



# LEGISLATIVE ASSEMBLY

FOR THE AUSTRALIAN CAPITAL TERRITORY

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STANDING COMMITTEE ON HEALTH, AGEING AND COMMUNITY SERVICES

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## Submission Cover Sheet

Inquiry into Maternity Services in the ACT

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**Tresillian response to the Inquiry into Maternity Services in the ACT**  
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Pregnancy, birthing and early parenting are profoundly important life experiences. As well as the physical, social, practical and emotional dimensions of these experiences, the time leading up to birth, the birth itself and the postnatal period are for many women and their families filled with deep emotional, spiritual and/or cultural significance.

For many women the consensus that safe, high quality and accessible care based on informed choice must be the goal to aspire to with a shared determination with experienced health professionals of how this goal is best achieved for women and their families.

Australia has a highly committed and professional maternity services workforce that is looking after mothers and babies well, with a strong case and opportunity to expand the range of models of maternity care based on best practice and research.

Tresillian as the new provider for the Queen Elizabeth II Family Care Centre in the ACT welcomes the opportunity to respond to the "Inquiry into Maternity Services in the ACT".

Our response is made on behalf of The Royal Society for the Welfare of Mothers and Babies now known as Tresillian Family Care Centres.

Tresillian is a public health organisation positioned in a very strategic area to influence long term health outcomes. Tresillian's brand is known as a national and NSW centre of excellence and operates within a larger health service context.

Tresillian is very well positioned to address critical state and national policy goals – in particular antenatal & postnatal early intervention and prevention practices/strategies to support healthy attachment relationships and optimal development, health and wellbeing in early childhood.

Tresillian's objectives, first and foremost are about families and their best interests with a focus on matters of Child and Family Health, early parenting, perinatal mental health, health promotion and early Intervention and prevention.

Tresillian's guiding principle is to deliver the highest quality service to children and families and to provide children with their right to safety, stability and healthy development. Tresillian provides a strong framework that ensures the quality of service and care are provided to children and families of NSW and ACT.

This paper will outline Tresillian's capabilities and initiatives for service expansion based on identified gaps and needs for woman and their families in the ACT and surrounding locations in NSW.

Tresillian highlights the importance of the sustainability of safe, high-quality maternity and postnatal services in the ACT and NSW, particularly in rural and remote communities, which will depend on the creation of formal networks of health professionals (midwives, GPs, obstetricians) who work as an integrated team to ensure a seamless and wholistic approach

to service provision along the continuum of care. Strong clinical governance, guidelines and clear transfer and referral protocols are required to support women and their babies.

Tresillian in QEII Family Centre, a 13-bed tertiary level Residential Unit in Curtin, provides a service that is trusted by the community and has a reputation for meeting family's needs. Through our sustainable and personalised service model, over the years we have demonstrated that families supported by Tresillian benefit in the short and long term, specifically in regards to improved physical and mental health outcomes.

Tresillian is responsive to the changing needs of families, particularly those experiencing challenges in the crucial early years of their child's development to address the social determinants of health and wellbeing. Tresillian identify early on, that we can do more from QEII and increase our current service provision to women and their families in the ACT.

A gap analysis has helped to guide Tresillian's decisions for inclusion of additional service and programs for the QEII Family Centre—including the design, implementation, and evaluation of projects and programs that will lead to achieving Tresillian's desired result of expansion of available and suitable service to ACT women and their families

Feedback received from families accessing the services at QEII over the past 12 years shows that through the delivery of primary health care and working in partnership with families using a wholistic strengths based approach, the QEII Family Centre has made a positive impact on the health and wellbeing of families.

There has been a gradual reduction in the length of stay in maternity units in the ACT and across Australia. It is of interest that in 2016-2017 complex lactation and feeding accounted for 20% of QEII admissions. Since 1 July 2019 close to 30% of QEII admissions have been for lactation and feeding issues. The Women's, Youth and Child Community Health Program provide two-hour groups for infants 0-3 months with feeding and settling issues. There is an opportunity for Tresillian to extend on this service and provide day stay services post discharge, a flexible delivery model that includes home visiting would be highly beneficial and the opportunity for vulnerable families to have access to QEII service for up to 2 years if required.

**There is high demand for paediatric beds at The Canberra Hospital.** At present a number of infants with low birth weight are treated in Special Care Nursery at the hospital, for infants that are medically stable QEII would be a more appropriate service to care for these families within a primary health care model that can identify and address the factors that are often present.

The QEII Referrals from maternity services are through Community Health Intake. The admission criteria include complex feeding and lactation, parenting support, child at risk, low birth weight or special needs family. Where it is necessary and appropriate the QEII take direct admissions from maternity services and hospitals and our service has the expertise, capacity and capability to continue the direct admissions from maternity services and hospitals.

Tresillian is well placed to continue current service and programs and to implement new and innovative programs that align with the goals and strategic priorities of ACT Health and the ACT Government.

### **MATERNITY BEDS – postnatal care and accommodation option**

The ACT recorded 6202 births in 2017 compared to 5148 in 2016 – its highest number on record (ABS 2017). With resources stretched across maternity services in the ACT, in times of high demand patients are diverted to maternity services in NSW or patients discharged within 24 hours of giving birth

For most women pregnancy and birth is a healthy experience and does not necessitate a lengthy hospital stay however many women prefer to be supported postnatally by professional staff for a period of time. To avoid women being hurried out of hospital before they are ready post-delivery, maternal beds may be freed up by transferring women and their babies to the Tresillian QEII Family Care Centre to ensure both mother and baby receive the best possible care and support by registered midwives in an appropriate and nurturing setting. Additional Maternity beds could be offered by Tresillian in the ACT to increase access and maternity care locally for women and their families.

To achieve the high quality and midwifery care that fully utilizes the midwives scope of practice Tresillian has a well-developed system of nursing and midwifery supervision and continuous opportunity for ongoing training and professional development.

### **TRESILLIAN – PERINATAL MENTAL HEALTH MODEL OF CARE**

QEII is a 13 bed Residential Unit targeting families with children under the age of 3 years, with a Nurse and midwifery workforce. Currently as it stands QEII is reported not to have internal referral pathways for further psychological assessment, management and treatment of mothers identified as meeting the criteria for perinatal mental health. QEII also does not have internal referral pathways for further psycho-social assessment, case-management and case-coordination of families with complex presentations and additional vulnerabilities and risks which may include referrals from the out of home care and child protection services.

Currently, mothers who are screened to be acutely unwell at QEII are referred externally to the ACT Mental Health Crisis Assessment Team for further assessment and management. Referrals to the Mental Health are guided by the ACT Mental Health Triage Tool and is reported to be helpful in providing a common language in recognizing perinatal mental health disorders and levels of acuity / risk. Referrals of an acute nature, typically with associated risks (e.g. suicide risk or thoughts of self-harm) are accepted. The Mental Health Crisis Assessment Team then undertakes a phone assessment with the mother and based on the outcome of the assessment, it is either escalated to the Acute Mental Health Team, the Perinatal Mental Health Team or the GP for a Mental Health Plan.

Whilst it is reported that this system is working reasonably well for mothers at the acute end of the perinatal mental health spectrum for example: - possible early onset of puerperal psychosis or dual diagnosis, the “missing masses” i.e. mothers with perinatal depression and/or anxiety or complex presentations on the perinatal mood disorder spectrum of a non-acute nature but still severely unwell or unwell are missing out on best practice standards in perinatal mental health intervention. It is possible that women who have depressive and anxiety disorders, borderline personality disorder (and emotional dysregulation), PTSD and or trauma are not able to access care in a timely and coordinated manner.

An enhanced Tresillian Model of Care based on Best Practice Standards in Perinatal Mental Health and in line with the National Perinatal Mental Health Guidelines

## **EVIDENCE-BASED PRACTICE IN ACTION**

### **MENTAL HEALTH CARE IN THE PERINATAL PERIOD: AUSTRALIAN CLINICAL PRACTICE GUIDELINE**

Tresillian has adopted the Mental Health Care in the Perinatal Period Guideline 2017 (MHCPPG) as a clinical practice approach to providing evidence-based family centred care. The guideline is the gold standard in best practice in the area of perinatal mental health.

### **AN INTEGRATED APPROACH TO PERINATAL MENTAL SCREENING AND ASSESSMENT**

Timely and accurate perinatal mental health screening is key to further psychological assessment, responsive management and treatment. The MHCPPG informs attachment-based knowledge, values, principles and assumptions which are embedded into Tresillian's organisational culture. They set out evidence-based strategies and best practice tools that support the accurate identification of perinatal mental health symptoms, in paper form and digital form.

Screening at Centralised Intake and Admissions standardises the clinical processes and streamlines important referral pathways for further assessment, management and treatment.

A differentiating feature of the MHCPPG is the use of an interactive and user-friendly digital platform called iCOPE which is designed to facilitate the accurate detection and identification of symptoms of perinatal mental health symptoms. The iCOPE contains questions pertaining to psycho-social risk factors and symptoms of perinatal depression and anxiety using a digitalized version of the Edinburgh Post Natal Depression Scale and psycho-social screening. This is typically completed within a consultation by a clinician and a clinical summary report can be generated in real time to further inform clinical assessment and referral pathways. This digital screening option could be considered as part of strengthening the screening and identification of parents as part of the admission process.

### **GROUP INTERVENTION THERAPY**

Clinical pathway and or individual parenting experience to include participation in the following group intervention:

- Circle Of Security-P
- Postnatal Depression,
- Postnatal Mindfulness and Wellbeing Groups
- Getting To Know You Groups
- Supporting Sleep Groups.

The benefits of involvement in group interventions has been widely researched and strong evidence supports enhanced social connection, confidence, self-esteem, decision making, self-care, reflective capacity and parent/ infant relationships.

Residential Group Programming could also be reviewed and standardized to ensure that all families are provided with a range of different interventions during their admission

- Residential Parenting as Dads Groups
- Residential Parent-Infant Groups
- Residential Mindfulness Groups

## FATHER INCLUSIVE PRACTICE IN THE PERINATAL PERIOD

Evidence acknowledges that 1 in 20 fathers in Australia also experience depression during their partners pregnancy and up to 1 in 10 new fathers struggle with depression following the birth of their baby (2018, PANDA). Ensuring that clinical practices and referral pathways are inclusive of fathers can lead to timely identification and treatment.

## TRESILLIAN WORKFORCE CAPACITY AND CAPABILITY DEVELOPMENT

Tresillian's capacity to deliver a wider range and scope of services for child and health services, a program of education and training has been developed over many years.

Tresillian continues to strengthened partnerships with existing education providers in vocational and tertiary sectors to enhance the recruitment and retention of a suitably qualified workforce for child and family health which will ensure ongoing quality of service delivery.

Tresillian has an established track record in the delivery of post-graduate courses for Registered Nurses in child and family health. A twelve-month, part-time Graduate Certificate of Child and Family Health Nursing has been conducted in partnership with the University of Technology Sydney since 2009. The program is offered in blended mode (online and block) with clinical placements in universal child and family health and Tresillian Centres.

## VALIDATED ASSESSMENTS AND INTERVENTIONS

Tresillian is a leader in the provision of child and family health education and training, including validated assessments and interventions that can support an increased scope of practice.

These include:

**Family Partnership training:** A five-day course developed in the UK by Davis, Day & Bidmead (2002), designed to assist in the implementation of Family Partnership as a model of care for child and family health practice

**Keys to Caregiving (NCAST):** A one-day workshop that provides participants with an evidence-based approach to understanding newborn and infant behaviour. Infant cues, states, state modulation and the importance of the feeding interaction are explored.

**NCAST Parent-Child Interaction Scale:** A five-day program for nurses, who learn skills in the observation and assessment of caregiver and child during a feeding or teaching situation. Participants have the opportunity to be assessed for reliability in the use of the validated NCAST PCI assessment scales.

**Promoting maternal mental health (NCAST):** A one-day workshop for health care professionals designed to explore the importance of helping the pregnant woman with her mental and emotional health during pregnancy.

**Sleep and settling workshop:** A one-day workshop that enhances knowledge of infant sleep, self-regulation and attachment, using practical approaches to helping families experiencing difficulties with infant and early childhood sleep.

**Infant feeding workshop:** A one-day workshop to support the development of skills in feeding observations, and use of Tresillian infant screening tools, recognition and interventions to assist parents in their concerns about infant feeding.

**HOME Inventory Workshop:** A one day workshop to provide training for home visiting health professionals on the use and application of the Home Observation for the Measurement of the Environment (HOME) Inventory assessment.

**Working in Partnership:** A one-date update and refresher in Family Partnership.

**Infant mental health:** This one-day workshop explores the development of self-regulation from infancy through to toddlerhood and attachment theory as a framework for baby's first relationship. The development of the baby's first relationships using attachment theory as a framework.

**Circle of Security facilitator training:** A four-day training for professionals in the use of the evidence based and internationally acclaimed Circle of Security protocol. Facilitated by CoS International, in partnership with Sydney University.

## PROGRAMS TO DEVELOP HOME VISITING CAPACITY IN THE ACT

Tresillian has developed and implemented the Advanced Nurse Practice program for Sustaining NSW Families (SNF) program nurses. This twelve-month professional development program is delivered by Tresillian on behalf of the NSW Ministry of Health for nurses employed in SNF – a nurse-led evidence-based sustained health home visiting program from pregnancy until child's second birthday.

## TRESILLIAN CENTRALISED INTAKE and REFERRAL PROCESS

All referrals to Tresillian Day service or a Residential service require a referral from a level one primary care provider or non-government agency. Referral agents include child and family health nurses, general practitioners, paediatricians, allied health worker, maternity units, extended/early intervention programs, Department of Communities and Justice (formerly known as The Department of Family and Community Services FaCS).

## TRESILLIAN DAY SERVICES

The aim of the Tresillian Day Services Model is to standardise key elements in order to provide consistent, high quality services across Tresillian outpatient services providing a Level Two service response. These elements have been informed by a review of the literature, benchmarking, *consultation and process mapping to identify* best practice principles and guidelines.

## SERVICE PACKAGE OF CARE

Tresillian day services (centre-based, home-based and via telehealth virtual consultations) and residential services provide a level two service response. The dosage or service being offered is dependent on a comprehensive assessment of the family's needs and circumstances and commences at Centralised Intake. The Day Services model incorporates centre based, home-based and telehealth modes of service delivery. The service model will utilise a 'package of care' approach to promote responsive service provision to meet the

needs of families across a continuum of care. Centre based services are not necessarily location specific; home based services by necessity will be location specific with geographical boundaries for delivery of services.

### **TRESILLIAN EXTENDED HOME VISITING SERVICE**

The Extended Home Visiting service provides an intensive, targeted and coordinated home visiting service for families (with children 0-3 years of age) identified as having vulnerabilities and/or complex issues that potentially compromise the primary carer-child relationship and/or the parent's ability to provide a safe nurturing environment. If an opportunity arises, the home visiting nurse will partner with the community agents to support parenting education sessions or assist in the development of parenting resources for vulnerable families.

### **EXTENDED HOME VISITING NURSES**

The nurse will have advanced communication skills in order to connect and support vulnerable families.

### **REFERRALS**

Referrals accepted from community child and family health nurses and allied health workers, local doctors, perinatal mental health and drug and alcohol services; criminal justice services, Children of Parents with a Mental Illness (COPMI), Brighter Futures and non-government parenting support services.

### **TRESILLIAN'S ICT ENABLED SERVICES**

#### **PARENTS HELPLINE**

The Parents Help Line (from 7am to 11pm; 7 days a week) service offering parenting advice & psychological support for over 27,000 parents with small children per year.

The Tresillian Parents Helpline offers immediate support via a 1300 Phone number from **7am to 11pm – 7 days per week** all year except Christmas Day. The callers are supported by specialist child and family health nurses and will address issues such as night waking, newborn routines, sleep and settling, breast feeding, general feeding, toddler management. Staff will also support parents with concerns of postnatal depression and anxiety, parental distress, child protection concerns, domestic violence, families are a phone call away for post discharge advice and bridging advice pending admission to a Tresillian residential or day service.

#### **TRESILLIAN LIVE ADVICE – WEB BASED SERVICE**

Tresillian Live advice is a free on-line service offering support for over 4,000 parents with small children per year. The service operates Monday to Friday between the hours of 5pm to 11pm and provides convenient, accessible specialized support

**The Tresillian YouTube Channel**, with over 153,000 views to date, offering short focussed parenting support videos for families.

**The Tresillian Facebook page** has over 34,000 followers where families can connect for more support and to share stories.

## **TELEHEALTH VIRTUAL CONSULTATIONS**

Consultations provided by a Day Service clinician may be provided via telehealth virtual consultations for families unable to access the centre who live outside the home-visiting service delivery radius. The challenges to access may include distance, lack of transport and socio-economic disadvantage. Virtual consultations may be utilised as a mode of delivery for both initial assessment consultations and follow-up support.

Virtual consultations may be delivered within the client's home via their personal computer/device or within a local health service facility to enable reliable connectivity. The initial consultation may be undertaken as a joint-appointment with the local primary care provider, enabling introduction and the building of rapport while also facilitating joint care planning.

The benefits of telehealth include consultation with Specialist nurses with a thorough understanding of and connections with the local service network, families receive up-to-date knowledge of the local services available, with established inter-agency relationships to enable comprehensive case planning to address a wide range of needs, including families with a parent/child with a disability and the enabling and provision of effective care navigation for families with complex needs experiencing vulnerabilities in the early years of their child's life

## **SLEEPWELLBABY APP**

This is a digital application created by a partnership with Tresillian and "SleepFit" called "SleepWellBaby"; which is on the point of release that will support parents to navigate the diverse early parenting issues. The interactive App will be scaffolded by the full range of Tresillian services as appropriate.

## **TRESILLIAN - A FATHER INCLUSIVE ORGANISATION**

"dads don't babysit – it's called parenting" the Dads Network 2016

By including fathers in the Tresillian organisational activities, services, resources or programs our organisation becomes more equitable by not only appealing to the needs of mothers and children, but also being equally accessible to fathers. In turn this will result in more enriched and effective programs, with higher client participation and appreciation.

Tresillian's father-inclusive practice aims to value and support men in their role as fathers, our organisation actively encourages their participation in programs, and ensure they are appropriately and equally considered in all aspects of service delivery.

Tresillian have introduced father specific programs for the encouragement and endorsement of father's involvement in the care of their children – some of the Tresillian programs offered include:

- Hello Dad – Dads Matter Group
- Parenting as Dads (Residential Stay)
- Circle of Security (after hours group)

## **Tresillian Project Partnership with Dr Richard Fletcher University of Newcastle Family Action Centre, NSW.**

**SMS4dads it's a simple idea** - Dads are really busy before and after the birth - there is no way they'll come to lots of parenting classes... but they do have mobile phones.

SMS4dads provides new fathers with information and connections to online services through their mobile phones. The text messages with tips, information and links to other services help fathers understand and connect with their baby and support their partner. The expected date of delivery or date of birth, which is entered at enrolment, ensure that the texts are linked to the developmental stage of the baby (from week 20 of the pregnancy until 24 weeks post birth). Many texts use the 'voice' of the baby, for example, 'Talk to me about anything dad. Your words will help my brain development' others suggest actions 'Find ways to tell your partner she is doing an amazing job. This could be really important to her'.

(Excerpt from website: <https://www.sms4dads.com/About/Project>)

## **THE FIRST 2000 DAYS OF LIFE MOVEMENT**

There is a case to be made for the implementation of a First 2000 Days Project (NSW Ministry of Health Initiative) in the ACT, where gaps in service for vulnerable and disadvantaged families are identified. Tresillian will work in collaboration and consultation with motivated and willing government and non-government agencies in the implementation of a pilot program to address the needs of families and to support vulnerable families in the ACT.

As leaders in child and family health, Tresillian recognise that broad, community partnerships are essential to providing optimum health and wellbeing outcomes for children and young families.

It is well-proven that the first 2000 days of life are vital to the positive trajectory of the life course and health outcomes of individuals, their families and communities. With operations aligned to this same preventative approach, Tresillian has the experience and demonstrated capabilities to assist ACT Health in delivering on its commitments to families.

The 'first 2000 days of life' encompasses the period from conception through to the age of five. Framing this period in terms of days emphasises the message that each day and each event occurring during this time period has a significant impact on the physical, social, emotional and psychological health of children. These impacts are carried throughout their adult lives and have flow on effects for the next generation

Additionally, there is extensive economic argument for supporting children and families early with a worldwide body of research demonstrating the effectiveness of early intervention in the promotion of schooling, reduction in crime and promotion of adult mental and physical health.

## **TRESILLIAN 2U MOBILE PARENTING SERVICE VAN – reaching families where they live**

Tresillian understands that the first years of life are vital to the positive trajectory of the life course and health outcomes of individuals, their families and communities. We do not forget the families in rural and regional New South Wales and ACT who face the additional challenges to accessing support during those crucial early years. For instance, families in

areas without secondary level services – specialists and other services beyond a general practitioner – or indeed, opt to forego support by remaining at home. Sadly, geographic isolation, the tyranny of distance compounded by other factors such as socio-economic disadvantage and drought, is known to contribute to diminished health and social outcomes for those living in rural and regional areas of the state as compared to those in metropolitan areas.

At Tresillian, our goal is to ensure all expectant families and those with young children, regardless of where they live, have access to parenting advice, mental health support and parenting services, enabling them to raise healthy families and build healthy, resilient communities.

The Tresillian 2U Van provides a non-stigmatised, trusted environment for parents within familiar locations within their own community, enhancing their participation and control of the interaction with support staff. The service provides a high quality, accessible and flexible program that can mitigate the impacts of adversity and stress on babies and young children and support families to manage stressors and improve parent-child attachment during the pivotal time from birth to age five years when the risk of child abuse and neglect is at its highest.

Many families may benefit from the Tresillian 2U mobile service - the families with high needs and complexities such as the families currently in the child protection or out of home care sector, the service can be a strategic investment that can yield savings for government by reducing costly negative social and educational outcomes over the long and short term.

### **THE MATERNAL LOOKING GUIDE TRAINING PACKAGE**

There is increasing evidence for the critical nature of the first 2,000 days of 'maximal developmental plasticity', its effect on an infant's developmental trajectory, and lifelong consequences for health and wellbeing. Midwives are ideally placed to identify important aspects of a mother's capacity to interact with her newborn and provide immediate and effective support to the mother.

The Maternal Looking Guide (MLG) is a clinical tool with demonstrated reliability. It was developed to support the mother-infant relationship in the early postnatal period. The MLG assists midwives in the earliest days to identify those dyads who will benefit from immediate increased support and to be sensitively responsive at this critical developmental juncture for the baby and the mother.

The MLG describes six constructs of mothers' looking behaviour, facilitating allocation to one of three overall categories: mothers with whom the midwife felt comfortable; those who worried her, warranting referral to an expert perinatal service; and those with whom the midwife was uncomfortable at a level that might respond to a simple one-off intervention. The MLG is essentially a clinical tool that validates midwives' intuition and provides them with an evidence-base to make clinical decisions.

The MLG training package includes the MLG, a training video that uses actors with real babies. It has two additional practice tapes and a manual for trainers which outlines training practice and suggested requirements for use by organisations as well as various options for ongoing support. This training package includes changes recommended from evaluation at three international trial sites. The multi-site evaluation showed that the MLG is a user-friendly

clinical tool for midwives on postnatal wards, for community child health nurses and IMH workers, and for teaching infant observation at tertiary level.

Use of the MLG guide is implemented through a 'train the trainer' package. One or more individuals within the organisation will attend a 2 day workshop run by Dr O'Rourke to enable certification as a trainer. Trainers are provided with copies of the training and practice tapes and the MLG, and a licence to deliver the MLG training to an unlimited number of staff within that organisation. There is also a simple reporting mechanism to monitor use and effectiveness of the MLG within the organisation.

### Key points

- Mother-infant gaze plays a crucial role in the developing relationship which is the foundation of the healthy physical, cognitive and social development of the baby.
- The Maternal Looking Guide is a practical clinical tool with demonstrated reliability that can be used by midwives for early assessment and decision-making about the mother-infant relationship.
- The MLG training video package contains the MLG, the training video and a training manual to support delivery of the training to midwives and implementation of the MLG in the organisation.

### THE NEWBORN BEHAVIOURAL OBSERVATION (NBO) TOOL

The development of a supportive, nurturing relationship that is sensitive and responsive to the infant's needs is an essential challenge of parenting, which can have significant impact on infant neurological and psychological development. The Newborn Behavioural Observations (NBO) is a structured session that has been developed to help parents observe and understand the behaviour, growth and development of their infant, and foster the parent-infant relationship.

The tool consists of 18 neuro-behavioural observations of infants from birth to three months, including habituation to external light and sound stimuli, the quality of motor tone and activity level, early development of capacity for self-regulation, visual, auditory and social preferences. Babies are individual in their characteristics and behaviours – by helping the parent to observe the infant's strengths and their developmental challenges, the NBO provides a structure approach for clinicians to help parents understand their infant's needs and develop confidence that they can recognise and respond to these needs.

Tresillian Family Care Centres, in partnership with the Royal Hospital for Women, Victoria, can facilitate two-day small group training in the use of this tool.

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**In conclusion**, the maternity services in the ACT would greatly benefit from the "wrap around" services that Tresillian QEII Family Centre in the ACT and the NSW Tresillian services surrounding the ACT e.g. Queanbeyan, Wagga Wagga & Cooma, can offer in partnership. The opportunity to support families from conception and into the early years, address the needs of families and support vulnerable families in the ACT will have a significant impact on the physical, social, emotional and psychological health of children. These impacts are carried throughout their adult lives and have flow on effects for the next generation.

### **Recommendations to enhance Maternity Services across ACT**

Tresillian at QEII Family Centre in Curtin would like to partner where applicable in all aspects of maternity services across the ACT and we would recommend consideration of the following enhancements to ACT maternity services:

- Increase access to more QEII beds for low birth weight babies currently admitted in Special Care Nursery, which will result in better utilisation of these acute SCN beds.
- Provide an integrated approach to perinatal mental health screening and support.
- Introduce SMS4dads messaging service to support fathers with information and connections to online services through their mobile phones to enable them to understand and connect to their baby & support their partner.
- Consider introducing Tresillian level 2 Day Services, which includes home visiting and virtual telehealth consultations, to support families early.
- Provide ACT families with access to a 7 day per week, 16 hour per day Parent Helpline service.
- Provide ACT families with the new Tresillian "Sleep Well Baby" interactive App to give parents ready access to parent support advice and videos from the day the baby is born.
- Consider introducing the *Maternal Looking Guide training* to the Midwives in ACT.
- Consider introducing the *Newborn Behavioural Observations (NBO)* training to the Midwives and health professionals in ACT.

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