



LEGISLATIVE ASSEMBLY

FOR THE AUSTRALIAN CAPITAL TERRITORY

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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The Committee Secretary
Standing Committee on Health, Ageing and Community Services
Legislative Assembly for the ACT
GPO Box 1020
CANBERRA ACT 2601

Via e-mail: LACommitteeHACS@parliament.act.gov.au

Dear Committee Secretary,

RE: Submission to the Inquiry into Maternity Services

Thank you for the opportunity to provide a submission to the Standing Committee on Health, Ageing and Community Services on the current inquiry into Maternity Services in the ACT. In particular, I would like to provide input into the following points of the Terms of Reference, as a recent and current consumer of Maternity Services in the ACT:

- (c) Management of patient flow, including, but not limited to, wait lists, booking services, and capacity constraints;*
- (f) The efficiency and efficacy of maternity services;*
- (h) Patient satisfaction with the services; and*
- (i) The impact on staff including, but not limited to, rostering policies and practices, staff-to-patient ratios, optimum staffing levels, and skills mix;*

My experience of maternity care in the ACT has been largely positive. I have given birth to two children in Canberra – one at Calvary Public Hospital in 2013, and one at the Centenary Hospital for Women and Children in 2016. For both births, I attended the hospital closest to my home address at the time. Both infants were delivered via emergency C-section due to minor complications arising in pregnancy, and I am eternally grateful for the timely interventions and care I received. We are very fortunate in the ACT to have access to such high quality maternity and paediatric clinical care, and this was one of our key reasons for moving to the ACT from rural Victoria in the first place, knowing the as we sought to start a family.

In particular, I would like to commend the Centenary Hospital for Women and Children on the Continuity of Care at Canberra Hospital (CaTCH), which provides women with care from a known midwife for the duration of their pregnancy. Midwives working within the program are extremely dedicated to the women they support, and participating in the program led to better outcomes for our family, including regular antenatal care in the community that enabled me to reduce attendance at the

hospital and time taken off work; the consideration and inclusion of my older child in my care; and support to attempt a Vaginal Birth After Caesarean (VBAC), including early and appropriate intervention when the attempt was unsuccessful.

I would, however, like to provide comment on my previous and current experiences of navigating early antenatal care at the Centenary Hospital for Women and Children. Having read through the previous submissions, it has been a theme of some consumer submissions, but I do not believe it has so far been explicitly addressed. My husband and I complained to the hospital via the Consumer Feedback Coordinator about our experiences of navigating the hospital's administrative processes halfway through my pregnancy, and received some support to improve our experience, including referral to the CaTCH program. However, I have recently become pregnant with our third child, and I have been disheartened to discover that many of the inefficient processes remain three years on, providing unnecessary barriers to accessing care for pregnant women.

The Antenatal Clinic at Centenary Hospital for Women and Children is incredibly difficult to navigate on first contact. After their GP, this clinic is the first point of contact for many pregnant women, but its reliance on faxes, and understaffing, mean this initial contact is frustrating and stressful. In comparison to my previous experience at Calvary Public Hospital, where my referral was dealt with promptly and my antenatal care choices explained to me over the phone on first contact, my experience with the Centenary Hospital for Women and Children left a lot to be desired.

When contacting the clinic, the phone frequently goes unanswered, with the only option being to leave a voicemail. In my experience, not all phone calls are reliably returned, and those that are, are returned at the very end of the day at the earliest. It seems to be a poor use of staff time to work within this inefficient process. There is no easy way for a patient to cancel or change an appointment, which means appointments are not available at short notice for those who need them, and clinical resources are wasted. Improved levels of administrative staffing for this clinic would enable appointments to be made, changed or cancelled.

The clinic's reliance on faxes also complicates their processes. In 2016, on finally making phone contact with the clinic, I was told that the fax from my GP would be triaged and I would receive an appointment letter in the post. While this might have been the intended process, my fax had actually gone missing, and no letter was received. It was only on raising a complaint via the Consumer Feedback Coordinator that I discovered this, meaning no antenatal care was provided until the second semester of my pregnancy.

This year, the process has been more or less repeated, with some minor changes to the process. Now, the clinic respond to referrals by phone, rather than by post, but not until 14-16 weeks. In my experience, the clinic will not provide any information about antenatal care until after this triage process. There is still no way to check whether a referral has been received, as the response to my two enquiries about whether the faxed referral had been received was that it was probably in process, and I would be contacted in due course. My GP also contacted the clinic on my behalf, but was unable to find out the status of my referral.

More broadly, there is no way to reliable, systematic way for women to indicate the preferred mode of antenatal care, beyond making a note on the referral. In 2016, I was not aware of this requirement,

and I had only been able to find out how to secure a place in the program after raising a formal complaint via the Consumer Feedback Coordinator about the lack of contact from the clinic. This year I have found it is repeatedly stated that the patient's preferred model of care may not be available to them, which removes true choice in model of care from patients.

I am university-educated, and have worked in the health sector for 20 years, and the process of navigating the clinic brought me to tears multiple times, and I do see my experience of navigating the health system as one of the contributors to the postnatal depression I subsequently developed. The difficulties with navigating the clinic form only a small part of my pregnancy and childbirth journey, however I respectfully encourage the Standing Committee to consider the wider impact these systemic service navigation problems likely have on a population level, and the effect they particularly have on women who are experiencing disadvantage. How would a young mother, with little experience of the health system, navigate this clinic? How would a mother who relies on a service such as the National Relay Service, or who is not proficient in English, navigate this clinic? How would a mother without reliable access to a phone navigate this clinic?

While I mostly just want my phone calls answered, the adoption of innovations implemented in other jurisdictions, such as the UK National Health Service's e-Referral Service (and previous Choose and Book system) or the Victorian eReferral Program, would greatly improve patient navigation and satisfaction with maternity services. Most importantly, all communication regarding the referral (and any subsequent patient care) should be routinely copied to the patient directly to enable them to manage their own care.

Again, thank you for the opportunity to provide input into the current inquiry into Maternity Services in the ACT. I look forward to the committee's findings, and to the continued improvement of our health system for all.

Kind regards,

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