

# Maternity Services Forum 2016

Final Update - June 2019



# Maternity Services Forum 2016

Four action groups have made significant progress in improving public maternity services associated with the four key themes identified at the Maternity Services Forum 2016.

Search for 'Maternity Services Forum 2016' at [clinicalexcellence.qld.gov.au](http://clinicalexcellence.qld.gov.au) for previous updates.

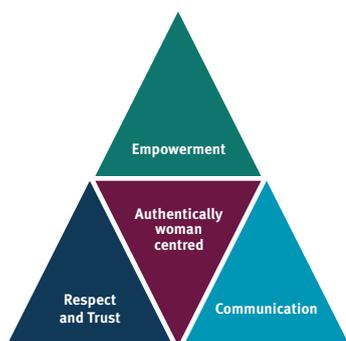
## Maternity Services Action Group 1

### Collaborative leadership culture

This group focused on fostering and embedding an empowering, collaborative and accountable leadership culture that will sustain excellent woman-centred maternity care in Queensland public maternity services.

The first step for this group was to describe and define the aspirational workplace culture. This was achieved through a series of consultations, and culminated in this powerful visual representation of an ideal culture.

#### Elements of a desired/aspirational culture



#### Collaborative Leadership



The next stage of this work was to ascertain a baseline culture through focus groups and interviews with multiple stakeholders. A range of leadership and culture initiatives were designed to implement and review with the pilot maternity services sites at Sunshine Coast University Hospital, Rockhampton Hospital and Cooktown Hospital.

The following programs were tailored to promote multi-disciplinary collaboration to support authentic woman-centred care within a maternity service:

#### **ALICE: Woman-Centred Care Program for all Maternity Service Team Members**

ALICE is a woman-centred care program giving clinicians the opportunity to further develop their collaborative leadership capability and provides tools and support to increase their effectiveness. The program supports team members to increase their skills in working collaboratively with all professional groups in the interest of authentically woman-centred care.

A total of 25 cohorts (two-day workshop) have been delivered to Central Queensland, Central West, Darling Downs, Mackay, Metro South, North West, Sunshine Coast, Torres and Cape, and Townsville Hospital and Health Services (HHSs).

#### **Leading for Excellence in Woman-Centred Care Program for Maternity Unit Managers and Team Leaders**

Leading for Excellence in Woman-Centred Care (LEP) aims to assist maternity leaders in meeting the challenges they face in successfully operating and leading a maternity service. The workshop explores practical strategies and approaches to building a positive, resilient and collaborative working environment.

Eight cohorts of LEP have been successfully delivered to Darling Downs, North West, Mackay, Sunshine Coast, Central Queensland, and Torres and Cape HHSs.

The resources have been modularised and are expected to be available for HHSs to deliver at a local level by July 2019.

#### **Hogan Insight Series for Medical and Midwifery Leaders**

The Hogan Insight Series included an assessment and debrief for leaders within maternity services to gain a deeper understanding of their strengths and explore potential barriers to success.

Used as an individual feedback tool with specialised one-on-one coaching, the Insight Series provides participants a deep analysis of their leadership capability, preferences and the self-awareness needed to perform effectively with a focus on delivering best practice woman-centred care.

This was delivered to key executive and senior leaders in Cooktown, Rockhampton and Sunshine Coast maternity services. There were high levels of staff engagement and participation at the leadership and culture programs.

#### **Feedback from participants included:**

"Please sustain this program for future years"

"Fantastic initiative that should be given to all HHSs. All nurses/midwives and others could benefit from this. Thank you for the professional growth provided today"

"Would be great to see program continue – it is what's been missing in the maternity unit for years"

"Excellent course. Very practical, I will definitely be able to apply learning from this course in my workplace"

"I absolutely loved this program. I would recommend it to all health professionals to carry out. It has provided me a different perspective on the working environment and also how I work and colleagues' differences"

A mentoring toolkit has also been developed to assist maternity services with coordinating their own mentoring partnerships or program and is published on the Queensland Health intranet for local services to access.

In addition, maternity services scenario videos have been filmed which demonstrate effective communication in the multidisciplinary team. The videos are available on the Queensland Health intranet.

# Maternity Services Action Group 2

## Identification and management of risk in pregnancy

This group explored how to improve the identification and management of risk, from the antenatal period through to labour and birth and the postnatal period.

### Antenatal care

To assist in identifying best practice antenatal education a [systematic literature review](#) was undertaken, which identified 13 recommendations for content, development and delivery of antenatal education programs.

On 26 April 2018, a statewide workshop with a focus on antenatal education, which was the first of its kind, was held.



Antenatal Education Workshop attendees

This workshop brought together 56 stakeholders, including 38 clinicians from 20 facilities across the state to share their experiences of providing antenatal care, and to discuss the recommendations arising from the literature review.

As a result of the workshop a 14<sup>th</sup> recommendation was developed and suggested actions were identified to support HHSs to meet all recommendations.

The antenatal education workshop was very well received, with overwhelmingly positive feedback.

### Feedback from participants included:

“Opportunity to work face to face with other childbirth educators to discuss issues, reflect on practice and develop strategies to improve antenatal education. Great having consumer input also”

“Discussion with people from other hospitals and learning from them what works for them and whether it could be used at my workplace”

“Opportunity to collaboratively recognise and instigate the need for change”

“That we are identifying a need for a holistic approach in delivering antenatal care”

GLOW (Royal Brisbane and Women’s Hospital online antenatal education program for women) is also being reviewed and modified. GLOW will be made available to all women receiving antenatal care in Queensland public hospital maternity facilities with an expected completion date before the end of 2019. Facilitating statewide access to GLOW will ensure women (including those for whom literacy levels, cultural and linguistic, geographic or economic circumstances may be a barrier) have access to antenatal education via the internet early in their pregnancy journey.

### Supporting decision making for consumers

The group identified the need for a tool to guide women through the choices and decisions they have when navigating their maternity journey. Recognising that there is an abundance of information available and key timepoints for decisions, the My Maternity Decisions website (MMD) is under development with an expected completion date before the end of 2019. The MMD is an online resource designed for women to help them think about their pregnancy choices, and to make decisions about their maternity care based on their own individual preferences and circumstances. The resource identifies decisions a woman may need to make before getting pregnant, while pregnant, during labour and birth, and in the first few hours after her baby is born. It provides access to information to support informed decision making. Women will be able to record their choices and preferences so they can discuss them later with their doctor, midwife, support person or anyone else whose input they value. The MMD has had extensive consumer and clinical input.

### Supporting decision making for clinicians

1. A survey was undertaken seeking feedback from clinicians on the utility of clinical pathways, guidelines and risk assessment tools developed by Queensland Health. The majority of respondents stated they use the clinical pathways, guidelines, and tools without any modification and were happy with them. They were noted to aid in decision making and improve consistency and management of care across facilities. A report on the feedback, including suggested action items, was provided to the relevant program areas for their consideration.
2. To support clinicians to access the latest evidence, and where the HHS has agreed, the Queensland Clinical Guidelines’ desktop icon has been placed on Queensland Hospital clinical computers.
3. A webpage for ‘health professionals’ will be developed and included as part of the MMD website so women and care providers (including GPs) can access relevant guidelines, resources, evidence and decision support tools from one place. This page will also host a model policy template to encourage the use of best practice guidelines within HHSs.

### Identification of core maternity indicators for consumers and clinicians

A multidisciplinary Maternity Indicator Reference Group was established to review the existing clinical indicators and identify a core set. Through meetings and surveys, the key indicators were selected to assist reporting of maternity safety and quality measures at hospital level.



The selected indicators were further consulted on with consumers, clinicians, hospital administrators, the Primary Health Networks, Private Insurers and other industry stakeholders over the period October 2018 to January 2019 to determine their appropriateness for publication on the new interactive website announced by the Honourable Steven Miles MP, Minister for Health and Minister for Ambulance Services (the Minister).

#### **Supporting the decision to decline recommended maternity care**

Recognising that sometimes women decline recommended maternity care, a guideline with supporting resources has been developed to support both consumers and clinicians through what can be a complex process. The guideline and resources development was co-led by a consumer and clinician and included a high degree of clinician and consumer collaboration. A trial of the resources is underway in seven sites (Mt Isa, Rockhampton, Emerald, Maryborough, Hervey Bay, Thursday Island, Royal Brisbane and Women's Hospital) until August 2019. The draft resources include the Guideline, consumer information, and shared documentation forms for clinicians and women. The draft Guideline and feedback surveys are available on the Queensland Health Informed Consent internet site: [www.health.qld.gov.au/consent/html/pwdrmc](http://www.health.qld.gov.au/consent/html/pwdrmc)

A sincere thanks is extended to all involved in the development of this first-of-a-kind clinical guideline.

#### **Supporting reduction of adverse outcomes**

1. Funding to support Queensland's involvement in the Women's Health Australasia National Breakthrough Collaborative (the Collaborative) with the aim of reducing third and fourth degree perineal tears. Six Queensland sites participated in the Collaborative including Royal Brisbane and Women's Hospital, Gold Coast University Hospital, Sunshine Coast University Hospital, Roma Hospital, Mackay Hospital and Mater Mothers Hospital.

During the Collaborative, teams from each site attended three two-day Learning Sessions in October 2017, February 2018 and August 2018. The teams introduced a perineal tears bundle consisting of five evidence-based interventions aimed at reducing 3rd and 4th degree perineal tears. The teams were supported and coached by qualified Improvement Advisors, from Clinical Excellence Queensland, throughout the Collaborative in applying the Institute for Healthcare Improvement's Model for Improvement to achieve reliable and measurable delivery of the bundle to women.

2. The Scottish Maternity and Children Quality Improvement Collaborative, recently reduced stillbirth rates by 20% through a widespread introduction of a Saving Baby's Lives care bundle. A similar approach is proposed through a partnership between the Stillbirth Centre for Research Excellence (CRE), health departments and hospitals of Queensland, New South Wales and Victoria and key stillbirth advocacy organisations, the Stillbirth Foundation Australia and Still Aware. The evidence-based practices included in the proposed 'Safer Baby Bundle' (SBB) is expected to commence implementation in Queensland hospitals in Spring 2019.

# Maternity Services Action Group 3

## Models of care and workforce

This group focussed on identifying evidence-based models of maternity care to deliver improved outcomes for birthing mothers in Queensland and supporting Queensland Hospitals and Health Services to implement and transition to evidence-based models of care that represent contemporary maternity services.

To ensure that maternity models of care are based on the latest evidence, an Assessment and Best Practice Alignment Review was undertaken and literature report prepared. This report reviewed the latest literature on best practice models of care and identified benefits to women who are cared for under a continuity of carer model of care.

To support the HHSs transition to continuity of carer models of care, a Decision Making Framework (DMF) which provides service leaders and their partners with the resources needed to sustain or transition to this model has been developed and rolled out to HHSs.

The DMF and toolkit is available to all HHSs via a secure portal. The DMF is being developed for access on the Queensland Health intranet and is expected to be available by July 2019.

Rural services were involved in the development of the DMF and it was further informed through the Rural Maternity Taskforce consultations with representatives from rural sites. Only minimal additional inclusions have been identified and have been included for the online version.

For further information on the report and the associated decision making framework, please contact [ocnmo\\_MidwiferyQLD@health.qld.gov.au](mailto:ocnmo_MidwiferyQLD@health.qld.gov.au)



## Maternity Services Action Group 4

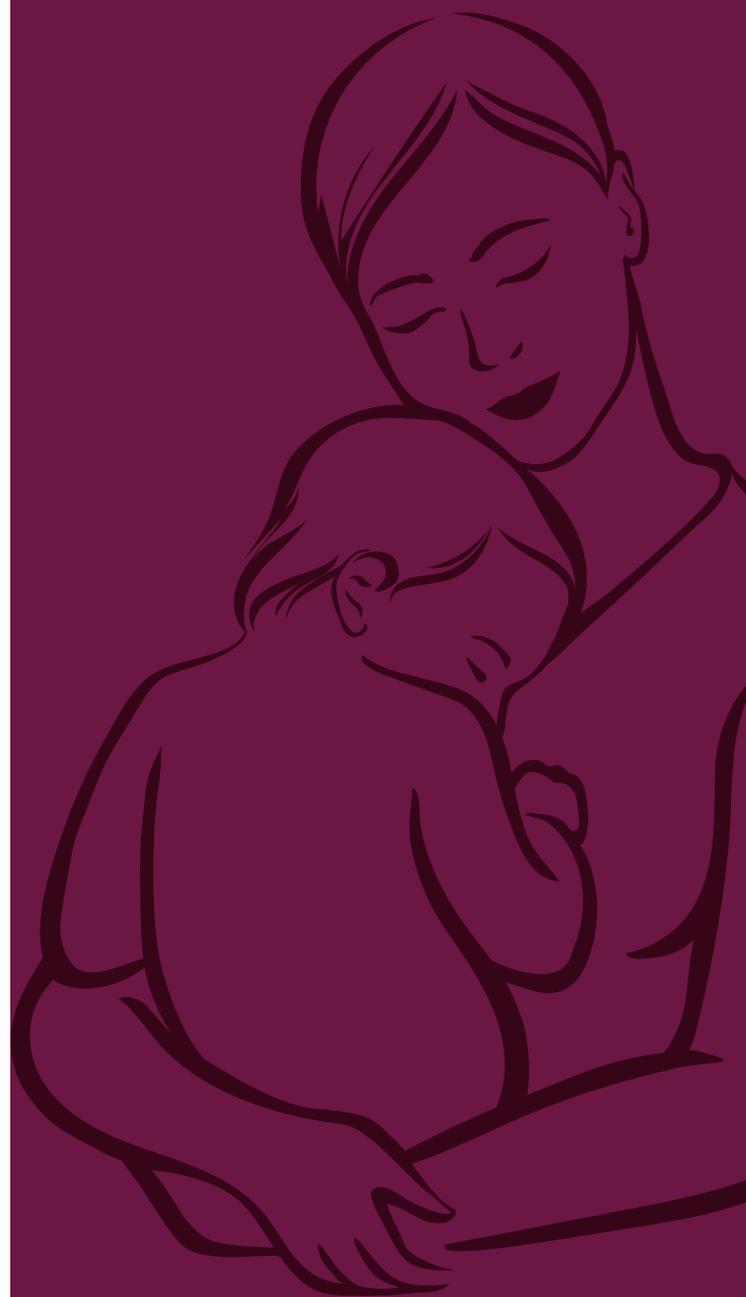
Aboriginal and Torres Strait Islander mothers, babies and families

The Growing Deadly Families Forum, held in August 2017, focused on the needs and expectations of Aboriginal and Torres Strait Islander women through the maternity journey and how these may be better met.

As a direct result of this Forum, a fourth MSAG was established to consider strategies for improving care for Aboriginal and Torres Strait Islander mothers, babies and families. This group, led by the Aboriginal and Torres Strait Islander Health Branch, included clinicians, policy makers, academics and consumers. The group worked with other key stakeholders to develop the Growing Deadly Families: Aboriginal and Torres Strait Islander Maternity Services Strategy. This draft Strategy is currently undergoing broad consultation with stakeholders across Queensland.

The draft Strategy proposes three key areas where the health system can best respond to ensure Aboriginal and Torres Strait Islander women and families can access culturally capable care throughout their maternity journey.

1. Maternity services for Aboriginal and Torres Strait Islander families are co-designed and delivered with community, in partnership with providers.
2. All women in Queensland pregnant with Aboriginal and/or Torres Strait Islander babies have access to woman-centred, comprehensive and culturally capable maternity care.
3. A culturally capable workforce means more Aboriginal and Torres Strait Islander people across all disciplines of maternity care.



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