Family and Community Development

Inquiry into Perinatal Services
The health, care and wellbeing of mothers and babies in Victoria during the perinatal period.

1. Perinatal Emotional Health

The Australian Clinical Practice Guidelines for Mental Health care in the Perinatal Period include the need for pathways for women with and EDPS greater than 12 and or with a positive response to Question 10 (self-harm risk). In reality there are limited services in rural and regional areas despite the high prevalence of anxiety & depression in the perinatal period. The impact of limited services extends beyond the women to partners, children and families being impacted. The child’s psychosocial outcomes across the lifespan is known to be comprised.

Thus the need for early intervention support and appropriate programs in the perinatal period to prevent escalation of emotional and mental health concerns and the impact on women, babies and their families is of paramount importance and reduces the need to access acute services.

Rural and regional areas lack access to specialist perinatal psychiatry assessment and consultation. These services are crucial to ensuring appropriate response and development of effective care provision for women experiencing more acute mental health conditions in the perinatal period. Rather than fly in-fly out, which is impacted on a practical level by weather conditions impacting travel, is costly and infrequent access, telehealth initiatives could be considered to provide timely access to psychiatric expertise for both women and the local clinicians providing their care.

There exists a need for a workforce skilled in psychosocial assessment and maternal-infant interaction including identification of risk of harm to the infant if complexities are present which impact on parenting capacity, including mental health issues, drug and alcohol and family violence. This further demonstrates the importance of early intervention to prevent escalation to statutory child protection and dislocation from the family unit and community.

2. Complexity needs of women in the perinatal period

There needs to be increased recognition and suitable and timely strategies that identify and address the increasing social and emotional vulnerabilities & complexities some women, their babies and families face. There is evidence that there is a higher rate of psychosocial (isolation, economic) distress in rural communities in particular.

In rural and regional communities there is lack of access to drug and alcohol support services for women with alcohol and drug related health issues when planning pregnancy, during their pregnancy, and postnataIlly. There is a definite need for specific tailored programs for this group of women in rural and regionals areas, this need extends to resources, skill and knowledge and an appropriate funding source.

3. Skilled Contemporary Midwifery and Obstetric Medical Workforce

The predicted shortfall of Midwives across the next 10 years requires immediate attention. There is an increasing need for a workforce that is tailored to meet contemporary models of clinical Midwifery and Obstetric Practice. For example with the increasing focus on decreased fetal movements and associated fetal monitoring requirements, maternity services are seeing a rapidly increasing number of women presenting to Maternity Services for fetal monitoring. Rural and regional Maternity Services do not have dedicated fetal monitoring units and thus the clinical requirements and monitoring of these women fall to the staff on the Maternity Ward or Birth Suite. Having supported, funded dedicated fetal monitoring Units in Regional Health Services should be considered as a core component of a regional Maternity Service with dedicated investment and, staffing and infrastructure.

Workforce resilience and leadership training needs to be an inherent component of Midwifery Education and training, along with education around governance and risk management. A contemporary Midwife requires the understanding of the demands in the Midwifery/Obstetric sector. Currently there is genuine concern about the risk of litigation Midwives and Obstetric medical providers are exposed to in their role as a Midwife and such concern is exposing Midwives and Medical providers to increasing emotional health concerns and turning them away from the Clinical Midwifery setting and in care case scenarios resulting in...
severe emotional and mental health issues. Valuable and highly skilled Clinicians cannot be lost, investment in supporting clinicians is vital to maintain an appropriate skills mix and workforce.

How do Maternity Services maintain staff and managers in an environment that is now so risk averse, where patients have more complex needs, there is increasing aggression from women and their families, and there are increasing expectations in the workplace?

How do we ensure confident, competent and emotionally well staff to ensure a healthy and responsive Maternity workforce?

The aging workforce amongst Midwives particularly in rural and regional areas is starting to impact. Delaying action when knowing the predicted shortfall of Midwives over the next 10 years (and beyond) needs urgent and immediate attention for rural and regional health maternity services and communities. The exists a real threat to rural and regional Maternity Services of being able to maintain high quality, safe maternity services that are appropriately staffed. Hence the capacity of rural services will continue to be eroded and regional health services compromised unless a firm and immediate work force strategy is developed and implemented. Timing is crucial and there needs to be both short term and long term action plans to address impending workforce shortages.

Dedicated provision of funds and models of education to address specific Maternity and Neonatal education needs in rural and regional areas is paramount. For example Special Care Nursery courses. Regional Maternity Units have Special Care Nurseries that are increasingly expected to keep more babies requiring special neonatal care and are expected to take babies back from Metro Hospitals earlier. The lack of access to appropriate neonatal care nursing to increase knowledge and skill in this area puts pressure on Regional Maternity Units.

4. Maternity Service Provision

With consideration to the Victorian Maternity Capability Framework and the increasing expectation to continue to meet the appropriate levels within the framework and ensure Maternity services meet community needs and expectations, what are the strategies to support rural and regional areas to support health services moving forward to meet requirements and have appropriate resources available to meet these requirements? With the downgrading and closure of many small rural Maternity Services increased responsibility, demands and pressure has been inadvertently put onto regional Maternity Services without additional investment in resources and infrastructure.

With respect to increasing need for appropriate cultural services there is increasing numbers of refugees settling in regional areas and increasing numbers of women with HIV in regional areas amongst the refugee population. Cultural needs and resources required include greater access and accessibility to culturally appropriate services, linking services and an appropriately skilled workforce.

Domestic violence prevention, screening and intervention, and child safety is of paramount importance in ensuring a responsive and responsible Maternity service. Training programs for domestic violence screening and child protection/safety education needs to be ongoing and sustainable. More recently history has demonstrated that there are many programs that have been funded and set up (example Perinatal Mental health Program, federally funded) and the ongoing funding and sustainability falls to the health service to maintain after the initial set up period. Without ongoing funding and support the continuation of multiple programs and initiatives are at risk as health services budgets become increasingly stretched and long term viability of Maternity Programs is threatened. The PROMPT Training program is one example, this program was funded for 2 years however after the funding to set up PROMPT in maternity units in health services, the individual health services were expected to continue to run PROMPT without an ongoing funding source and adequate support. Subsequently a number of Maternity Unit have discontinued the PROMPT program.

Breast feeding rates are not meeting national targets across Victoria or Australia. Ongoing targeted resources that can provide lactation support beyond the immediate postnatal period is integral to addressing the decreasing breast feeding rates. Such breast feeding services should be accessible seven days a week in a setting that provides face to face support.

Ongoing funding and support is integral to ensuring long term viable, contemporary, safe and responsive regional and rural maternity services and programs for women, newborns and their families. Additionally to ensure women and families receive high quality, safe care and that has strong governance there needs to
be funding that is in line with these goals rather than an expectation that Maternity Services be expected
to do more without additional financial support or investment in resources.

Strengthening collaboration with metropolitan Maternity Services including but not limited to sharing of
clinical tools and resources such as neonatal drug protocols rather than rural and regional services with
limited staff and expertise having to develop their own protocols and procedure. Having Maternity and
Neonatal procedures that are develop for use state wide as in Western Australia, NSW, South Australia
and Queensland would be widely accepted across regional and rural maternity services and amongst
medical providers of Maternity/Obstetric care across Victoria.

Support is required around risk management processes and meeting compliance without detracting from
staff resources and the focus on patient care. There is increasing reporting and governance requirements
that can be burdensome, whilst not disputing the value there needs to be a well-considered and balanced
approach. Currently there is data collected and reported to multiple entities. Such data includes but is not
limited to the Victorian Health Services Performance monitoring framework, ACHS Indicators, AMOSS,
Maternity Performance Indicators, NETS & PERS Reports, CCOPMM reporting, VIHMS, VMIA Maternity
Dashboard, local and Regional Perinatal Mortality and Morbidity Meetings and local ward level KPI’s. Being
able to address, monitor and review the plethora of data to ensure it is utilised meaningfully / purposefully
to drive improved outcomes is diluted due to the sheer volume of data and limited capacity, resources and
time to influence change.

There also needs to be a greater collaboration and sharing of resources and information to assist health
services that provide Maternity Services across the state boundaries. Accessing best practice guidelines
and adapting them as required to meet rural and regional context needs to be developed. At present there
are barriers that prevent rural and regional health services accessing and embedding best practice
guidelines from tertiary organisations. Access to neonatal Drug Protocols that are available in Level 6
Neonatal units are not available to be shared with regional counterparts.

Raising the profile of the Maternity and Newborn clinical Network and having lead contacts from this
network readily accessible to rural and regional organisations for expert guidance, sharing of information
and support would be highly advantageous to rural and regional Maternity Services. Having a
representatives from across the state on this network would assist with support, collaboration and sharing
of information.

5. Post-natal home based care

There is a disconnect as Maternity Services are aiming to ensure length of stay requirements are met and
thus women being discharged within a few days of delivery (average 2 day LOS for normal vaginal delivery
and 3 to 4 days for women having a caesarean section. Of increasing concern there are increasing
limitations to accessing timely postnatal support when women look to return to rural communities often
requiring work around where he women will stay longer in the regional maternity service as there are no
Midwives available in their rural health service or community. Some innovative approaches have been
instituted to address this at Albury Wodonga Health however this involves significant support and
investment by the health service as well as positive collaborative working relationships and flexibility of staff
or external providers.

Need to consider more flexible model / approach of post-natal home based care that takes into account the
distances that must be covered in rural and regional areas as more rural health have challenges
maintaining Maternity Services and the increasing shortfall in Midwifery workforce or worst case scenarios
no midwifery workforce in the rural areas. Additionally sometimes Medical Practitioners competent in
providing Antenatal care and postnatal care are not readily available in rural areas. Maternity. The vast
distances regional Midwives are required to cover which can have safety and financial implications requires
attention. There is increasing difficulty in meeting the key principles outlined in The 2012 Victorian
Postnatal Care Program Guidelines for Victorian Health Services due to lack of a clinically and culturally
skilled workforce.

One of the principles states health services will ensure women have timely and consistent access to
services across the continuum of care according to their needs, this principle is increasingly difficult to meet
in rural areas due to lack of resources and appropriately skilled workforce. Women and families are thus
required to travel longer distances and be away from their local health service, community and family. This
has social, and financial implications for women and their families. Possibly subsidising travel of
accommodation for families who have to travel often up to 2 hours one way to access antenatal care or
intrapartum care or both should be considered.
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