

**Supplementary
Submission
No 258a**

**INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO
HEALTH AND HOSPITAL SERVICES IN RURAL,
REGIONAL AND REMOTE NEW SOUTH WALES**

Organisation: New South Wales Nurses and Midwives' Association

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Dear Portfolio Committee NO.2 - Health

Health outcomes and access to health and hospital services in rural, regional and remote New South Wales

The NSW Nurses and Midwives' Association represents the industrial and professional interests of nurses and midwives in NSW. The Association has already made a submission in response to the NSW Parliament Legislative Council inquiry into the *Health outcomes and access to health and hospital services in rural, regional and remote New South Wales*. We wish to provide this additional response in relation to maternity care in rural, regional and remote NSW.

The recently published *Women-centred care: Strategic directions for Australian maternity services* identifies four values for women-centred maternity care in Australia, safety, respect, choice, and access¹. To have real choice, women in rural, regional and remote NSW must be able to have access to a midwifery led continuity of care in their communities. In this type of care, women receive care from the same midwife or team of midwives during pregnancy, birth and the early postnatal period. Midwifery led continuity of care is the gold standard and best practice and has significant benefits for women and their babies. Evidence shows that midwifery led continuity of care reduces stillbirth and premature birth². It improves outcomes for Aboriginal and Torres Strait Islander women and families and even greater outcomes are achieved when Aboriginal and Torres Strait Islander women receive care from Aboriginal and/or Torres Strait Islander Midwives³.

Distance impacts access to midwives in rural areas. In 2019, there was 14.8 FTE midwives per 100,000 population in Modified Monash Model 5 (small rural town) compared with 56.4 FTE midwives per 100,000 population in metropolitan areas (MM1)⁴. To enable women in rural, regional and remote NSW to have choice and access to maternity care, it is essential that the midwifery workforce is supported and

¹ Department of Health 2019, *Woman-centred care: Strategic directions for Australian maternity services*, p.16.

² Sandall, J., et al., *Midwife-led continuity models versus other models of care for childbearing women*. Cochrane Database of Systematic Reviews, 2016(4).

³ Hartz, D.L., et al., *Evaluation of an Australian Aboriginal model of maternity care: The Malabar Community Midwifery Link Service*. *Women and Birth*, 2019. 32(5): p.427-436.

⁴ Australian Government, Department of Health 2019, *Midwifery Workforce Factsheet 2019*
<https://hwd.health.gov.au/assets/Midwife%202019.pdf>

Address all correspondence to: 50 O'Dea Avenue Waterloo NSW 2017

☎ (02) 8595 1234 • 1300 367 962 ☎ (02) 9662 1414 🌐 www.nswnma.asn.au ✉ gensec@nswnma.asn.au

well resourced. There must be robust workforce planning to ensure a sustainable midwifery workforce in NSW.

It seems unreasonable and unfair to us that women living in rural, regional and remote areas of NSW do not have access to the same standard of maternity care that their counterparts in the city receive. Nor is it acceptable to us that midwives are constantly working in isolation and have limited access to routine education opportunities. Maternity services in these areas are grossly insufficient as is staffing. The Association remains concerned about inappropriate skill mix and many new midwives working in these areas without adequate support.

Thank you for the opportunity to make this brief submission to this inquiry.

Yours sincerely

JUDITH KIEJDA

Acting General Secretary

NSW Nurses and Midwives' Association