



STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING
Mr Johnathan Davis MLA (Chair), Mr James Milligan MLA (Deputy Chair),
Mr Michael Pettersson MLA

Inquiry into ACT Budget 2021–22
ANSWER TO QUESTION ON NOTICE

JOHNATHAN DAVIS MLA: To ask the Minister for Health

Ref: Canberra Health Services, Budget paper C, page number 39, Output 1.1: Acute Services

In relation to: Homebirth Trial

1. Have the recommendations made at the end of the Homebirth trial been implemented yet?
2. What are the numbers of births happening through the home birth program each month since the trial finished?
3. Have the eligibility criteria for home birth been expanded (as recommended) and if not, why not?
4. What sort of time frame is the department looking at before the changes are implemented?
5. Has there been any consumer input from people who would like to use home birth services? Has this facilitation of consumer input been put on hold and if so, why?
6. What would need to happen to give every pregnant person in Canberra the option to have continuity of care throughout their pregnancy and birth?
7. In New Zealand, women were encouraged to consider giving birth at home during the COVID-19 pandemic.
 - a. Why are we not taking advantage of the fact that home birth for low-risk women is as safe as hospital birth?
 - b. Why are we not doing everything we can to keep healthy women out of hospitals during the pandemic?

MINISTER STEPHEN-SMITH: The answer to the Member's question is as follows:–

1. Nine of the 12 recommendations from the Burnet Institute Homebirth Trial Review are under the consideration of a Working Group implemented by Centenary Hospital for Women and Children (CHWC). Six of the nine recommendations have been endorsed and implemented.

Recommendation 3 is currently being considered by the CHWC Quality Assurance Committee. Recommendation 7 regarding physiological management is yet to be considered by the working group. Recommendation 11 has been considered by the working group and is not able to be implemented at this time within the current staffing profile in Maternity Services at CHWC.

The Joint Maternity Project, governed by the ACT Health Directorate (ACTHD), will address Recommendations 4, 5, and 6 given their Territory-wide implications. This work is being undertaken collaboratively with Canberra Health Services (CHS) and Calvary Public Hospital Bruce (CPHB). The Chief Nursing and Midwifery Office has engaged with ACT Ambulance Service and gathered evidence around geographical boundaries from both the literature and all Australian jurisdictions offering publicly funded home birth. This has resulted in a formal

proposal being sent to the ACT Insurance Authority (ACTIA) regarding Recommendation four. The expected time response from ACTIA is anticipated to be six weeks. The Chief Nursing and Midwifery Office and other Executives from ACTHD met with Executive Officers from Calvary Public Bruce Hospital on Monday 8 November 2021 to further discuss the implications of Recommendation 5 and 6.

2. Since the trial finished in March 2020, there has been an average of 1 to 2 births per month and a total of 69 births through the Publicly Funded Home Birth Program.
3. CHS has agreed to implement Recommendation 7. Recommendation 3 is currently being considered by the CHWC Quality Assurance Committee. Both will expand criteria for women accessing homebirths.

ACTHD is actively liaising with key stakeholders to progress Recommendation four on revisiting the geographical boundaries of homebirth services. Joint Maternity Project officers are currently engaging with the ACT Insurance Agency and the ACT Ambulance Service to address this recommendation.

ACTHD is continuing to work with Calvary Public Hospital to discuss Recommendations 5 and 6. The implementation of the recommendations has progressed at a steady rate. At times both CHS and ACTHD have had to prioritise the COVID-19 response, with a number of staff being re-deployed for significant periods. Implementation of all recommendations requires consultation with key stakeholders including consumers, ACT Insurance Authority (ACTIA), CHS Insurance and Legal Unit, ACT Ambulance Service, the University of Canberra and within the Division of Women, Youth and Children, midwifery, obstetric and neonatal specialists. The implementation process has required development of new procedures and processes, developing training competencies, consumer handouts and medical forms. This takes time but ensures a robust quality and safety framework is in place to support these new practices within a woman's home.

4. Both CHS and ACTHD plan to complete implementation of the relevant recommendations by April 2022.
5. Consumers were a core part of the Burnet Institute's review of the Homebirth Trial, with interviews and focus groups undertaken with women who have accessed the publicly funded homebirth trial.

Consumers are also involved in the CHWC Working Group which has considered the recommendations for implementation. ACTHD and CHS maintain a commitment to consumer consultation and input in all areas of our work. The Joint Maternity Project will be undertaking engagement with key stakeholders including consumer representatives on its draft action and implementation plan.

6. Midwifery-led continuity of care is known to improve outcomes for women and babies. The ACT is pleased to provide more than one third of women with continuity of care, compared to eight per cent nationally. The Joint Maternity Project is exploring ways to expand continuity of care as per the recommendations of the ACT Maternity Inquiry, The National Maternity Strategy, the National Stillbirth Action and Implementation Plan and the National Breastfeeding Strategy.

7.

- a. Through the Joint Maternity Project, ACTHD and CHS are considering opportunities to expand availability of homebirth to as many families as possible within system capability and maintaining highest level of clinical safety and outcomes for mother and child.
- b. Healthy women with low-risk pregnancies have been provided care in their community with the use of telehealth for their antenatal appointments. To expand a homebirth service to remain a robust and safe one, takes time for staff training and development of evidence-based policies. Women at CHWC are offered all models of care dependent on the eligibility of the models.

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature:



Date:

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By the Minister for Health, Rachel Stephen-Smith MLA