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HCCA Submission to the Draft National Maternity Services Framework

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Background

The Health Care Consumers' Association (HCCA) provides a voice for consumers on local and national health issues and also provides opportunities for health care consumers in the ACT to participate in all levels of health service planning, policy development and decision making. HCCA involves consumers through consumer representation, consultations, community forums, and information sessions about health services and conducts training for consumers in health rights and navigating the health system.

In 2008, State and Territory Health Ministers endorsed the Australian Charter of Healthcare Rights. The Charter was developed by the Australian Commission for Safety and Quality in Health Care and applies to all people receiving, seeking or delivering health care in all settings in Australia. The Charter was adopted in the ACT in December 2009. HCCA believes that a shared commitment to the Charter will improve the safety and quality of health care for all consumers. It is with reference to these rights that the HCCA has developed its response, with input from our membership, including HCCA's Maternity Services Consumer Reference Group, to the COAG Health Council's Consultation on the Draft National Maternity Services Framework.

General comments

Overall, HCCA consumers felt that the Draft National Framework for Maternity Services appears to be strong in its vision, values and principles, and recognises the importance of equitable access to woman-centred, culturally safe, evidence-based care. The framework approach gives a more flexible model for service delivery planning than a more prescriptive services plan, which may not necessarily recognise and reflect the different challenges faced by individual communities and jurisdictions. As such, the framework could be used to underpin the development of both jurisdictional and local maternal health services.

> *"One of my personal concerns over a number of years is the 'medicalisation' of childbirth. While recognising the importance of excellence in specialist medical care when required, the increased levels of intervention over recent years rather than a focus on more general improvement in the broader social determinants of health, maximising access to appropriate care and services and supporting women in making informed choices about their perinatal care continues to be of concern. I believe that this framework is seeking to go some way to reversing that trend and welcome this".*
>
> *(HCCA Member)*

While we appreciate that this Framework provides more flexibility for governments there is also a downside to having such a high level, principle based document. We do not get a sense of what will happen to address the decline in achievement against a number of the indicators from the National Maternity Services Plan and this Framework does not put forward a way to correct this trend.

The Australian community organisation *Safe Motherhood for All*[1] identifies motherhood as a justice and human rights issue for women and the broader community. The organisation calls for maternity care that is comprehensive, participatory and rights based using evidence-based best practice. It promotes:

- The value of safe motherhood to society.
- Australians working collaboratively to improve the health and wellbeing of women and children in the region and at home.
- Respectful services informed by the social determinants of health and founded on the principles and practices of primary health care and community development.
- Acute interventions that are timely, appropriate and focused on the needs of women.

The *Safe Motherhood for All* position statement on respectful maternity care[2] identifies seven rights of childbearing women. Whilst worded differently, HCCA is pleased to see that the Draft National Framework for Maternity Services vision, values and principles reflect a number of these rights. There could, however, be a stronger emphasis on human rights throughout the framework.

Specific Issues

Scope & Approach (Section 1) & Background (Section 2)

The Scope and Approach to developing the Framework, as well as the Background section looking at data around maternity services in Australia, set the context in which this work sits. We note the following specific issues from these sections:

- The definitions on p3 need to include ‘Maternal’ as this term is used in Figure 2 (p12).
- A governance structure is outlined under 1.2 (p8) – For ease of reading and improved understanding, we suggest this governance structure be put into a diagram showing the hierarchy.

[1] Details on Safe Motherhood for All can be found here: http://www.safemotherhoodforall.org.au/ (accessed 12/04/2017)

[2] The Safe Motherhood for All position statement on respectful maternity care can be found here: http://www.safemotherhoodforall.org.au/position-statements/respectful-maternity/ (accessed 12/04/2017)

Maternal Mortality Rate (Figure 2)

The purpose of, and data in, this chart (p12), as well as the discussion around it, is very confusing. A consumer commented that:

> *"This whole paragraph is confusing and the figure is unclear to me as a consumer. Is all this data about the mother as the title suggests? The title of the figure says maternal mortality but my understanding is that in the figure, 'perinatal' refers to death of a baby. The key should be clear with 'perinatal mortality' and 'maternal mortality' or change the heading. Also, some clarity about the data should be given as to the definitions used for these deaths (as per the AIHW report, p38). It would be more accurate to also include the figures as a comparison by year instead of just using the latest data available and comparing that to current data".* *(HCCA Member)*

This confusion also extends to Section 4.2 (Other maternal and perinatal data measures) and how perinatal mortality is to be defined.

We note that the comparison is made in the chart using perinatal data using "no. deaths per 1,000 total births", while maternal data is expressed as "no. deaths per 100,000 live births". We suggest that on this basis, it might be more appropriate to split this data into two separate charts, perinatal and maternal.

It is concerning that Australia's perinatal death rate is the second highest amongst the OECD countries with which it is compared. If, as the text around Figure 2 suggests, there is so much variability in data definitions between OECD countries as to limit the comparability of data, this could be explained in a little more detail. One consumer commented:

> *"I found it concerning that the OECD data showed that Australia's perinatal death rate is so high in comparison with other OECD countries and wonder why that is the case. I assume that there is research underway to try to determine the reasons for this and to try to improve this and other outcomes".* *(HCCA Member)*

The Framework (Section 3)

The importance of a broad collaborative approach to maternity care is reflected in Section 3.3 of the Framework (Key Framework Linkages), identifying a broad range of other frameworks and strategies with which the Draft National Framework for Maternity Services intersects and/or interconnects. This recognises the fact that ensuring safe motherhood and child development requires engagement across all sectors, not just health. In noting this there is little guidance within the document about how this improved collaboration with women themselves and the wider range of services might be achieved. More detail in this area could further strengthen the framework.

As a consumer organisation advocating for systemic change, HCCA would like to emphasise the importance of collaboration, as discussed at p30 of the Draft National Framework for Maternity Services. Working together with women and communities in developing maternity services will help to ensure they can meet both individual and community needs.

Key Framework linkages (3.3)

There are four key documents that we believe are missing from this framework.

Australian Safety and Quality Framework for Health Care (2010) Australian Commission for Safety and Quality in Healthcare [3]

Consumers expect care that is of high quality and is safe. This relates to the appropriateness of interventions and the need for good health information to make informed decisions. Consumers have been the drivers of many reforms around quality and safety and HCCA would like maternity services to be considered within the Australian Safety and Quality Framework for Health Care consumer centred, driven by information and organised for safety.

National Safety and Quality Health Service (NSQHS) Standards (2012) Australian Commission for Safety and Quality in Healthcare[4]

The NSQHS standards were developed to improve the safety and quality of healthcare Australia. They focus on those areas of preventable harm. The standards provide a nationally consistent statement of the level of care consumers can expect from health service organisations and apply to maternity services.

National Statement on Health Literacy (2014) Australian Commission for Safety and Quality in Healthcare[5]

The National Maternity Services Capability Framework mentioned on p.18 identifies four component for planning maternity services. These are very provider focussed. What about a woman who is well informed? Health literacy

[3] https://www.safetyandquality.gov.au/national-priorities/australian-safety-and-quality-framework-for-health-care/
[4] https://www.safetyandquality.gov.au/wp-content/uploads/2012/01/32296-Australian-SandQ-Framework1.pdf
[5] https://www.safetyandquality.gov.au/wp-content/uploads/2014/08/Health-Literacy-National-Statement.pdf

and consumer empowerment are important factor that impact the safety of maternity services and need to be acknowledged more in this national framework. A stronger link to the national statement would assist with this. The work of the Australian Commission for Safety and Quality in Healthcare found that the potential for increased health literacy of consumers, staff and services to not only improve the safety and quality of health care, but also to reduce health disparities and increase equity Health literacy is also being strengthened in the Second Edition of the National Standards, dur to be launched alter this year.

National Preventative Health Strategy. Australia: the Healthiest Country by 2020 (2009) Australian Government

While there is a reference to the strategy on page 21, this is a significant document that needs to be included in this section and the linkages between the documents strengthened.

The Principles (3.6)

In general, we support the seven Principles outlined in this section. We note the following specific comments:

- Woman-centred (p17) – we suggest highlighting the importance of services being able to provide an environment where the partner and family can be involved. A woman can decide she wants her partner there 24/7, but the hospital may not have facilities for that to happen. We would like to see a principle that states services will deliver care as close to home as possible.
- Safe, high quality maternity care (p18) – The second paragraph should use ‘affected’ not ‘effected’, and the third paragraph could use 'has' rather than 'have'. In the fourth paragraph, we suggest again the importance of highlighting the need for facilities being suitable to include partners/families as per the wishes of the woman, as a part of high quality care.
- Equity (p19) – We suggest that the second paragraph should include women with disabilities and/or chronic health conditions.
- Collaboration (p19) – While this says collaboration, it does not sufficiently emphasise the importance of the continuity of care for the woman. It should highlight the value for women in having the same midwife or obstetrician.

Values (3.5) and Principles (3.6)

There seems to be reasonable crossover between the Values and Principles. For example, the value of “Excellence” includes a commitment to evidence-based practice. This also relates to the principle of “Safe, high quality maternity care”. Rather than developing values and principles specific to this particular framework, we suggest using the *Australian Charter of Health Care Rights* as the foundation. That way the national Framework would be consistent with a preeminent national documents that relates to all health services. This would ensure better alignment

between strategic documents, and reduce the number of documents that consumers and staff have to deal with.

Vulnerable women

It is important to recognise that language is not the only barrier to effective maternity care for women with culturally diverse backgrounds. They are equally likely to have different views and beliefs about maternity practices. The paper recognises that there may be particular needs of women from CALD backgrounds, but similar attention also needs to be given to women with disabilities. The framework does not address the specific needs of women with disabilities[6]. These women also have babies and their particular requirements need to be addressed in this document.

Informed Choice

Health practitioners need to respect a woman's choice of prenatal, antenatal and postnatal models of care, and support the mother once her decision has been made. It is equally important that the mother is enabled to make an informed decision based on unbiased and accurate information. Along with the safety of the mother, these need to be the primary concern of maternity service providers. Although our members have expressed a range of views as to their preferred model of maternity care, the importance of choice and informed decision-making has been consistently emphasised.

Shared care

While the Framework is a high level, principles-based document, it is agnostic on models of care. In particular, it does not mention shared maternity care and we believe this is a deficiency. Shared care is a popular option of care for healthy women with a normal pregnancy.

Key Risk Factors (3.7.3)

The focus on the early identification of, and strategies to address, preventable risk factors is a positive arm of the framework and is an area where multidisciplinary and cross-agency collaboration can be of particular benefit to consumers. We note the following specific comments from this section:

- Under 'Antenatal screening' (p22) – the first paragraph should emphasise that the plan of care is agreed with the woman and that she understands it.
- Under 'Alcohol and other drugs (p23) – we suggest that a wider public health strategy should be a preventative campaign to inform women of these risks before they are pregnant. A consumer commented:

  "Investment could be made into campaigns like Pregnant Pause[7] that encourage other family members to support the woman by also not drinking during her pregnancy. This may reduce feelings of social exclusion". *(HCCA Member)*

[6] http://wwda.org.au/wp-content/uploads/2013/12/parentingpolicypaper09.pdf
[7] Details on Pregnant Pause can be found here: http://pregnantpause.com.au/ (accessed 12/04/2017)

- We suggest that women need to be informed of the risks of Fetal Alcohol Spectrum Disorders (FASD) in addition to the more obvious risks such as low birth weight and birth defects. The longer term impacts, such as developmental issues later in life, could also be covered.
- Under 'Nutrition' (p24) - Advice needs to be included here as to who is responsible for addressing nutrition. Is it the GP? Or the woman's midwife? We suggest that referral to nutritionist is important if assessed to be at high risk. At the minimum, women could be advised on where to seek help if they have concerns about their diet and/or nutrition.
- Under 'Chronic conditions' (p26) – The action required for this to happen is unclear. There is a framework for chronic conditions, but it does not address pregnant women specifically. We suggest this include collaboration and ongoing communication with the woman's specialist or GP in relation to their chronic condition.

Key enablers (3.8)

Consumer Participation

We see an opportunity to recognise consumer participation as a key enabler of the vision. While this is implied in a number of the enablers, we think it warrants inclusion here, especially given the national focus on partnering with consumers in the NSQHC standards,. A number of the points made on p.30 under the "Communication and Information" would be better suited to consumer participation. For example: paragraphs two and three on p.30

Specific comments

We have a number of specific comments relating to terms used or phrasing:

- "Health literate interpreters" – This is confusing. We appreciate what you are trying to convey but think this is unnecessarily confusing when there the concept of health literacy is increasingly being used in the health services.
- "Birthing safety is not absolute" (p.18) – We believe the point trying to be made here is that risks are inherent in health care, and this applies to maternity services. Things can go wrong! HCCA agrees and would like health care consumers to understand this fact. However, the term needs to be elaborated.
- "Safe and service networks" (p.18) – We are unsure as to what this means.
- "Affordable" – On page 20 the principle relating to the sustainability of the health system is the first occasion that affordability is mentioned. This needs to be expanded. To what does this affordability apply (e.g. women accessing care, taxpayers, private health insurers, private hospitals, state government and public hospitals)?
- Eunice Kennedy Shriver National Institute of Child and Human Development – Why has this institute been cited? Are they recognised as leading the work in this area? We think you either need to explain why they are mentioned or refocus the sentence on the factors and reference the institute.

Concluding remarks

Please do not hesitate to contact us if you wish to discuss our submission further. We would be happy to clarify any aspect of our response.