

Birth Trauma Inquiry Hearing – 8/04/2024 NSW

Health Responses to Questions on Notice

QUESTION 1 – Page 62

The CHAIR: Ms Wilcox, I wanted to get an update with regard to Wagga Wagga Base Hospital and I also wanted to specifically ask about the consumer engagement process to design midwifery models of care at Wagga Wagga. I've been advised that no other women that were put forward by the Maternity Consumer Network who had made complaints about their treatment at Wagga Wagga Base Hospital were contacted by the hospital as part of this process. I am wondering if you are able to provide information as to why those women weren't included and, if you aren't able to do that, to take it on notice – if you could provide some information there.

DEB WILLCOX: I'm happy to take that on notice. I mean, we would require people with a concern or questions or complaint about care to come forward directly to the service and then we can investigate. But I'm happy to take the specifics of that on notice.

The CHAIR: That was specifically not so much about their complaints but around the consumer engagement process for the midwifery models of care. A group of women, whose names were put forward to be included in that, given their personal experiences, weren't included in that process. I am just wondering why that may have happened.

DEB WILLCOX: I'll have to take the specifics on notice, I'm sorry, Chair. But I was aware when we first had these discussions, when the Murrumbidgee Local Health District was establishing these groups, that some of those consumers would be invited because they are obviously key to this inquiry and key in terms of getting feedback about their experiences to inform it. I will take the detail of that one on notice. There have been a number of steps taken. They have stood up the maternity consumer group, but again noting that the members of that may not be as everyone expected. We'll check on that.

ANSWER

This was answered at the hearing (page 69 of the Transcript), and further detail is provided in the response to supplementary question 1.

QUESTION 2 – Page 66

Dr AMANDA COHN: I wanted to ask one very specific question, which was about the birthing program at Ryde. I understand that that was a very high-ranking service in terms of surveys of patient experience, and it was in *The Sydney Morning Herald* in 2017. I have been told that that service was closed during COVID because the space needed to be used as a vaccination hub, but that it now hasn't reopened and that the community group was promised that they would be consulted during the redevelopment process. They've told me that they weren't actually told the service wasn't coming back until a year after the decision had been made. Why wasn't that communicated with the community group?

...

Dr AMANDA COHN: Thank you. I appreciate you taking on notice that particular piece about the consultation with community around that decision.

DEB WILLCOX: Yes, I will. No problem.

ANSWER

Northern Sydney Local Health District (the District) has responded to the concerns raised by the Mums @ Ryde Group since 2019 and has met with them.

In December 2020 and December 2023, the District wrote to the 'Mums @ Ryde' group advising them about the future of antenatal care at Ryde Hospital and birthing at RNSH. A

meeting with senior District representatives and members of Mums @ Ryde Group has been scheduled for 14 June 2024.

In 2021, the District conducted a maternity care survey. The survey was developed to understand and support future planning of maternity services and models of care across the District. The survey was available to all women who had given birth, pregnant or planning pregnancy, in the District. The survey was also provided to the Mums @Ryde Group.

In total, there were 300 responses. The results of this survey were analysed and used to inform decision-making. This included ensuring that Ryde women have access to midwifery continuity of care where possible.

The District made the decision to retain birthing at Royal North Shore Hospital in early 2023. Women can receive antenatal care at Ryde Hospital from a known midwife, and postnatal care in the home with their known midwife. Birthing takes place at Royal North Shore Hospital and where practicable, women are cared for by the same midwife.

The Ryde Hospital Redevelopment team have engaged with staff, consumers, and the community about the redevelopment, particularly throughout the design phase. A dedicated antenatal clinic space is included in the hospital's redevelopment.

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NSW Health Responses to Supplementary Questions

QUESTION 1

Please provide an update on what is happening at Wagga Wagga Base Hospital - where is the Hospital up to in implementing the recommendations to address the serious issues occurring in their maternity unit?

ANSWER

Following initial complaints about Wagga Wagga Hospital, in 2022 the Chief Executive, Murrumbidgee Local Health District asked the Clinical Excellence Commission for a resilience assessment. The resilience assessment reported 11 recommendations for the District, noting the investigation by the HCCC supported these recommendations to address their findings.

The Murrumbidgee Local Health District has:

- Engaged an independent obstetrician and midwife to assist in the review of an additional 20 consumer complaints, received by the District during the Inquiry. In addition to feedback being provided to individual women, improvements are being used to inform maternity service delivery and workplace culture initiatives.
- Invited the president of the Maternity Consumer Network to meet to discuss initiatives taken in response to the HCCC recommendations, birth trauma inquiry submissions, Resilience Assessment actions, and consumer complaints (meeting scheduled for 30 May 2024).
- Developed local frameworks including the *Mentally Healthy Workplace Framework* and the *Clinical Governance Framework 2023-2027* to strategically guide the delivery of a psychologically safe work environment that motivates staff to be open, share ideas, learn and support each other.
- Equipped workforce and management teams to provide assistance, including referral pathways to free counselling services and comprehensive debriefing sessions for staff following traumatic events.
- Appointed a new Clinical Director of Obstetrics and Gynaecology at Wagga Wagga Base Hospital (started in April 2023).
- In September 2023, established a consumer group which includes representatives from the initial Maternity Consumer Network complaint – it meets monthly to co-design a continuity of care model.
- Used the NSW Health policy, *Connecting, Listening and Responding: Blueprint for Action – Maternity Care in NSW* (the Blueprint) to inform direction and local actions for service redesign to strengthen maternity care across pre-conception, antenatal, labour, birth, postnatal care and transition to the community.
- Supported staff from Wagga Wagga Hospital maternity unit to attend a Wellbeing First Aid course to inform staff on support strategies and equip them to care for vulnerable woman as part of trauma informed care.
- Commenced a postnatal clinic appointment, available to all women and their support people to assess maternal wellbeing, the health of the baby and discuss choices for ongoing care.

- Established a 4-to-6-week postnatal midwifery follow-up service to provide an opportunity for women to provide feedback on their experience of care and identify if any ongoing support and/or referrals to other services if required.
- Introduced an early pregnancy assessment service and hyperemesis gravidarum clinic by the maternity day assessment unit.
- Established a working group to review care pathways for women who identify childhood or adult trauma in the antenatal period, and identify what supports are available for these women throughout their pregnancy journey.
- Developed brochures, in consultation with the consumer group, to provide information on the Australian Charter of Healthcare Rights, respectful maternity care, pain relief during labour, making a birth plan, induction of labour, and Australian doulas.
- Increased collaboration with the obstetric & gynaecology department to improve theatre access for planned and unplanned surgery.
- Increased weekday emergency surgery access and support for additional access over the weekend.
- Supported District sites to work to their maternity and neonatal service capability, which will allow care closer to home for women and reduce demand at Wagga Wagga Hospital.
- Commenced a weekly virtual, obstetric clinic in October 2023.

In addition, Wagga Wagga Base Hospital has:

- Worked in partnership with the Ministry of Health to undertake consumer journey mapping to identify improvement opportunities. This work will inform improvement opportunities for consideration by the maternity consumer group.
- Successfully recruited 3 new midgrade medical staff, complimenting the 4 obstetric and gynaecology consultants.
- Recruited a social worker in February 2024 to work alongside pregnant women.
- Increased antenatal appointment times to enable comprehensive, holistic assessment of women and to strengthen rapport.
- Enhanced antenatal breastfeeding support classes by providing an additional session each month.
- Increased the number of appointments available to women at 33 weeks gestation.
- Enhanced the complex care clinic to support comprehensive coordination of complex care and improve wait-times for antenatal care.
- Participated in the National Preterm Birth Prevention Collaborative, which aims to improve health outcomes for women and babies by safely reducing preterm and early term birth.
- Increased theatre sessions for caesarean sections from January 2024.
- Commenced monthly reporting of Quality Audit Reporting System (QARS) data to the hospital's Executive Clinical Governance Meeting and Departmental meetings for review. Patient experience data is included. QARS results are displayed on boards within the unit.

QUESTION 2

At the Inquiry, NSW Health stated: 'All representatives recommended by the Maternity Consumer Network were contacted last year by the local health district midwifery co-lead. Of the five people recommended by the network, unfortunately only one was able to join the co-design committee'. Can you please advise:

- a. Did the people recommended by Maternity Consumer Network receive an invitation to join the co-design committee?
- b. If so, when was that invitation given, and was it verbal or in writing? If in writing can you provide a copy of that email or invitation on notice?
- c. Why was only one person recommended by Maternity Consumer Network able to join the co-design committee?
- d. Did the other four people who did not join the co-design committee decline an invitation? If so, when did they decline, and did they do so verbally or in writing?

ANSWER

In late June 2023, the Maternity Consumer Network advised the District that they would like consumers, from the initial complaint from the Network in 2022, to “be part of consumer engagement for the woman-centred models of midwifery care being designed at Wagga Wagga Base Hospital”. They proposed 6 consumer representatives.

All 6 consumers were contacted by the District’s Midwifery Manager and offered opportunities to participate in the co-design of the models of midwifery care. One consumer is a consumer representative on the committee.

QUESTION 3

This Inquiry has exposed major issues with informed consent in NSW hospitals – the number of women who report interventions and procedures being done during birth without any attempt to gain consent, or as a result of coercion, is quite alarming. What is NSW Health doing to change practices and culture around obtaining informed consent?

ANSWER

NSW Health recognises that all adults with capacity have a right to decide what happens to their own bodies. NSW Health also recognises the importance of obtaining valid consent for all treatments and interventions within maternity care. This is outlined in [NSW Health's submission](#) to the Inquiry into Birth Trauma, at *Section 4 - Respectful, evidence-based and equitable maternity care* on page 13, and *Section 6 - Valid consent in maternity care*, on pages 24-26. Section 6 outlines information on consent training for maternity clinicians including mandatory training.

Informed decision making, valid consent and guidance for partnering with women who choose care outside of clinical recommendations is one of 5 initial implementation priorities identified by maternity clinicians and consumers for the implementation of [Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW](#) (the Blueprint). Goal 6, 8 and 9 of the Blueprint outlines NSW Health’s commitment to this.

The NSW Ministry of Health is actively working with midwifery and obstetric co-leads from each local health district, senior leaders from NSW Ministry of Health, pillars and consumers to implement the Blueprint and progress the priorities. Further consultation with the broader community will be sought during implementation.

QUESTION 4

A goal of NSW Health's new maternity blueprint is to provide 'all-risk midwifery models' – what work is being done on your end to roll out these models of care and ensure more women can access them?

ANSWER

Increasing access to maternity continuity of care models, including midwifery all-risk models, as per Objective 6.1 of the Blueprint, is one of the 5 initial implementation priorities that have been identified by the NSW Health Maternity Expert Advisory Group.

One of the first actions being undertaken is actively exploring how to capture consistent and comparable data to reflect the number of women accessing and receiving continuity of care models, including midwifery models.

A community of practice has been established and over 20 maternity services have engaged with the focus of increasing access to midwifery continuity of care models throughout NSW.

The [NSW Health Continuity of Care Models: A Midwifery Toolkit](#) supports this work, assisting midwifery leaders at the local level in implementing a variety of midwifery continuity of care models. The toolkit describes the different types of models currently across the State, clarifies definitions of important terms, supports effective project management skills and encourages health services to consider midwifery continuity as a way forward to align with community and workforce expectations.

These models include:

- 'All-risk' midwifery models of care with no exit criteria,
- All-risk maternity models of care, and
- Midwifery Antenatal Postnatal Services (MAPS) models of care that support women with a variety of risk factors.

Models of Care are developed at the local level based on the needs of their consumers, while considering local service delivery capacity and capability, including workforce availability.

QUESTION 5

For postnatal care for physical and/or psychological birth trauma, should patients be required to access private services partially subsidised by the federal government, or is there a role for public services, especially for priority populations?

ANSWER

Birth trauma may have physical, emotional, and psychological impacts that may require comprehensive, trauma-informed care. There may be barriers to accessing this care, particularly for those in regional/rural areas, Aboriginal women and families, culturally and linguistically diverse groups, LGBTQIA+ individuals and families, young parents, and people with disabilities.

Expanding subsidised sessions through Medicare would potentially enable greater access to private services. However, there is a role for public services provided by NSW Health, particularly for priority populations who may face additional barriers accessing private care, even with subsidies.

An integrated approach leveraging both systems, and targeting barriers to access, is likely needed to comprehensively address postnatal care needs that may stem from psychological and/or physical birth trauma.