support; and (b) proactively address child protection and health care practices that reflect the assumption that removal of a child in these circumstances is inevitable.

Agreed in Principle

Under the *A Step Up for Our Kids* out of home care strategy, the ACT Government has partnered with Karinya House to support mothers and their young babies in a 24-hour supervised and supported environment or in an outreach capacity.

The Government has also funded Uniting Children and Families to provide a range of family preservation services. These initiatives have seen more children able to stay at home safely with their families. However, the Government recognises that more can be done to improve family-led decision making for families engaged with the child protection system.

The ACT Government will review the current service response across government and community agencies to implement integrated and holistic support services for families subject to child protection reporting through the maternity continuum and increase government and community education about mandatory and voluntary child protection reporting and responses.

Recommendation 49

The Committee recommends that the ACT Government—in partnership with all stakeholders that work in and across the integrated network of public, private and voluntary health services that deliver maternity services to the ACT community—develop a Fit for the Future Territory-Wide Maternity Workforce Plan. The Plan should address the drivers of supply and retention including, but not limited to, higher education, recruitment and working conditions, targeted ongoing learning, positive cultures, effective leadership, and well-articulated and supported transition to practice programs.

Agreed in Principle

The ACT Government acknowledges the importance of the supply and retention of a highly trained and competent health workforce and will work with relevant stakeholders to develop a maternity workforce plan.

Any financial implications associated with an expanded program would be subject to the outcome of future budget processes.

Recommendation 50

The Committee recommends that the ACT Government strengthen and support the development and maintenance of skills (including clinical reflection and supervision) of health professionals working in maternity services—with regard to: (i) cultural competency; (ii) trauma-informed care; (iii) open disclosure; (iv) shared decision-making; (v) mental health and well-being competency; (vi) disability sensitivity; (vii) bereavement care; and (viii) working with vulnerable, marginalised and disadvantaged women.

Agreed in Principle

The ACT Government acknowledges the importance of a highly trained and competent health workforce on delivering good health and wellbeing outcomes. The Government will review current training provided to health professionals in the public maternity system to identify opportunities for improvement in the identified areas.

Any financial implications associated would be subject to the outcome of future budget processes.

Recommendation 51

The Committee recommends that the ACT Government ensure that the planning, design and delivery of maternity services and models of care adopt and uphold the 10 principles outlined in the Global Respectful Maternity Care Council's Respectful Maternity Care Charter: Universal Rights of Mothers and Newborns.

Agreed

The ACT Government acknowledges that interactions between health professionals and families should be respectful and appropriate.

The ACT Government will review the 10 principles in the Global Respectful Maternity Care Council's Respectful Maternity Care Charter: Universal Rights of Mothers and Newborns to determine potential improvements in maternity care.

Recommendation 52

The Committee recommends that the ACT Government take appropriate steps to ensure that the Canberra Maternity Options Program can focus on individual women's needs or choices when they choose where to birth.

Agreed

Canberra Maternity Options currently provides persons and families with information related to different models of care available in the ACT, with a focus on continuity of care. As part of the planned evaluation of this program, Canberra Health Services will increase the provision of evidence-based information to support an informed choice of maternity care to suit individual needs. The evaluation will include a focus on an individual's needs or choices when they chose where to birth.

Recommendation 53

The Committee recommends that the ACT Government strengthen the structure of antenatal education to be inclusive of all the potential risks as well as the positive aspects of pregnancy, the birthing experience and parenting. This should include: (i) coverage of where birthing events may not progress as planned; and (ii) planning for unanticipated complications, necessary precautions and redress measures.

Agreed

The ACT Government recognises the importance of families being informed about common interventions and potential risks as part of antenatal education. However, antenatal education may not be the appropriate environment to discuss all the potentials risks associated with birth complications and redress.

The ACT Government will encourage public maternity providers to review opportunities for these risks to be raised with families and for conversations to be tailored to individual wishes during scheduled antenatal visits.

Recommendation 54

The Committee recommends that the ACT Government: (i) adopt the Maternity Care Classification System (MaCCS) and use it when referring to models of care available in the ACT in the information provided to women and their families; and (ii) use the MaCCS to evaluate the effectiveness of all single-models of maternity care available to pregnant and birthing women in the ACT and surrounding region and publicly report this information at regular intervals.

Agreed in Principle

The Maternity Care Classification System (MaCCS) was developed to provide common terminology in describing and comparing outcomes for persons and babies.

This allows maternity providers to classify, record and report data on maternity models of care in Australia. The Centenary Hospital for Women and Children and Calvary Public Hospital Bruce were national pilot sites for MaCCS and the Centenary Hospital for Women and Children continues to use this system.

The ACT Government will determine the suitability of the data for publicly reporting.

Recommendation 55

The Committee recommends that the ACT Government—in partnership with key advocacy and consumer stakeholders—develop and facilitate access to specialised models of maternity care for women who have a high risk of poorer outcomes.

Agreed

Canberra Health Services currently has a variety of programs focused on persons who are at risk of poorer outcomes, including the Fetal Medicine Unit, Preterm Birth Prevention Program, Pregnancy Enhancement Program, Step Ahead Program, Antenatal Endocrine Clinics, BUMP Clinic, Multiples Clinic, and Early Pregnancy Unit.

The ACT Government will continue to develop and facilitate access to specialised models of maternity care for those who have high risks of poorer outcomes, in partnership with consumers and key stakeholders.

Recommendation 56

The Committee recommends that the ACT Government establish eligibility criteria for the Birth Centre at the Centenary Hospital for Women and Children in accordance with evidence-based guidelines such as the National Midwifery Guidelines for Consultation and Referral.

Agreed

The eligibility criteria for the low-risk continuity model at Centenary Hospital for Women and Children is guided by the National Midwifery Guidelines for Consultation and Referral. Access to the Birth Centre is through the low-risk continuity model.

The ACT Government will consider evaluating the current criteria for the Birth Centre at Centenary Hospital for Women and Children and at Calvary Public Hospital Bruce against evidence-based guidelines to ensure the programs support midwife-led decision making for inclusion criteria and decisions.

Recommendation 57

The Committee recommends that the ACT Government expand the capacity of the Birth Centre Unit at the Centenary Hospital for Women and Children to address unmet demand for this major model category of maternity care.

Agreed in Principle

The ACT Government recognises the demand for access to the Birth Centre at Centenary Hospital for Women and Children.

The Territory-wide Health Services Plan, currently under development, will identify priorities for health service development and redesign across the ACT. It will be based on a comprehensive assessment of health service needs across the care continuum on a geographic basis and for priority population groups and will consider the range of public health services provided by Canberra Health Services, Calvary Public Hospital Bruce and other organisations in the community. The potential expansion of Birth Centre capacity will be informed through this process.

Any financial implications associated with an expanded program would be subject to the outcome of future budget processes.

Recommendation 58

The Committee recommends that the ACT Government establish planned home birth as an ongoing birth option (model of care) for women in the ACT.

Agreed

In June 2020, the ACT Government agreed to offer the home birth program on a permanent basis for Canberra families. A review of eligibility criteria, geographic boundaries, and training and credentialing will be undertaken in response to the recommendations of the Home Birth Trial evaluation report.

Recommendation 59

The Committee recommends that the ACT Government establish eligibility criteria for planned home birth models of care in accordance with evidence-based guidelines such as the National Midwifery Guidelines for Consultation and Referral.

Agreed in Principle

Please refer to the response to Recommendation 58.

Recommendation 60

The Committee recommends that the ACT Government dismantle barriers for private midwives to exercise visiting and rights of private practice to care for women who may need to be admitted in unforeseen circumstances in public hospitals.

Agreed in Principle

ACT Government will consider the opportunities and ability for private midwives to provide care for persons who may need to be admitted in unforeseen circumstances in public hospitals in conjunction with the work in response to Recommendation 9.

Recommendation 61

The Committee recommends that the ACT Government—in partnership with its Council of Australian Government (COAG) colleagues—advocate for changes to address Medicare Benefits Schedule (MBS) arrangements and indemnity insurance which limit access to private home birth for women and their families.

Noted

The ACT Government recognises the importance of choice and opportunity for families to have a private home birth. The ACT Government is working with other jurisdictions to consider potential changes to address Medicare Benefits Schedule (MBS) arrangements and indemnity insurance that limit access to private home birth for women and their families.

It is anticipated that this work will progress in the appropriate cross-jurisdictional forum once the National Cabinet's committees and their Terms of Reference are settled.

Recommendation 62

The Committee recommends that the ACT Government, pursuant to the ACT Breastfeeding Strategic Framework 2010–2015, ensure the provision of effective, consistent, up to date and evidence-based breastfeeding information and services for mothers and babies in hospital and community settings.

Agreed in Principle

Breastfeeding is a highly personal choice and often emotive journey. The importance of support and advice throughout the breastfeeding journey cannot be underestimated.

Prompt, consistent and informed advice on options and supports associated with breastfeeding is vital for increased breastfeeding rates in the ACT, and for families to feel supported through challenging times. Promotion of breastfeeding within the ACT community will help boost confidence for those choosing to breastfeed and in turn, increase rates of breastfeeding.

The ACT Government has been involved in the development of the *Australian National Breastfeeding Strategy: 2019 and beyond*. This document highlights the importance of the first 1000 days of a child life, and the long-term health and wellbeing outcomes linked to good nutrition in this period.

The Strategy provides guidance on evidence-based approaches to protect, promote, support and monitor breastfeeding, and is designed to be used as a resource across governments, stakeholder organisations, the public and private health sectors, families and communities as a tool to protect, promote and support breastfeeding.

The ACT Government recognises that increased support and information is needed for families when establishing breastfeeding, and throughout the breastfeeding journey.

Recommendation 63

The Committee recommends that the ACT Government collect annual statistics on breastfeeding outcomes 0–24 months for hospitals and clinics, and publish annual ACT breastmilk production, performance of ACT hospitals and health services on breastfeeding outcomes performance, especially for at-risk groups. The Committee further recommends that the Government consider publishing this information in the ACT Public Health Services Quarterly Performance Report.

Agreed in Principle

The ACT Government will review the current data collected on breastfeeding outcomes and rates in the ACT. The ACT Health Directorate in partnership with maternity services providers will explore the development of new data collection to capture the provision of support and outcomes of parents who are breastfeeding, and the best options for publishing this data.

Recommendation 64

The Committee recommends that the ACT Government strengthen the promotion of and support for breastfeeding across the maternity continuum—including by: (i) making Baby-Friendly Health Initiative (BFHI) accreditation mandatory in all health facilities where babies are born; (ii) creating supportive breastfeeding services in all communities by adopting the Baby Friendly Community Initiative (BFCI); (iii) facilitating compulsory and adequate breastfeeding education for all health professionals who may encounter women of reproductive age, both during their initial training and when undertaking ongoing professional development; (iv) promoting Australian Breastfeeding Australia (ABA) health professional seminars—annual health professional education (seminars) as well as workshops and study modules; (v) ensuring well-informed referral by health professionals to breastfeeding support organisations, including the ABA, and informing mothers adequately about the work of breastfeeding-support groups in the community, such as the provision of Breastfeeding Education Classes for expectant parents and local peer support groups (not just handing them a brochure or placement of a sticker on their baby book); and (vi) ensuring all health professionals who encounter mothers and their breastfed babies understand and follow the evidence-based National Health and Medical Research Council (NHMRC) Australian Infant Feeding Guidelines.

Agreed in Principle

Refer to response to recommendation 62.

The Baby-Friendly Health Initiative has been developed to create health care environments where breastfeeding is the norm and practices known to promote the health and wellbeing of all persons and babies are followed. Currently, both Centenary Hospital for Women and Children and Calvary Public Hospital Bruce are accredited by the Baby-Friendly Health Initiative.

Health professionals within the maternity continuum provide support, education and encourage people to breastfeed. Nurse, Midwives, General Practitioners and other health professionals undertake breastfeeding education as part of their undergraduate and postgraduate degrees.

Currently, all health professionals at the Centenary Hospital for Women and Children in contact with persons of reproductive age undertake compulsory education on breastfeeding. Additional education is available for those who want to extend their scope of practice through professional development opportunities, training and seminars.

The infant feeding information provided by Canberra Health Services and Calvary Public Hospital Bruce to families is in line with the National Health and Medical Research Council Infant Feeding Guidelines.

The ACT Government will continue to support and promote breastfeeding within the ACT community and look at ways to expand access to evidence-based information on breastfeeding, referrals to support services and education for health professionals on breastfeeding. The ACT Government will also look at the benefit of adopting Baby-Friendly Health Initiative for community health services, or whether increased education, awareness and support can be provided to the community through other opportunities.

Recommendation 65

The Committee recommends that the ACT Government explore the feasibility of establishing a day stay lactation clinic for the ACT.

Noted

The ACT Government recognises that increased support and information is needed for families when establishing breastfeeding, and throughout the breastfeeding journey. The ACT Health Directorate will review the current services available for lactation support for the ACT and determine the need for a feasibility study for a day stay lactation clinic. The ACT Government will also consider what options are currently available and look to find ways to increase access to a lactation consultant service.

Recommendation 66

The Committee recommends that the ACT Government—in partnership with its Council of Australian Government (COAG) colleagues—advocate for a Medicare rebate for professional lactation consulting services.

Agreed

The ACT Government recognises the increased support and information is needed for families when establishing breastfeeding, and throughout the breastfeeding journey. Some people will seek lactation support outside of the public health system and unless the lactation consultant is also a midwife, there is not a Medicare rebate. This can make this option prohibitive for some people and cut their breastfeeding journey short.

The Government will explore opportunities for the ACT to raise this at appropriate cross-jurisdictional forums.

Recommendation 67

The Committee recommends that the ACT Government establish an official milk bank in the Australian Capital Territory (ACT) to: (a) give ACT and region women an opportunity to donate; and (b) supply breast milk to babies in and out of a hospital setting.

Noted

In 2019, the ACT Health Directorate undertook an investigation into the feasibility of establishing a milk bank in the ACT. This work highlighted current arrangements to source pasteurised donor breast milk for the ACT to meet the current eligibility criteria for the use of donor milk within the Neonatal Intensive Care Unit and Special Care Nursery setting.

There is currently no evidence for the use of pasteurised donor breast milk outside of the current eligibility criteria of less than 30 weeks gestation or weighing less than 1250 grams, noting this criterion is being expanded to less than 32 weeks gestation and less than 1500 grams. The work highlighted that the current supply arrangements are suitable to provide pasteurised donor breast milk to ACT newborns meeting eligibility criteria and the development of milk bank in the ACT is not a cost-effective option.

The ACT Health Directorate, CHS and maternity services providers will continue to discuss further possibilities for enabling eligible persons in the ACT region to donate excess breastmilk to ACT babies, given community interest in this opportunity.

Recommendation 68

The Committee recommends that the ACT Government—in partnership with its Council of Australian Government (COAG) colleagues—advocate for the development and implementation of national evidence-based guidelines for postnatal care.

Agreed in Principle

The importance of continued support through the postnatal period is vital for good mental and physical health. The early days with a new baby can be challenging for families to navigate, and the ongoing, continued support from trusted health professionals across the maternity system is vital to ensure families receive the information and guidance they need.

Many families transition between health providers in the post-natal period, so a consistent approach to postnatal care across the health care continuum would benefit parents and babies.

While individual health facilities and health services may have postnatal care policies, national guidance on postnatal care will benefit families in standardising the care they should receive and streamlining services to assist in the transition process.

The Government will explore opportunities for the ACT to raise this at appropriate cross-jurisdictional forums.

Recommendation 69

The Committee recommends that the ACT Government ensure that women and their families accessing maternity services are educated about the availability of resources such as the Centre of Perinatal Excellence (COPE)—Ready to COPE e-guide to pregnancy.

Agreed in Principle

The provision of education and evidence-based information is vital to ensure families are informed to choose the maternity care that suits their needs and have supports available as needed. The ACT Government will review information available on accessing maternity services, education and resources on conception, pregnancy and beyond to ensure families are supported and informed throughout the conception to birth continuum.

Recommendation 70

The Committee recommends that the ACT Government ensure that perinatal mental health is included in health professional training and the existing maternity care workforce accesses professional development in perinatal mental health (such as the Centre of Perinatal Excellence online training package).

Agreed in Principle

For families to receive informed and consistent mental health information and support, our health professionals need to have a strong understanding of mental health issues, early warning signs and information on referral pathways to support families as needed. The inclusion of perinatal and antenatal mental health information into existing health professional training programs is vital to have an informed workforce.

The ACT Government will work with public maternity providers to identify training needs of the workforce to determine the best opportunities to equip health professionals with a strong understanding of perinatal and antenatal mental health.

Recommendation 71

The Committee recommends that the ACT Government in the planning, design and delivery of maternity services and models of care adopt the Australian Practice Guidelines for the Treatment of Complex Trauma and Trauma Informed Care and Service Delivery.

Agreed in Principle

Trauma informed services are foundational to high quality health care that promotes a culture of safety, empowerment and healing. Adverse and traumatic experiences can have a significant impact on a person and surrounding family and prioritising mental health needs should be integrated throughout the maternity care continuum. The ACT Government will consider how *the Australian Practice Guidelines for the Treatment of Complex Trauma and Trauma Informed Care and Service Delivery* and other guidance relating to birth trauma can be applied to the planning, design and delivery of maternity services, and models of care. This work will be considered with Recommendations 46 and 50.

Recommendation 72

The Committee recommends that the ACT Government—in partnership with its Council of Australian Government (COAG) colleagues—advocate for changes to the Australasian Health Facility Guidelines (AusHFG) to include inpatient requirements for perinatal mental health services for the mother-baby family unit, including the establishment of mother baby family units in all jurisdictions.

Noted

While the ACT Government acknowledges the importance of providing a range of services for families and is prepared to advocate for this to national colleagues, planning activities will need to be completed before mother baby family units and other inpatient options are determined as the most appropriate options in the ACT.

The ACT Government believes that increased outpatient home based options should be developed to prevent the need for inpatient services where possible. Outpatient services would likely provide the best support to families whilst being less disruptive to the home environment than inpatient admissions.

Recommendation 73

The Committee recommends that the ACT Government in the planning, design and delivery of maternity services and models of care ensure that expectant mothers are screened to assess the likelihood of developing and/or experiencing mental health problems in pregnancy and the first year following birth.

Agreed

Currently, all persons accessing maternity services at Canberra Health Services and Calvary Public Hospital Bruce are screened for symptoms of emotional distress during pregnancy and the postnatal period using the Edinburgh Postnatal Depression Scale and Psychosocial Assessment in conjunction with clinical assessment.

Persons with mental health issues are referred to Perinatal Mental Health Consultation Services and/or Perinatal Wellness Centre. Perinatal Wellness Centre also offer services for partners affected by emotional distress during the perinatal period.

The ACT Government will explore new referral pathways and/or screening opportunities to support the mental health needs of new parents.

Recommendation 74

The Committee recommends that the ACT Government establish a dedicated unit in Canberra for mothers requiring residential mental health care for the mother baby family unit to access both antenatally, and where possible, with their baby after the birth.

Noted

While the ACT Government acknowledges the importance of providing a range of services for families, planning activities will need to be completed before residential and other inpatient options are determined as the most appropriate options in the ACT.

The ACT Government commits to review the current service system for mental health care for the mother baby family unit. This review will include analysis of the demand for ante- and peri-natal mental health services as well as evidence on the benefits of different models of care and service types.

The ACT Government will consider the establishment of a dedicated residential unit as part of a wider review of perinatal mental health services. Any financial implications associated with an expanded program would be subject to the outcome of future budget processes.