

Safe and high-quality care for Victorian women, their babies and families

Response to the Inquiry into perinatal services

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Where the term 'Aboriginal' is used it refers to both Aboriginal and Torres Strait Islander people.

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Statement from the Minister

Safe and high-quality care beginning in pregnancy and through the year that follows provides the foundation our children and their families need for a good start to life.

Victoria's system of public maternity, newborn and early childhood services is well-established and highly valued by women and families. Today three out of every four babies are born in a public health service, with all families returning home to the care and support offered by maternal and child health services.

The 2017 Parliamentary Inquiry into perinatal services (the inquiry) was established to examine the health, care and wellbeing of mothers and babies in Victoria during the perinatal period.

I would like to thank the Family and Community Development Committee for leading this inquiry. The commitment and passion of the committee to the inquiry and to improving the health and wellbeing of women, babies and their families during the perinatal period, was evident throughout the inquiry process.

While concluding the foundations of our perinatal service system remain strong, the committee's examination of our current system established eight key themes to deliver a comprehensive set of recommendations to improve our care of women, their babies and families.

Key priorities for this term of government include expanding access to maternity care with opening of the new Joan Kirner Women's and Children's Hospital later this year and commitment to the expansion of child and maternal health services at Frankston Hospital.

They also include providing continuity of care for more women, their babies and families through stronger connection and integration points across maternity, newborn and child health programs. The transition of maternal and child health services to the Department of Health and Human Services is supporting our determination for maternal and child health to be more integrated and more responsive to vulnerable women and families.

Our Government is also investing \$232 million over four years to provide more services and support for Victorian families, including seven new early parenting services and more support for first time parents.

We will ensure that prevention and early intervention feature strongly in our design of these services and work to provide a comprehensive range of initiatives to strengthen and support the perinatal workforce, especially in regional and rural Victoria. We will also continue to strengthen our clinical care services, building on the leadership provided through the establishment of Safer Care Victoria.

Our priority actions for this term of government build on the *Statewide design, service and infrastructure plan for Victoria's health system 2017–2037*, *Roadmap for Reform: strong families, safe children*, and *Education State Early Childhood Reform Plan: Ready for kinder, ready for school, ready for life*. These plans echo a shared understanding of what is most important for women, their babies and families: high-quality, integrated and flexible care that begins early and is close to home and one that will ensure a skilled and sustainable perinatal workforce.

I would like to acknowledge the significant contribution to the inquiry by the health sector, non-government organisations, experts in the field, and importantly, women sharing their own experiences of care through the perinatal period. Its findings will inform our ongoing work to build the system of care we need for the future.

Jenny Mikakos MP

Minister for Health

The Inquiry into perinatal services

The Inquiry into perinatal services (the inquiry) was established to examine the safety and quality of Victoria's perinatal services.

The Family and Community Development Committee undertook the inquiry with broad terms of reference, and with a focus on pregnancy, labour, birth and the first year of life. The committee consulted widely, with 90 witnesses and 104 submissions from the health sector, non-government organisations and community members.

While the committee concluded that Victoria's perinatal service system generally offers high-quality care, there are also gaps that must be addressed including:

- access to high-quality care, especially for some regional and rural communities, Aboriginal women and families, and women and families from culturally and linguistically diverse backgrounds
- for some women and families, disjointed care that is unable to respond to unique needs, including mental health care during pregnancy
- perinatal workforce shortages including midwives, general practitioners and mental health clinicians.

These findings, along with the valuable insights provided by witnesses and through the submission process, are welcomed by government and will inform ongoing work to build the system of care we need for the future.

Victoria's perinatal service system

With over 77,600 births in 2017–18, we expect this to increase to at least 90,000 by June 2027 (an annual average growth rate of about 1.4 per cent in the coming decade). Over this time, our public maternity services will manage at least an additional 9,500 births, with hospitals like Sunshine, Werribee, Northern and Casey supporting rapidly expanding communities in the western, northern, and southern metropolitan areas, and strong growth in demand.

Victoria's network of 54 public maternity and newborn services means, that for most women and families, maternity and newborn care is provided close to home. Implementation of the *Capability framework for Victorian maternity and newborn services* establishes agreed levels of care for each service, enabling clinicians, women and families to plan care with a shared understanding of their local service capability.

Supporting a network of community-based mental health services are infant and baby units in six health services across metropolitan and regional Victoria. These units provide residential multidisciplinary care for women experiencing serious mental illness in the perinatal period. Furthermore, families with complex parenting concerns are referred to early parenting centres which deliver a suite of intensive, specialist residential, day-stay and home-based early parenting clinical services.

Fourteen Koori Maternity Services across metropolitan and rural Victoria continue to deliver tailored, flexible care that builds on the wisdom of Aboriginal culture, with about 75 per cent of Aboriginal women birthing in Victoria now accessing these services during pregnancy.

Our network of maternity and newborn services is supported by the Paediatric Infant Perinatal Emergency Retrieval (PIPER) service, our 24-hour statewide advice and retrieval service for pregnant women, babies and children with serious medical problems. This world-class service means that clinicians across Victoria can always access specialist advice and support, and that women birth where it is safest for them to do so. Each year the service facilitates the transfer of about 1,500 babies and about 800 pregnant women who need urgent and specialist care.

Maternal and child health services are provided in each of Victoria's 79 local government areas, ensuring women and their families continue to receive health, wellbeing and child development support following the birth of their baby. With a focus on child growth, learning, development and parenting skills, about 80 per cent of all new parents continue to access maternal and child health services through their baby's first year. A 24-hour phone advice service ensures families always have access to expert advice, and in 2017-18 the advice line managed nearly 99,000 calls.

Monitoring, measuring and reporting on the safety and quality of our state's perinatal services is a long-standing commitment for Victorian governments. In 2016 Victoria recorded a perinatal mortality rate of 8.8 per 1,000 births, the lowest in 16 years and one that included a reduction in perinatal mortality rates for babies born to Aboriginal mothers.

The *Perinatal Services Performance Indicators* (PSPI) measure and report health service performance against a set of agreed outcomes for maternity and newborn care. Annual reporting against these outcomes enables health services to benchmark against like hospitals, share good practice and drive improved outcomes for women and babies. Recent PSPI results indicate steady or slight improvement in performance for most indicators. These results align with the most recent Victorian Health Experience Survey data which also indicates that most women's experience of care is positive, with over 90 per cent of women rating the care they received in a public maternity service as 'good' or 'very good'.

Victoria is also contributing to development of a National Strategic Approach to Maternity Services. An overarching national approach will support and strengthen Australia's high-quality maternity care system, working towards further improvements in line with contemporary practice, research and international developments.

Our priority actions

While our perinatal service system continues to provide the foundation for high-quality care we need, work is underway to safeguard and strengthen our system for it to continue to meet the needs of Victorian women, their babies and families going forward.

Government is already leading a range of improvements to address key findings identified by the Family and Community Development Committee including: bringing together the maternal and child health systems for stronger connections across the maternal, newborn and child health services; establishing Safer Care Victoria to provide leadership to our public health system and drive improvements in the delivery of clinical care; and growing early parenting services and support available to families.

These changes and improvements are supporting our work to deliver safe and high-quality care across the following key action areas:

- better access, experience and outcomes
- an integrated and coordinated system of care
- an enabled, responsive workforce.

While these actions will see the intent of many inquiry recommendations addressed over time, we will continue to review findings of the committee, working with the community, health services and community service organisations to further consider how the recommendations continue to inform our commitment to improve perinatal services.

Together the actions, broadly focus on:

- better access to high-quality care, especially for some regional and rural communities, Aboriginal women and families, and women and families from culturally and linguistically diverse backgrounds

- improved care continuity and service flexibility to meet the individual needs of women and babies, especially those with additional needs, including mental health care during pregnancy
- a strengthened perinatal workforce with action to address current shortages including midwives, general practitioners and mental health clinicians.

Better access, experience and outcomes

Across public hearings and in submissions to the committee, our community, services and clinicians shared their experiences and knowledge regarding the importance of care and support close to home for women, their babies and families. With local access to services a key theme of the inquiry findings, recommendations also emphasise the importance of cultural safety and responsiveness for Aboriginal women and families, and women and families from culturally and linguistically diverse backgrounds.

We know that demand for services across Victoria is changing, and that for some women and families the challenges they face through pregnancy and in the year that follows are greater and more complex.

As communities in our metropolitan growth corridors and key regional centres continue to grow, we are responding to an increase in service demand for maternity and newborn care with:

- the new Joan Kirner Women's and Children's Hospital to open this year
- opening of a new maternity service at Djerriwarrh Health Service in October 2018
- opening of the new Monash Children's Hospital in March 2017
- opening of the new Bendigo Base Hospital in January 2017.

While these investments are delivering critical new capacity to our system, we know there is more to do to build and strengthen the services women and families need in our local communities. This investment and work is a priority for the Victorian Government and we are committed to:

- improving nurse and midwife to patient ratios
- transforming the Geelong Private Hospital site into a women's and children's hospital
- redevelopment of the Frankston Hospital including expansion of child and maternal health services (a new maternity ward, women's clinic, paediatric ward and special care nursery) to meet growing demand as more young families move to Melbourne's south-eastern suburbs
- investing \$62.4 million to create separate children's emergency departments at five Victorian hospitals: Geelong, Maroondah, Frankston, Casey and Northern hospitals.

With new and expanded services, we have also increased funding to our network of existing maternity and newborn services experiencing demand growth. Between 2014–15 and 2018–19 health services providing planned maternity and newborn care have received an average annual increase in funding of about 6.4 per cent. This funding is supporting services to manage changing demand, including specialist newborn care. As demand for level 6 or intensive newborn care steadies at less than four per cent of all babies born, demand for level 3-5 or special newborn care is growing. With an additional 16 level 3–5 special care nursery cots established since 2016-17, these cots are enabling more babies who need specialist care to stay closer to home or return home sooner, following a period of level 6 newborn care in Melbourne.

While demand increases through our metropolitan growth corridors, for most rural communities demand is slowing. Maternity and newborn capability levels mean that health services maintain the requirements for safe and high-quality care at an agreed level. While capability levels support service system transparency and quality assurance, the development of maternity and newborn regional operating networks is also underway. Led by regional level 5 maternity services, operating networks are strengthening connection between services for regional pathways of care with a focus on regional service planning, improved access to services including for Aboriginal and culturally and linguistically diverse women and their families, specialist advice and support through telehealth.

Like demand, the complexity and care needs for Victorian women and families are also changing. As these changes take place we are growing our resources and support for clinicians – like the Safer Care Victoria Maternity and Neonatal e-Handbooks, expanded access to telehealth and development of statewide referral criteria for specialist level 6 maternity care.

The development and implementation of governance training and support for boards, executives and clinicians is building governance capability. With the implementation of statewide and local maternity service dashboards, this training is providing the skills and capacity for local services to monitor, in near 'real-time', key outcomes for women and their babies.

Each year, the performance of maternity and newborn services is measured against a suite of outcome indicators published in the PSPI report. With ten new indicators developed and tested since 2014–15 and the inclusion of data on private hospitals since 2015–16, the PSPI report continues to strengthen the transparency of outcomes achieved for women and babies across our maternity and newborn system. Inclusion of two patient experience indicators in 2016–17 focus on women's involvement in decisions regarding their care and on the consistency of breastfeeding advice. Both indicators are designed to support health services monitor their delivery of woman-centred care – especially their work to support women to make informed choices.

Maternity and newborn service system improvement is occurring alongside similar investment and reform in the system of services and support for families during their child's early years.

As part of the \$202 million committed to deliver *The Education State Early Childhood Reform Plan: Ready for kinder, ready for school, ready for life* (the reform plan) in the 2017–18 budget, \$81.1 million was committed over four years to expand enhanced maternal and child health services. Initiatives under the reform plan are already underway, and when fully implemented in 2021, the enhanced program will offer an average of 20 hours of service support to 15 per cent of families with increased risk or vulnerability. Implementation will also see an additional maternal and child health nurse consultation for families at risk of, or experiencing, family violence. Statewide expansion of supported playgroups is also underway, providing approximately 750 new supported playgroups. Our maternal and child health nurse line will also be expanded to take an additional 20,000 calls per year.

Our support of Victorian families is again reflected in our commitment to provide \$232.2 million for a comprehensive package of new parent and early childhood supports. This new investment will include:

- building seven new early parenting centres providing access to day and residential stays and extra support at home for more than 4,500 Victorian families every year
- providing a 24-hour phone line with specialists in sleep and settling issues
- boosting the number of home visits for vulnerable families, with 7,000 families getting more support and advice about newborn sleep
- increasing the number of first time parent group sessions, with a focus on sleep and the transition to parenthood
- a 'Baby Bundle' containing essential baby products and information focused on safe sleeping, feeding and healthy development for 35,000 first-time parents
- first aid training for around 26,000 parents each year
- payroll tax exemptions to encourage more employers to offer paternity leave.

In addition, a website providing practical information about babies through to school-aged children, for Victorian parents and carers, has recently been launched (www.parenting.vic.gov.au).

Culturally safe and responsive care makes a difference to health outcomes for Aboriginal women, their babies and families, and is a priority for government. With the voices of Aboriginal people at its heart, the *Victorian Aboriginal Affairs Framework 2018-2023* (the framework) sets out goals, objectives and measures to deliver stronger outcomes for and with Aboriginal Victorians.

Released in 2017, *Korin Korin Balit-Djak* builds on this framework to deliver a ten-year Aboriginal health, wellbeing and safety strategic plan (2017–2027). Like the framework, the plan outlines how Aboriginal people, Elders and communities will lead our work to improve the cultural safety of health care – we have begun this critical work.

Initiatives like Healthy Happy Beginnings, part of the Bridging the Gap research program at Murdoch Children’s Research Institute, are building our understanding of how to improve our care for women and families from culturally and linguistically diverse backgrounds, especially for those women with long experiences of trauma and dislocation.

An integrated and coordinated system of care

A wellness model guides the provision of maternity, newborn and early parenting care in Victoria. This means that our approach is holistic, flexible and tailored to meet the needs of women and families.

This approach is sound and must continue to be strengthened. In its findings the committee emphasised the impact of care continuity on the experiences and outcomes for women and their families, for example, joined up care across pregnancy and the postnatal period, improved support for breastfeeding mothers and early support for women facing mental health problems through the perinatal period. These important findings and experiences shared with the committee by women and service providers will continue to inform our actions to provide more integrated care.

Implementation of *Roadmap for Reform: strong families, safe children* is guiding our work to redesign how families will receive the services and support they need, especially where risk and vulnerability is emerging or escalating. Our work is focussed on what makes a difference for families – partnering with a primary carer to build flexible packages of care.

We know that early help makes a real difference for women and families experiencing disadvantage, mental illness or family violence, and that we can more effectively use the early connection points women and families have with our system, including antenatal care, to provide early help. Further, in its final report, the committee highlighted the need for vulnerable families to be provided with early contact with a maternal and child health service during the antenatal period.

That is why we have committed to expanding enhanced maternal and child health services that, when fully implemented, will see an additional 25,000 families each year receive flexible support and interventions that can begin in pregnancy and continue until their child turns three. Healthy Mothers, Healthy Babies and Cradle to Kinder programs have also been expanded to ensure that, where additional needs and vulnerability are identified, women and families have access to the right services and support earlier.

We are also continuing to work across government to progress implementation of the Royal Commission into Family Violence recommendations. The establishment of Support and Safety Hubs is underway across five sites in the Barwon, Bayside Peninsula, Mallee, Gippsland and North Eastern Melbourne areas. The hubs help women, children and young people experiencing family violence as well as families who need support with the wellbeing and development of their children. They help connect people directly to services and provide a coordinated response to a range of different needs and, where required, a whole-of-family response including holding perpetrators to account.

Universal services have an essential role in identifying and providing first response to people at risk of, or experiencing, family violence. Since 2015 we have been implementing the Strengthening Hospitals Response to Family Violence initiative. This initiative is equipping all hospital staff with the skills and tools to identify and respond to family violence in a sensitive manner. Implementation of routine screening for family violence is also underway in public antenatal services and will see more women provided the opportunity to be connected to the right services and support. Funding and training within Victorian health services will be expanded to identify, respond to and support patients experiencing family violence with compassion and respect.

About one in 10 women experience mental illness during the perinatal period, and for a very small number of women, this experience is one of serious and acute mental illness. The critical role of early sensitive care for women experiencing mental health problems during the perinatal period was highlighted by the Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM) in the *Victoria's Mothers, Babies and Children 2016* report. The 2017–18 State Budget secured approximately \$6 million ongoing funding for perinatal mental health services in Victoria. This investment is providing more women and their families with the mental health care and support they need during pregnancy and in the months that follow. It also means that Victorian women can more easily access the care coordination services provided by Perinatal Anxiety and Depression Australia (PANDA); however, there is more to do. Preparation for the Royal Commission into Mental Health is well underway, and a commitment to implement its recommendations will improve mental health care and support for all Victorians.

An enabled, responsive workforce

A skilled and competent workforce provides the cornerstone for our perinatal service system. As highlighted by the committee our workforce must also be sustainable with more action and investment to address the current workforce shortages.

Since 2016, Safer Care Victoria has been partnering with consumers, clinicians and health services to support continuous improvement in health care. Renewed clinical networks, with increased clinical engagement and oversight, have seen implementation of key safety and quality initiatives. For the maternity and newborn clinical network this has seen the implementation of a range of training and education initiatives for frontline midwives and nurses, including fetal growth restriction and decreased fetal movements.

Longstanding support for rural and regional medical practitioners continues with ongoing assistance for regional and rural clinicians undertaking specialist training in obstetrics, anaesthetics, emergency medicine and general surgery. The General Practitioner–Rural Generalist training program supports the training of rural general practitioners to develop and maintain the clinical skills they need to meet the needs of their local community.

We are establishing a new Nursing and Midwifery Workforce Development Fund that will see training programs expand, more upskilling available to current midwives and nurses and more support for non-practising nurses and midwives to re-enter the workforce.

As we work to support the skills, knowledge and training pathways for midwives and nurses, our commitment to deliver stronger nurse and midwife to patient ratios will mean more midwives caring for women during birth and more nurses caring for babies requiring additional care.

Led by the Royal Women's Hospital, rural and regional mortality and morbidity committees are ensuring that all cases of maternal and perinatal mortality and selected morbidity receive high-quality review. With expert clinical leadership, implementation of standardised mortality and morbidity review processes and improved data sharing, the committees are strengthening clinical practice and reducing avoidable harm to women and babies. The committees' work continues to be supported by the 2016–17 State Budget which delivered \$2.6 million for maternity and newborn emergency training for rural and regional services providing level 2 to 4 maternity care and improved fetal surveillance policies, training and review processes.

A more integrated system of care will also support clinicians to better identify and care for women and families experiencing risk and vulnerability. Through 2018 this work has included implementation of a trauma informed practice professional development program for all maternal and child health nurses, equipping them with practical skills and knowledge to identify, assess and respond to early relational trauma within families they support. It has also seen the release of the *Enhanced Maternal and Child Health Program Guidelines* to support consistency of practice and service provision.

Due for release early this year, the new *Aboriginal Cultural Safety Framework for Health and Human Services* will guide our work to build and make strong the cultural safety of our hospitals and community-based services for both Aboriginal people and staff.

Our work to improve the cultural safety training available to public maternity and newborn services will continue, in partnership with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and Koori Maternity Services.

Established under *Roadmap for Reform*, the Aboriginal Maternal and Child Health Initiative (AMCHI) is also improving outcomes for vulnerable Aboriginal families. Co-designed with Aboriginal communities, nine AMCHI trial sites were established in 2017 to build culturally responsive and tailored maternal and child health services through existing service providers. Learnings from the trial will inform expansion of the initiative in 2019, growing connection across our system of maternity and newborn care and early parenting support.