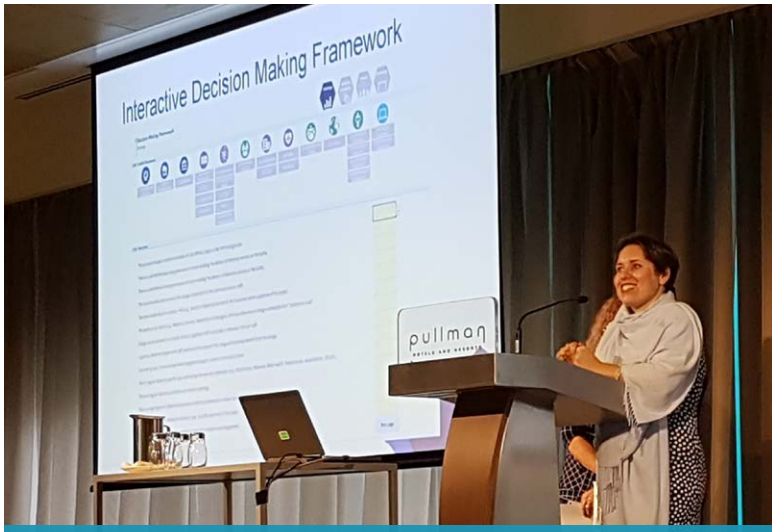
2019 Maternity Summit

The Maternity Summit (the Summit) 2019 was convened at the request of the Honourable Steven Miles MP, Minister for Health and Minister for Ambulance Services. The purpose was to share progress on actions and achievements arising from the 2016 Statewide Maternity Service Forum and present the deliverables of the Rural Maternity Taskforce.



Pictured: Bec Waqanikalou, Maternity consumer, Maternity Service Action Group presentation

The **2019 Maternity Summit** was held 18-19 June 2019 in Cairns and was facilitated by Dr Kelly Shaw.

Approximately 150 key stakeholders attended the Summit including a lead obstetrician, midwife and consumer from most Hospital and Health Services (HHSs), HHS Board Chairs, Chief Executives and senior executives, representatives from professional, consumer and industrial bodies, obstetric and midwifery academics, primary care, a broad selection of experts in safety, quality and governance, and interstate jurisdictional (New South Wales & Victoria) and national representatives.

Ms Henrietta Marrie AM opened the Summit with a traditional Welcome to Country, highlighting the importance of language and culture. A video displayed the local landscape and also told of the Boomerang story. These provided an insight into the Aboriginal culture of the Cairns region and in particular the Gimuy Walubara Yidinji people.

In his opening address, Dr John Wakefield, Deputy Director-General, Clinical Excellence Queensland highlighted the Summit as an opportunity to share ideas and experiences, communicate and collaborate, celebrate achievements of various improvements in maternity care, and explore opportunities going forward.

Day 1: 2016 Maternity Services Forum Progress

In response to concerns raised about a range of issues related to public maternity services, a Statewide Maternity Services Forum was held in November 2016 where four priority areas were identified for action:

1. Developing a collaborative leadership culture in maternity services
2. Improving the identification and management of risk in pregnancy
3. Models of care and improving sustainability, support and skills of the clinical workforce to support reliable care
4. Aboriginal and Torres Strait Islander mothers, babies and families.

Four Maternity Service Action Groups (MSAGs) were subsequently established to develop a Maternity Services Action Plan and progress its actions. The leadership of the MSAGs consisted of the 'four-legged stool' (consumer, midwife, obstetrician and general practitioner) and were chaired by Department of Health leads. Information on outcomes of the Maternity Services Action Groups, is available in the *Maternity Services Forum 2016: Final update – June 2019* at www.clinicalexcellence.qld.gov.au/priority-areas/service-improvement/maternity-service-improvement.

During the morning of day one of the Summit, six key initiatives from the four MSAGs were presented highlighting progress achieved and showcasing HHS implementation where relevant. An opportunity was provided after each presentation for questions, comments and discussion.

MSAG1 Collaborative leadership culture: ALICE

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 authentic woman-centred care. The two-day multidisciplinary program was developed following an extensive literature review to define aspirational culture, investigate background and influencing factors, and after site visits and consultations with multiple stakeholders. The program was piloted in Cooktown, Sunshine Coast University and Rockhampton Hospitals and further delivered to an additional six HHSs.

Discussions with summit delegates occurred around managing time away from the workplace and the need for the continuation of this program. This highlighted that workplace culture is important to improving outcomes and keeping consumers, GPs, obstetricians and midwives engaged.

MSAG2 Partnering with the woman who declines recommended maternity care

The aim of this project was to provide quality guidance, support and resources for consumer and clinician partnerships in the situation where a woman wishes to decline clinician recommended maternity care in Queensland Public hospital facilities. Key messages that arose from the project included:

1. The woman has the right to decline recommended maternity care.
2. The woman must not be denied access to maternity care because of their decision to decline recommended maternity care.
3. Good communication with the woman and between clinicians, the health care facility and the Hospital and Health Service (HHS) executive underpins high quality care in situations where the woman declines recommended maternity care.

The guideline and resources development were 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 until August 2019. The draft resources include the Guideline, consumer information, and shared documentation forms for clinicians and women.

Comments from summit delegates of maternity sites that are trialling the process and clinical documentation form stated that both instruments had improved communication processes. Comments also included the need for implementing sites to consider how women are provided options and information and how is this presented in an unbiased way.

MSAG2 My Maternity Decisions website

Clinical Excellence Queensland is working with consumers and maternity care providers to give women and their partners and families unlimited and easy access to evidence-based, well-organised information about maternity care choices as early as possible in pregnancy.

The My Maternity Decisions (MMD) website, which is currently under development, will help women and their care providers work together when making decisions about maternity care based on the woman's individual circumstances and preferences. A demonstration of the MMD was given.

Discussions following the presentation focussed on health literacy levels, ease of accessibility, accessibility to the site, specifically for Aboriginal and Torres Strait Islander women, and ongoing maintenance.

MSAG2 Safer baby bundle

Clinical Excellence Queensland has partnered with the Stillbirth Centre of Research Excellence (Stillbirth CRE), New South Wales Clinical Excellence Commission, Safer Care Victoria and key stillbirth advocacy organisations with the aim of reducing the rate of stillbirth from 28 weeks gestation by 20 per cent by 2022. This will be implemented through a bundle of care, known as the Safer Baby Bundle (SBB), which is evidenced based and chosen by national experts. A statewide steering committee has been formed to oversight the formation of the SBB in Queensland and its implementation. HHS Chief Executives will be invited to nominate services providing antenatal care to participate.

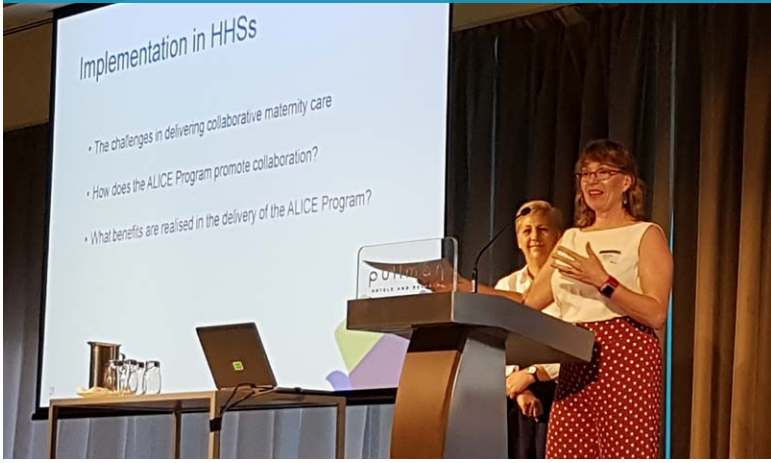
Summit discussions on the safer baby bundle included co-design considerations, education, models of care and community awareness raising.

MSAG3 Development and implementation of the decision-making framework for maternity services

The decision-making framework (DMF) is an interactive resource to support maternity services to plan, develop and transition to continuity models of maternity care. The DMF provides service leaders and their partners with resources needed to sustain or transition to a continuity of carer model of care and allows local contextualisation based on service demand, geographical circumstances and optimal population outcomes. Mackay HHS presented on the successful implementation of their Aboriginal and Torres Strait Islander Midwifery Group Practice using the DMF.

Discussion occurred around empowerment of services to support consumer choice and continuity of carer models, as well as the potential shortage of clinicians who may want to work in these models.

Pictured: Dr Wendy Burton, Maternity Service Action Group presentation



MSAG 4 Growing Deadly Families: Aboriginal and Torres Strait Islander Maternity Services Strategy

The Aboriginal and Torres Strait Islander Health Branch, Queensland Health worked with stakeholders across Queensland to develop the draft *Growing Deadly Families: Aboriginal and Torres Strait Islander Maternity Services Strategy*. The draft strategy was developed following the Growing Deadly Families: A Healthy Start for Mums and Bubs Forum convened in late 2017. The forum brought together consumers, health workers, clinicians and decision makers from across the state. It gave women and families a voice to identify the barriers they face when accessing maternity care, as well as how best to address those barriers. To ensure Aboriginal and Torres Strait Islander women and families can access culturally capable care throughout their maternity journey, the draft strategy proposes three key areas where the health system can best respond.

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.

Discussions were had on the provision of safe and culturally appropriate models of care, better continuity of care, preferences for birthing on country to be included in the strategy, as well as women required to leave their local communities at 36 weeks to attend tertiary maternity services.

Workshop on 2016 Maternity Services Forum Initiatives

The afternoon of the first day at the 2019 Summit provided the opportunity for delegates to further discuss and workshop the six key initiatives. For each of the initiatives, potential benefits and barriers of their implementation were identified, followed by system, local service or executive level actions required to ensure robust and sustainable implementation of these initiatives. These were reported back to the broader group.

The detailed responses are being collated along with feedback received via email post the workshop. This information will be provided to the lead area for consideration going forward.

Pictured: Workshop discussion on My Maternity Decisions website

Day 2: Rural Maternity Taskforce

The Queensland Rural Maternity Taskforce (the Taskforce) was established in August 2018, at the request of the Minister for Health and Minister Ambulance Services in response to concerns raised by the media and consumer groups regarding the provision of safe and accessible maternity services in rural and remote areas. The Taskforce was asked by the Minister to advise on the safety of current rural maternity services in Queensland and explore what steps could be taken to minimise risks for mothers and babies in rural and remote communities, whilst providing services as close as possible to where they live.

Pictured: Dr John Wakefield accepting a traditional gift of a yalma from Carl Maa-roon Fourmile and Maria Morrison from Minjil Cultural Presentations, and Henrietta Marrie AM

Ms Henrietta Marrie AM opened day two of the Maternity Summit with a traditional Welcome to Country and told of the land of the Cairns region and the Great Barrier Reef. A song was performed by Carl Fourmile of Minjil Cultural Presentations and a gift yalma, made by members of Minjil to keep cultural practices alive, was presented to Dr Wakefield. Dr Wakefield accepted on behalf of the Maternity Summit participants.

The morning of the second day of the Summit focussed primarily on presenting the work and deliverables of the Taskforce. The key activities of the Taskforce included five stakeholder forums in rural and remote locations, seeking feedback from the general public through a public submission process, and undertaking detailed analysis of the perinatal outcomes for mothers and babies who live in Queensland's rural and remote areas compared with those who live in urban areas. These activities informed the development of the Taskforce report, including the six recommendations and the Rural and Remote Maternity Services Planning Framework.

Public submissions

The public submission process was conducted online and by email. There were 309 submissions with the five main themes of service delivery, staffing, consumer experience, safety, and funding. The majority of submissions received were from rural and remote women who have had a baby in the past five years and midwives who were working in rural and remote maternity services. There was good representation from other clinicians and support people. Quotes from the submissions (see below) were used to illustrate each main theme and gave a personal perspective to the benefits and challenges of rural and remote maternity services.

- Consumer experience: *"Our hospital started delivering babies again a few years ago. Before that I had to travel to deliver. I was terrified of something happening on the highway. We stayed at friends on the lounges. And went back and forwards. Thank God it is local again." (consumer)*
- Safety: *"We have a problem with attendance [at] the hospital clinic for [Aboriginal and Torres Strait Islander] women. However, I believe it is not because they "don't care about their health" or are "intimidated by the hospital", I think it is more to the point [that] there is no Indigenous Maternity Worker, no [midwifery group practice] at the [Aboriginal Medical Service] located here and a separation of culture through birth. They need to feel safe and respected throughout the pregnancy journey." (clinician)*

Feedback from five rural and remote site visits

Stakeholder forums were held in February and April 2019 at Chinchilla, Ingham, Mount Isa, Roma, and Theodore. Key stakeholders included women who have had a baby in the last two years, HHS clinicians, general practitioners, community representatives, Queensland ambulance officers, health service managers, executives and board members, and Royal Flying Doctors Services.

Themes and issues that were identified in the forums included:

- women want choices and access to local planned birthing
- continuity of care is important
- there is a lack of availability and continuity of postnatal care
- Aboriginal and Torres Strait Islander women want more welcoming environments within which to give birth and to see more Indigenous women in maternity workforce roles
- communities want to participate in maternity service design and review
- clinicians want psychological safety at work and be supported to maintain their skills and work to their full scope of practice
- HHS managers and executives faced challenges of balancing the risk appetite of the different stakeholders when developing and providing maternity services in rural and remote communities.

Unpacking the statistical analysis

The statistical analysis showed that the majority of women had good access to maternity services. However, the born before arrival (BBA) rate was steadily increasing and perinatal and neonatal mortality rates were 1.7 times higher for women in very remote areas compared to women in regional areas. It was noted that service planning requires consideration of services and supports to reduce modifiable risk factors and to improve attendance at antenatal appointments. This includes addressing psychosocial determinants of health and a primary healthcare approach with appropriate governance and a focus on cultural safety. Further investigation of BBA rates was suggested to better understand why rates are increasing, what effects they may be having on the women and babies emotionally as well as physically/clinically, and how they can be prevented. Any changes in service model should be carefully monitored and evaluated to avoid unintended negative impact on outcomes for women who do not live close to maternity services.

Taskforce recommendations

The six recommendations from the Taskforce and the rationale behind them were presented. The Taskforce recommendations are:

1. Queensland Health establish clear whole-of-system governance and strategy for rural and remote health services.
2. Queensland Health undertake comprehensive system-wide planning of rural maternity service provision.
3. HHSs invest in and promote improved rural maternity service collaborative culture and teamwork as a core to ensure best outcomes for women and babies.
4. Each HHS (localised for each maternity service) develop an easy-to-understand guide for women, which summarises their local maternity model options. Queensland Health to co-design a template with consumers and service providers.
5. Queensland Health mandate HHSs to follow evidence-based framework for decision-makers in assessing and configuring rural maternity services.
6. Queensland Health identify and coordinate local and state-wide actions to improve maternal health in rural and remote communities. Remote Indigenous communities should be a priority.

Feedback and suggestions for how they could be implemented were sought from attendees. Discussions were wide ranging and covered topics such as the support provided by tertiary level facilities that is not recognised in the funding and activity in their service agreements; the benefits to the whole community when maternity services are improved in rural and remote areas; issues around the funding model not aligning to where funds are best focused (e.g. data has shown that major differences are made for women and babies when there is investment in primary health care); improved recognition of the mental health and wellness of the mother; and where the accountability will sit for implementation of the recommendations.

Pictured: Steven Miles MP, Queensland Minister for Health and Minister for Ambulance Services

Minister for Health and Minister for Ambulance Services address

The Honourable Steven Miles MP, Minister for Health and Minister for Ambulance Services addressed the Summit delegates on the afternoon of the second day giving his commitment to ensuring HHSs are providing woman-centred maternity services to all Queenslanders regardless of where they live, given every woman deserves every chance to have her baby safely and quite rightly expects the best possible outcomes for herself and her baby.

The Minister accepted the Taskforce's findings committing Queensland Health to implementation of the six recommendations. He further announced:

- funding of $500,000 to trial programs to improve the training, retention and clinical experience of rural maternity clinicians including funding the rotation of rural clinicians through busier hospitals
- HHSs will be required to review each of their rural maternity services using the new evidence-based framework developed by the Taskforce, within two years, in consultation with local clinicians and consumers
- Torres and Cape HHS will re-open birthing services at Weipa Hospital
- HHSs will be required to have Ministerial approval for any future planned downgrade or closure of rural maternity services.

Questions and discussions included the need for the recommendations and announced actions to have transparency, accountability, measurable goals and regular reporting to all stakeholders.

Draft Rural and Remote Maternity Services Planning Framework

The remainder of the afternoon was focused on discussing the draft Rural and Remote Maternity Services Planning Framework (the Framework). The Framework is a guide for HHSs that informs the processes for reviewing, assessing and designing maternity services and supports a comprehensive, woman-centred approach to maternity service planning. The Framework was developed acknowledging that rural and remote maternity service planning is complex; every hospital needs to manage imminent births and some rural health services are only resourced to provide less complex maternity care. There is a need for a regular, participatory planning process and strong networked relationships. The Framework has two key steps. Step one is to review and assess current services. Step two is to design or re-design the service to better meet women's needs. The Framework has an emphasis on engagement, ongoing relationships, and partnerships with consumers. Multiple methods should be used, not just formal engagement mechanisms.

The Summit attendees were seated at tables aligned to their HHS and were asked to work through how the Framework would be implemented in their HHS and provide feedback on its utility. Comments from two tables were reported back to summit participants while feedback from all tables was collected and will be utilised to develop an implementation plan.

Consumer voice

Consumer representatives provided feedback as a group on the recommendations, the Framework and the Summit. The consumers welcomed the recommendations but stated they will only be successful if consumers are appropriately engaged, supported and represented from the start of the process and throughout. They put forward that workplace culture includes consumers and that clinicians should consider the language used and how inviting and welcoming they are to the woman who use their services, as well as to their colleagues. It was remarked that health services need to engage with many different types of consumers from a variety of locations to get a good understanding of the communities in their area. To support engagement with women from diverse backgrounds and for women with low literacy levels the use of 'kitchen table' discussions was suggested.

Consumer participants also suggested that map related planning should occur with hubs and a network of services that can give women the best access to resources. In addition, the funding process should change from what can be done within the existing funding model to what needs to be done because of the care that needs to be provided. It was emphasised that everyone needs to be at the table, but the woman is at the centre of care with the care providers around her.

Closing remarks and next steps

Dr Wakefield proposed that Clinical Excellence Queensland will work with the key stakeholders to develop an implementation plan around the recommendations. The implementation plan will be endorsed by the Queensland Health System Leadership Team and subsequently disseminated broadly.

Dr Wakefield also challenged each HHS to consider both the discussions over the two days and convening the 'four-legged stool' to plan what they might do differently as a result of the discussions. HHSs were encouraged to establish relationships within their communities, where perhaps they have not reached out to before, and start to talk, but more importantly to listen.

The Taskforce will meet one last time, in August 2019, to consider feedback received on the draft Framework during and post the 2019 Maternity Summit. The Framework will subsequently be endorsed for implementation.

Further information on the activities, outcomes and report of the Taskforce is available at: www.clinicalexcellence.qld.gov.au/priority-areas/patient-experience/rural-maternity-taskforce

Pictured: Consumer representatives at the Maternity Summit