Australian Capital Territory

ACT GOVERNMENT RESPONSE TO THE RECOMMENDATIONS IN *A PREGNANT PAUSE:THE FUTURE FOR MATERNITY SERVICES IN THE ACT*

REPORT NO 8 OF THE STANDING COMMITTEE ON HEALTH

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INTRODUCTION

Pregnancy, birth and caring for a new baby are life-changing events for women and their families. The ACT Government is committed to supporting women and their families at this important time and ensuring that women in the ACT have access to a variety of birthing services, including community based midwifery care, private obstetric care, shared care with General Practitioners, public hospital based care and high level acute care for high risk pregnancies.

The Government is justifiably proud of the Territory's maternity services, which are of an excellent standard. The ACT's maternity service providers are dedicated, caring professionals who ensure that the women who use their services receive safe, high-quality care. However, in any service there is always room for improvement, and the Government will continue to strive to achieve the best possible service standards and outcomes in the interests of the women and babies requiring the ACT's maternity services.

As part of its commitment to ongoing quality improvement in health services, The Government welcomes any processes that contribute to an increased awareness and understanding of the issues that arise for consumers and other stakeholders in the system.

The Government therefore welcomes the Standing Committee on Health's Inquiry into Maternity Services and is pleased to have the opportunity to respond to the Standing Committee's report *A Pregnant Pause: the future of maternity services in the ACT.*

BACKGROUND

The Standing Committee on Health resolved to inquire into and report on maternity services in the ACT with particular regard to:

- the continuity of care during pregnancy and following birth;
- the comparative costs and benefits of different models and systems of maternity care;
- the involvement of consumers in the planning and provision of maternity services;
- the impact of medical indemnity insurance on the provision of maternity services; and
- other related matters.

The Committee decided to undertake the inquiry into ACT maternity services in response to concerns about:

- the availability of care choices for women;
- the rate of birth interventions;
- the impact of the current insurance situation relating to independent midwives; and
- the ability of women to control the care provided to them.

The Committee sought written submissions and held public hearings and community forums at times and places accessible to parents with young babies.

In its report the Committee has sought to identify changes to the present system which would result in safer, more equitable and more accessible maternity care.

In developing its response to the Standing Committee's Report the Government has closely considered stakeholder submissions and responses to the Inquiry and the maternity services environment in the ACT and nationally. The Government also considered the recent Queensland independent review of maternity services and the package of initiatives released in the Northern Territory in December 2004.

MATERNITY SERVICES INITIATIVES

While the Government has been developing its response to the Standing Committee's Report, work has continued on a range of initiatives. ACT Health Antenatal Shared Care Guidelines were released in September 2004 and support doctors and midwives to provide integrated shared maternity care to women and their families. These guidelines are currently being updated.

Since July 2004 the Government has participated in an Australian Health Ministers Advisory Committee Working Group considering opportunities for collaboration on maternity services issues at the national level. This working group has identified a shared interest in examining the development of national guidelines for maternity services.

In February 2004 the Government established the Maternity Services Planning and Advisory Group. This Group is made up of 25 members who have an interest in ACT maternity services, including consumer representatives, midwives, obstetricians and paediatricians. The Group has met five times and the last meeting was in March 2005.

ACT Health is currently establishing an email list for health professionals and individuals with an interest in maternity services and women's health policy to share their views on maternity related issues. This list will facilitate information sharing among stakeholders and strengthen and maintain maternity services networks.

THE GOVERNMENT RESPONSE

The Government individually addresses each of the Standing Committee's recommendations below.

Recommendation 1: The Committee recommends that the Government forward this report to the Federal Government with a call to address the inadequacy of bulk billing in the ACT.

Response
This recommendation is supported.

The ACT Government has strongly lobbied the Australian Government regarding declining bulk-billing rates in the ACT. This has been undertaken via evidence to the Senate Select Committee on Medicare - General Practice Affordability Inquiry and in the context of negotiating the Australian Health Care Agreements. The latter resulted in an extension of the Outer Metropolitan Incentives Scheme, which seeks to encourage doctors to relocate to designated areas within the ACT.

Recommendation 2: (a) The Committee recommends that the Government, in consultation with relevant stakeholders, develop a core curriculum for antenatal education and that this be offered free of charge to all women at key locations across the ACT.
(b) Further, the Committee recommends that the Government require that all persons delivering childbirth education be appropriately accredited and registered as training providers.

Response
The recommendation is supported in principle.

The ACT Government will explore the development of a core curriculum and compulsory accreditation for antenatal educators, with a view to ensuring the quality and consistency of antenatal education.

The Government will also investigate the establishment of a mechanism for facilitating access to antenatal courses, such as an enquiry and booking service.

Recommendation 3: (a) The Committee recommends that the Government undertake a needs analysis to determine the actual level of unmet demand for the Canberra Midwifery Program as a matter of urgency.

(b) Further the Committee recommends that the Government increase funding to the Canberra Midwifery Program to meet existing demand and following the outcome of the needs analysis appropriately resource the Program to meet demand.

Response
This recommendation is supported in principle.

The ACT Government acknowledges the importance of evidence based approaches to resource allocation in health care and will conduct an assessment of the level of unmet demand for the CMP.

It should be noted however, that the CMP is designed to cater for women with normal pregnancies and births and operate as part of a compendium of services for pregnant women in the ACT. Funding changes would be subject to identification of significant unmet demand, competing priorities across a range of maternity health care needs in the ACT and the likely availability of appropriately trained staff.

Recommendation 4: The Committee recommends that the administration for the Canberra Midwifery Program, including the development and implementation of all policies and procedures, be immediately placed under the control of midwives.

Response
This recommendation is not supported.

Maternity services at The Canberra Hospital and at Calvary, including the CMP, operate in a multidisciplinary environment. This environment encourages a collaborative approach to the development of policies and procedures which enhances the alignment with other service providers and smooth transitions of care.

The Government supports the provision of community based midwifery led care by the CMP. In the Government's view the best possible care will be provided to women and their families through a multidisciplinary approach. The Government is concerned that a move away from this multidisciplinary approach to maternity services could impact adversely on the current system of referral, resulting in fewer choices for pregnant women.

Recommendation 5: The Committee recommends that the Government require all public hospitals to apply Baby Friendly Hospital Initiative standards across all areas of the hospital so that when breastfeeding mothers are admitted they are adequately supported and staff are adequately trained to support them and their babies.

Response
This recommendation is supported.

Both public hospitals in the ACT hold Baby Friendly Hospital Accreditation and both strive to ensure that the principles of this accreditation are reflected in practices across all areas of each hospital. This includes ensuring that hospitalised breastfeeding mothers and their babies are supported by midwives or lactation consultants during hospital stays.

In addition to this, ACT Health has all the facilities and supports required for Australian Breastfeeding Association (ABA) Breastfeeding Friendly Workplace Accreditation. The Department is currently liaising with the ABA to formally finalise the accreditation process.

Recommendation 6: (a) The Committee recommends that the Government, in partnership with consumers, improve the accessibility of maternal and child health clinics through a return to an appointment based system and ensure that clinic operations are responsive to the needs of parents. (b) The Committee further recommends that the Government ensure that the clinics are adequately resourced to meet need, particularly in areas of high growth, such as Gungahlin.

Response
This recommendation is supported in principle.

In 2000 the Community Health Child Youth and Women's Health Program moved to appointment only access to Maternal and Child Health (MACH) services in an effort to improve client care and the effective use of MACH resources. In 2003 the program undertook a number of focus groups with clients to explore their views on the MACH services. In response to the outcomes of these groups and ongoing client feedback a number of changes were made to the way MACH nursing services were delivered. These changes included:

- The introduction of a telephone liaison service. This allows women to speak directly with a MACH nurse rather than having to leave a message on the local clinic phone. This service allows the MACH nurse to immediately address a parent's concern or arrange an urgent home visit, a priority appointment with a clinic, or referral to a relevant service.
- Establishment of a range of options by which parents could access immunisation, developmental checks and parenting support and advice. The service options included drop in clinics, immunisation only clinics and booked clinics. The initiative resulted in reduced waiting times for booked clinics.

A second round of focus groups to review these changes have been held in late 2004 and early 2005. Program client feedback forms have also been monitored to assess ongoing client satisfaction with the service. Further changes to the service are currently on trial and will be evaluated to ensure the quality of services and appropriateness to client needs. These include a change to booked immunisation only clinics, parenting group programs and increased support for vulnerable families.

Two additional MACH nursing positions were funded as part of the establishment of the Gungahlin Child and Family Centre.

Recommendation 7: The Committee recommends that the Government urgently upgrade and expand the Neonatal Intensive Care Unit at The Canberra Hospital.

Response
This recommendation is supported in principle.

The need to expand neonatal intensive care facilities by 2011 has been identified within ACT Health. The Government will consider how best to address this need following the completion of a planning process which is currently underway.

Recommendation 8: The Committee recommends that The Canberra Hospital ensure that the posters and signage displayed in mixed antenatal and gynaecology treatment areas are sensitive and reflective of the mix of patients attending these areas.

Response
This recommendation is supported.

The Canberra Hospital has established a working party to review the signage and posters in multi-use waiting areas, wards and clinics. The working party will examine ways to balance the signage requirements of Baby Friendly Hospital Initiative Accreditation with the needs of women who are accessing gynaecological and antenatal services.

Recommendation 9: The Committee recommends that the Government undertake a cost benefit analysis of the models of maternity care services available in the ACT.

Response
This recommendation is not supported.

The Government recognises the potential cost savings and benefits to women and babies that can be gained through reducing the number of interventions that occur during birth. However in the Government's view a cost benefit analysis will provide little further insight into how to achieve this goal in the ACT maternity services system.

The Government is committed to providing women with a range of choices for their maternity care. Providing these choices in a small jurisdiction, with a relatively small number of births each year involves a number of fixed costs. For example, all models of maternity care in the ACT rely on the existence of the high cost high level acute services at The Canberra Hospital to manage complications and emergencies. The maintenance of this service at a level that enables the provision of high quality care represents a fixed cost to the Territory, and the relative costs and benefits of this service are already clear.

The Government's policy of providing women with a range of care options and the known fixed costs associated with these options mean a cost benefit analysis would not be the most effective way to address the issue of minimising birthing interventions and improving outcomes for women and babies.

The Maternity Services Planning and Advisory Committee will be asked to examine these issues as part of its consideration of ongoing strategies for service improvement and the development of a program for systemic change (see Recommendations 12 and 19).

Recommendation 10: The Committee recommends that all public maternity services in the ACT, including those offered at Calvary Hospital, be streamlined into a single service with an appropriate governance structure reporting directly to the Chief Executive of ACT Health.

Response
This recommendation is not supported.

The Government supports the strengthening of cohesion in the provision of maternity services implied by the recommendation but does not consider that a change to existing governance arrangements is the appropriate means of achieving this result.

Steps have already been taken towards the streamlining of maternity care in the ACT in order to deliver more efficient services and better outcomes for women and their babies. The Government's objectives in this area of service provision are being achieved via significant collaboration between the ACT's public hospitals in providing maternal and neonatal care and the expansion of the Canberra Midwifery Program's services to Calvary Hospital. The Government supports these collaborations and will encourage similar initiatives in the future.

Recommendation 11: (a) The Committee recommends that a Ministerial Advisory Council on Maternal Health be established comprising of consumer and community representatives to advise the Minister on the policy direction for maternity care services with a view to developing a comprehensive model of maternity care that is responsive to and meets the needs of consumers.
(b) Further, the Committee recommends that the Office for Women within the Chief Minister's Department be resourced to provide secretariat support to this Council.

Response
This recommendation is not supported.

The Government does not consider the establishment of another Ministerial Advisory Council to be the most appropriate strategy for advising the Minister on maternity-related services.

The ACT Health Council is the mechanism for advising the Minister on health system issues and on the progress of health policies and plans, including policy and plans relating to maternity services. The Government will therefore consider appointing to the Council a community member with an interest in maternity care services.

The ACT Ministerial Advisory Council on Women is another appropriate mechanism for providing advice to the Government on issues of significance to women's health and well being.

Recommendation 12: The Committee recommends that a working group on maternal and early childhood health care be established comprising of at least the following:

- **ACT Division of General Practice;**
- **ACT Health;**
- **ANU Medical School;**
- **Australian College of Midwives Inc.;**
- **Consumers;**
- **Maternal and child health nurses;**
- **Maternity Coalition;**
- **Midwives (independent and publicly employed);**
- **Private and public obstetricians;**
- **Private and public paediatricians;**
- **University of Canberra nursing school; and**
- **Women's Centre for Health Matters.**

Response
This recommendation is supported and has been implemented.

In February 2004 the Government convened the Maternity Services Advisory Group. In August 2004 the Government expanded its existing Maternity Services Planning Advisory Group to include the additional two stakeholders identified by the Committee. The Group has met five times and will consider the implementation of the initiatives outlined in this response (see Recommendation 19).

The existing ACT Health Child Health Policy Working Group addresses child health related issues.

Recommendation 13: (a) The Committee recommends that the Government fund the ongoing production of comprehensive information relating to pregnancy and birthing and postnatal care options available to women in the ACT to be available from all health care settings, public and private, in the ACT.
(b) The Committee further recommends that the Government fund bilingual community educators to distribute this information in a relevant and appropriate manner.

Response
Part (a) of the recommendation is supported and Part (b) is supported in principle.

In late 2003 the Women's Centre for Health Matters, a community non-government organisation funded by ACT Health, published a comprehensive brochure entitled *Having a Baby in Canberra*. The brochure contains information about antenatal and postnatal care and birthing options in the ACT, as well as a contact list for related services. The Centre distributes the brochure to all health care settings in the ACT, including general practices, hospitals and women's services. The Government will also consider the development of more detailed information regarding pregnancy, birthing and postnatal care options in the ACT in consultation with stakeholders via the Maternity Services Planning and Advisory Group (see Recommendations 12 and 19).

Consultations will be undertaken with the ACT Government Office of Multicultural Affairs in September 2005 to determine the viability and appropriateness of funding bilingual educators to deliver information on antenatal and postnatal care and birthing options. It may be more practicable to publish material, such as the brochure *Having a Baby in Canberra*, in commonly-spoken languages other than English, and to ensure accessible interpreter services for women from non-English-speaking backgrounds.

Recommendation 14: The Committee recommends that the Government lobby the Federal Government to find alternative approaches to the medical indemnity and compensation schemes currently operating in Australia to benefit all health care practitioners, including midwives.

Response
This recommendation is supported.

The ACT Government has been a vocal and active advocate for medical indemnity and public liability insurance reform and has participated nationally in a number of forums to effect change to the underlying deficiencies in our insurance system. Consistent with all other jurisdictions, the ACT has introduced extensive reform to insurance-related laws with a view to addressing rising insurance costs.

Recommendation 15: The Committee recommends that the Nurses Board be dissolved and a Midwives and Nurses Board established in its place until such time that the midwifery workforce is able to support its own board. Until that time, the Midwives and Nurses Board should include professional and consumer positions to represent the interests of midwives adequately.

Response
This recommendation is not supported.

Establishment of a separate Board for Midwives is not supported.

However, the ACT Government does support the establishment of midwifery as a separate profession to nursing, which is regulated by one Board in accordance with s25 of the *Health Professionals Act 2004*, and named the Nursing and Midwifery Board of the ACT. This will occur when the nursing and midwifery professions come under the *Health Professionals Act 2004* following the passing of the Nursing and Midwifery schedules in the Legislative Assembly in the later half of 2005.

The Nursing and Midwifery Schedules include the appointment of two consumers representatives on the Board.

Recommendation 16: (a) The Committee recommends that the regulations under the Health Professionals Bill recognise midwifery as a separate profession not subsumed within nursing.
(b) In the event that the Health Professionals Bill is not passed by the Assembly, the Committee recommends that the Government introduce a Midwives Bill recognising midwifery as a profession distinct from nursing.

Response
Part (a) of this recommendation has been implemented and Part (b) is no longer relevant.

The recently passed *Health Professionals Act 2004* makes provision for ACT midwives to now be regulated separately. Under the previous legislation, the *ACT Nurses Act 1988*, a midwife first had to be registered as a general nurse before being eligible to register as a midwife. To facilitate the change enabled by the *Health Professionals Act 2004*, the proposed Nurses and Midwifery Board of the ACT will identify midwifery in a separate schedule to the regulations.

There is an international trend toward direct entry undergraduate midwifery courses and there would be potential benefit to the ACT if direct entry trained midwives could be registered in the ACT. However, employment opportunities for this category of midwives may be more limited than nursing trained midwives, as employers may give preference to personnel with both midwifery and nursing qualifications.

Recommendation 17: The Committee recommends that the regulations under the Health Professionals Bill do not require health professionals to hold medical indemnity insurance, and instead the relevant health professional board be responsible for applying reasonable professional standards.

Response
This recommendation is agreed in part.

This recommendation addresses two complex issues – the role of medical indemnity insurance in protecting health care consumers and the role of health professionals Boards and their application of reasonable professional standards.

The Government sees these as two separate issues and does not believe that the requirement or not to hold medical indemnity insurance can be addressed through the application of professional standards. In the Government's view it has a responsibility to ensure that individuals who are subject to medical malpractice are not limited in their capacity to access compensation. As such, the Government believes that all health professionals should be covered by medical indemnity insurance.

This recommendation is agreed in part in recognition that Clause 37 of the *Health Professionals Act 2004,* which covers the full spectrum of health professionals, provides for a registered health professional to be "covered by insurance (if any) required under the regulations". This provision allows individual professions the discretion to prescribe, within the profession-specific Schedules of the Regulations, a level of insurance that protects public safety and is appropriate for the characteristics and needs of the particular profession.

Recommendation 18: The Committee recommends that the Government encourage and support local tertiary education institutions to provide three-year undergraduate bachelor of midwifery programs.

Response
This recommendation is not supported.

Any decision by local tertiary institutions to provide direct entry midwifery courses will be dependent upon demand, the availability of Australian Government funding through the Commonwealth Department of Education Science and Technology and other variables.

It is noted that postgraduate and a number of undergraduate direct entry midwifery courses are offered elsewhere in Australia. Currently the University of Canberra provides a postgraduate course for midwifery.

Recommendation 19: The Committee recommends that the Government develop and implement a program for systemic changes in the provision of ACT maternity services as outlined in paragraphs 8.8 to 8.14 of this report.

Response
This recommendation is supported in principle.

As part of its ongoing commitment to quality improvement in health services the Government will consider a program system development and improvement within ACT maternity services based on appropriate evidence. The Maternity Services Planning Advisory Group will provide a mechanism for this process and the issues referred to in this recommendation will be on the Group's agenda. The Advisory Group will consist of representatives of service providers, consumers and policy makers from relevant Government bodies, as outlined in response to Recommendation 12.

Recommendation 20: The Committee recommends that two independent primary birthing units be established as outlined in paragraphs 8.16 to 8.23 of this report.

Response
This recommendation is not supported.

Given the relatively static birth numbers in the recent years in and the lack of any evidence for significant future growth in ACT births, distributing the annual number of births in the ACT over an additional two facilities is neither cost-effective nor clinically viable. The Canberra Hospital already has a low-intervention Birth Centre and the Canberra Midwifery Program has been recently extended to include Calvary Hospital.

CONCLUSION

The Government is justifiably proud of the Territory's maternity services, which are of an excellent standard. ACT maternity service providers are dedicated, caring professionals who ensure that the women who use their services receive safe, high-quality care. However, in any service there is always room for improvement, and the Government will continue to strive to achieve the best possible service standards and outcomes in the interests of the women and babies requiring ACT maternity services.

The Government thanks the Standing Committee on Health for the work undertaken in relation to maternity issues and is committed to progressing the implementation of a number of the report's recommendations.