Submission No 42

SUPPORT FOR NEW PARENTS AND BABIES IN NEW SOUTH WALES

Organisation: The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

Name: Dr Agnes Wilson

Position: Senior Policy Advisor - Practice and Advocacy

Date Received: 20 November 2017

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Excellence in Women's Health

College House
254–260 Albert Street
East Melbourne Victoria 3002
Australia
telephone: +61 3 9417 1699
facsimile: +61 3 9419 0672
email: ranzcog@ranzcog.edu.au
www.ranzcog.edu.au
ABN 34 100 268 969

Parliament of New South Wales

RANZCOG Response to the Inquiry into support for new parents and babies in New South Wales

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) welcomes the opportunity to provide this submission to the Legislative Assembly Committee on Community Services, leading the NSW Parliamentary Inquiry into support for new parents and babies in New South Wales.

Background

The purpose of the Inquiry is to consider and report on the current situation regarding support for new parents and babies in New South Wales including:

1. The adequacy of current services and structures for new parents, especially those who need extra support, to provide a safe and nurturing environment for their babies.

2. Changes to current services and structures that could improve physical health, mental health and child protection outcomes.

3. Specific areas of disadvantage or challenge in relation to health outcomes for babies.

4. Models of support provided in other jurisdictions to support new parents and promote the health of babies.

5. Opportunities for new and emerging technology to enhance support for new parents and babies.

6. Any other related matters.

This submission discusses the 6 categories in the terms of reference for this inquiry.

Recommendations:

a. Access to and provision of early childhood services and family support across New South Wales

There is an urgent need for adequate facilitation of early childhood support i.e. early childhood centres, early childhood nurses, telephone and home visit support (including mental health screening). There is inconsistency in the availability of early childhood support with jurisdictional boundaries posing barriers to access to appropriate postnatal care. There is inequity in access across the Sydney jurisdiction but particularly across the Western Sydney district. RANZCOG recommends a minimum standard is set for early childhood support as currently there is wide variation in the delivery of postnatal support. RANZCOG is aware of patients experiencing no maternal child health centre support in urban areas of Sydney. When parents attempt to approach neighbouring centres, they are turned away on geographical grounds. There is also poor provision for mothers groups and home visit support. RANZCOG recommends this area is urgently reviewed.

b. Infant feeding

Maternity services should promote breastfeeding and support the mother to initiate and sustain breastfeeding regardless of the location of care. A woman's right to make an informed choice regarding the method of feeding is to be supported. All maternity services should have a written breastfeeding policy that is communicated to all staff and parents. Each maternity service should have a nominated person identified to implement the breastfeeding policy, and provide resources for lactation support following discharge.

A woman who is unable to breastfeed or chooses to feed her baby formula milk should be taught how to make feeds using correct, measured quantities of formula, as based on the manufacturer's instructions, and how to clean and sterilise feeding bottles and teats and how to store formula milk.

Where postnatal care is provided in hospital, attention should be paid to facilitating an environment conducive to supporting maternal choice in infant feeding, advice and guidance for mothers choosing to breastfeed and appropriate facilities to enable correct formula preparation and storage.

c. Infant settling and infant-parent bonding and supporting the transition to parenthood

Strong and secure attachment is vital to a baby's development. Providing consistent responsive and sensitive love and care of the first few months provides the foundations for a child's development. Unresponsive care can lead to attachment problems that can have an ongoing negative effect on a child's development.

Services must support women and their partners in the transition to parenthood by discussing the postnatal health and social needs of the mother and her baby, and by developing an individual plan of postnatal care to address those needs. Postnatal care should include provision of information to both mothers and fathers on infant care, parenting skills, timely referral to a community child health service of the parent's choice and accessing local community support groups. A coordinating healthcare professional should be identified for each woman. In ideal circumstances, this should be the family doctor or suitable general practitioner. Additional support can be obtained from maternal and child health nurses and clinics. Women may engage with a maternal child health nurse based on location and allocation or previous history and personal preference.

At the end of the postnatal period, the coordinating healthcare professional should ensure that the woman's physical, emotional and social wellbeing is reviewed. An obstetrician, general practitioner, midwife or maternal child health nurse is able to perform this assessment. A system should be established to ensure that information on women and their babies in the postnatal period is collated and transferred between secondary and primary care in a reliable, timely and secure manner.

There is a lack of support services for infant settling and infant-parent bonding with a total of only 12 (private) beds in mother baby units across the entire state of New South Wales. This area is critically underfunded. There is a need for ongoing support of parenting and perinatal mental health organisations in New South Wales (including Karitane, Tresillian and the Gidget Foundation).

d. Maternal and paternal mental health

The importance of perinatal mental health and well-being cannot be underestimated in ensuring the future health of the next generation. Perinatal anxiety and depression arises from a complex interplay of biological, sociological and psychological factors occurring at this time and can affect mothers and fathers.

Having a baby places a woman at the greatest risk during her lifetime of mental health problems. These perinatal mental health conditions are the leading cause of maternal death and disability. Suicide is the leading causes of maternal deaths in Australia.

One in seven Australian women are affected by postnatal depression, with up to one in ten women becoming depressed during pregnancy. Most depressed or anxious women (74%) do not get help until they are at crisis point, with delayed help-seeking compounding the impact of illness on families and the community. Risk factors include a history of mental health problems, lack of social supports, previous trauma including physical, emotional or sexual abuse, isolation (physical, mental, cultural), stressful life events, and a history of drug or alcohol abuse.

Maternal mental health also has significant impacts on babies, fathers and partners, siblings and the future development of children.

There are significant personal, social and economic costs in Australia for individuals, families, the healthcare sector and the wider community of undetected and untreated perinatal mental health conditions. PwC has previously estimated that for births in 2013, if these conditions were not treated the cost to the community would be greater than $538 million.(1)

The presence of maternal mental health conditions can also have an adverse impact on the growth and development of the fetus/infant, and the wellbeing of other family members. The psychological wellbeing of pregnant women and new mothers should therefore be considered as important as their physical health and considered as part of routine antenatal and postnatal care. Recognition and management of postnatal depression requires a comprehensive plan to address the complete spectrum of maternal social and psychological health, which would include not only depression but also other key issues such as domestic violence, drug & alcohol dependence and economic disadvantage.

There is a continuing serious shortage of beds for mothers experiencing postnatal mental health conditions across NSW. The current total of 12 (private) bed places across the entire state is inadequate. RANZCOG urges the NSW Parliament to invest in adequate resourcing to support the prevalence of mental health conditions in the postnatal period, as well as appropriately funding screening for mental health conditions.

Families in rural and regional areas are particularly disadvantaged by the lack of access of maternal and paternal mental health services. There should be consideration of resourcing digital mental health screening, online support tools and telemedicine for rural and regional areas.

The transition to parenthood for fathers carries expectations of joy and wonder. However, the demands of the new baby and the challenge in reconfiguring relationships and identity can bring exhaustion, confusion and stress, leading fathers to experience depression and anxiety. Paternal depression may influence a fathers' parenting and therefore the wellbeing of his infant into the future. Fathers' mental health will impact on, and be affected by, the mental health of their partner. Several qualitative studies of fathers in

the perinatal period conducted in Australia and internationally have identified that fathers want to be included in perinatal health care and engaged by health professionals about their health and wellbeing.(2)

There is a need for ongoing support of parenting and perinatal mental health organisations in New South Wales including Karitane, Tresillian and the Gidget Foundation to address these gaps

e. The principle of "Informed Choice for Women" should guide choices in care pre and postnatally

Choices in maternity care have historically been made on behalf of women, rather than by women. RANZCOG believes that women should be offered information on the full range of options available to them throughout pregnancy, birth and the postnatal period. This information should include the models of care available locally, screening tests available during pregnancy, and information about birth and postnatal care.(3) It is now accepted that women show considerable diversity in their choices around childbirth(4) and such diversity should be respected while providing information free of prejudice or bias.

This diversity should extend to information and services offered to new parents, including advice regarding parental mental health and infant feeding.

f. A "Collaborative Model" of care is prioritised

Collaborative maternity care is designed to promote the active participation of different health disciplines in providing quality care that is tailored to meet an individual woman's needs prior to, during and after pregnancy. RANZCOG endorses a collaborative model of care for all women. RANZCOG recognises that outcomes are optimised where there is clear collaboration. The collaborative model creates an environment of trust and respect in the workplace, thus enabling a culture which prioritises patient safety.

References

1. Valuing perinatal mental health: The consequences of not treating perinatal and anxiety for births in 2013. Price Waterhouse Coopers.
2. Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline. 2017. Centre for Perinatal Excellence.
3. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists. STANDARDS OF MATERNITY CARE IN AUSTRALIA AND NEW ZEALAND. March 2016.
4. Walker SP, McCarthy EA, Ugoni A, et al. Cesarean delivery or vaginal birth: a survey of patient and clinician thresholds. Obstet Gynecol. 2007;109(1):67-72.