

**Submission
No 862**

INQUIRY INTO BIRTH TRAUMA

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NSW Health submission

Inquiry into Birth Trauma



Health

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Executive Summary

The NSW public health system provides world class, high-quality and safe healthcare to people throughout the state. Across NSW, almost 100,000 women give birth every year. Maternity care in NSW is safe, maternal deaths are rare and perinatal mortality rates are low.

For most women and their partners, pregnancy, labour and birth and the transition to parenthood are profound life events. NSW Health recognises how pivotal it is for all women, their babies and families to receive culturally respectful, evidence-based and equitable maternity care that improves their experiences, health and wellbeing outcomes. NSW Health is committed to ensuring all women in NSW receive this high standard of care no matter where they live.

The connection with maternity clinicians and consumers informs the way NSW Health services provide care. NSW Health has listened to the issues and concerns of clinicians and consumers, and in collaboration with them, responded through implementation of significant reforms. For example, a systematic statewide approach to consultation, referral, and transfer of women with complex pregnancies has been embedded in the way the network of maternity services functions across NSW. The shared aim and results have been the provision of safe maternity care as close to home as possible, that is evidence-based and enhances the experience for women and their families and clinicians, particularly in regional and rural NSW, without compromising safety.

NSW Health acknowledges women may experience birth trauma, both physical and/or psychological and that birth trauma is individual, and those women who experience birth trauma may experience long lasting effects and these may impact their ability to bond with their baby. Evidence around the prevention, identification and treatment of birth trauma is continually informing policy and practice.

This submission provides an overview of the systems in place in NSW that aim to minimise birth trauma by supporting the provision of safe maternity care.

In NSW, highly trained, skilled and dedicated multidisciplinary teams including midwives, obstetricians, general practitioners, allied health professionals and Aboriginal health workers, provide the highest standard and quality of maternity care. NSW Health supports all maternity clinicians with ongoing education, professional development and reflective practice. This facilitates the provision of up to date, evidence-based care and promotes a health learning environment for all.

NSW Health continues to focus on supporting the growth of the midwifery workforce with recruitment strategies such as GradStart and MidStart, as well as the Mentoring in Midwifery program, which aims to build midwives' skills in teaching and supporting student and early career midwives.

NSW Health has continued to support local health districts to develop and implement innovative models of maternity care that are responsive to the individual needs of women and provide care that matters to women and their families. The Birthing on Country service being developed in partnership with the South Coast Women's Health and Welfare Aboriginal Corporation, Waminda will be a first in New South Wales.

Maternity services aim to provide individualised care to each woman in NSW, respecting preferences and needs. Women are supported to make informed decisions about their maternity care and maternity clinicians ensure that valid consent is obtained prior to any procedure or intervention. Comprehensive psychosocial screening is offered to women

during pregnancy and after birth to identify those who may benefit from additional mental health or emotional care and support.

Robust clinical governance systems and strong leadership ensure that NSW Health are continuously identifying ways to improve the quality and safety of maternity care. NSW has developed the nation's leading safety intelligence system which provides near real time surveillance of trends in the rates of procedures, interventions and outcomes. This ensures that any clinical variation is identified and actioned without delay (Sections 9 and 10 in this submission provides more details).

The publication of [Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW](#), in March 2023, reflects what was heard through extensive consultation with over 18,000 responses from the community, consumers and clinicians about what matters to them. NSW Health is working with key stakeholders to develop an implementation plan to further strengthen maternity care services.

1. Introduction

‘For most women and their partners, pregnancy, labour and birth and the transition to parenthood are profound life events. Women’s experiences during pregnancy and childbirth will influence their ability to parent, especially in the early days. Providing socially and culturally respectful maternity care assists with ensuring physical and wellbeing outcomes for the woman, her partner and their baby. It is important to acknowledge that there is a great diversity of people and family structures across NSW communities, including gender-diversity. Each person accessing maternity services must be respected without assumptions, judgement or cultural bias’ (Foreword from the Secretary NSW Health, [Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW](#) (the Blueprint)).

NSW Health acknowledges women in NSW may experience birth trauma, both physical and/or psychological. Women who experience birth trauma may have long-lasting effects and these may impact their ability to bond with their baby. The evidence around the prevention, identification and treatment of birth trauma is continually helping to shape policy and practice.

NSW Health is committed to ensuring all women in NSW receive respectful, evidence-based and equitable maternity care. These principles reflect what women and families tell us is fundamental to their maternity care and are reflected in the Blueprint. The Blueprint was published in March 2023 and NSW Health is working with key stakeholders to develop an implementation plan.

NSW Health welcomes the opportunity to make a submission to the Select Committee in relation to its inquiry into Birth Trauma. This submission acknowledges the foundations which are in place within the NSW Health system to provide culturally safe and respectful maternity care. It also outlines the opportunities to further improve maternity care and NSW Health’s commitment to support this ongoing work.

1.1 Scope of the submission

NSW Health acknowledges that birth trauma is an individualised experience and may be psychological and/or physical. The NSW Health [Integrated Trauma Informed-Care Framework: My story, my health, my future](#) defines trauma ‘as the response to an event, series of events or set of circumstances that is experienced as physically or emotionally harmful or life threatening, and which overwhelms an individual’.

This NSW Health submission provides an overview of maternity care provided to pregnant women, their partners and babies in NSW. There are a number of policies and strategies that guide maternity care in NSW and Australia. They include guidance on preventative strategies, care, support and treatment for women and their families to reduce the experience of psychological and physical birth trauma.

While the policy context described in this submission primarily relates to the NSW public health system, NSW Health acknowledges the role private obstetricians and privately practising midwives play in the provision of maternity care in NSW.

For the purpose of this submission, these definitions have been used:

- preconception – the time before pregnancy/conception
- antenatal – the time between conception and birth
- postnatal – the first six weeks following birth.

In this submission, the terms ‘woman/women’ and ‘mother’ are used. The use of these terms is not meant to exclude those who give birth and do not identify as female or mothers. NSW Health acknowledges that it is crucial to use the preferred language and terminology as described and guided by each individual person when providing care. The use of individualised language promotes the delivery of safe and respectful care.

2. Maternity care in a policy context

Maternity care in NSW is guided by Commonwealth and NSW policy documents to guide the provision of safe, respectful and evidence-based care. Overarching policies that guide maternity care include:

2.1 Commonwealth policy

The [Woman-centred care: Strategic directions for Australian maternity services](#) (August 2019) outlines the national strategy to support the delivery of maternity services to women, from conception until 12 months post birth. It aims to ensure that Australian maternity services are equitable, safe, woman-centred, informed and evidence-based. It acknowledges that women are the decision-makers in their care and maternity care should reflect their individual needs. The strategy's actions align with the values of safety, respect, choice and access.

NSW Health participated in the development of the strategy and continues to participate in the monitoring and evaluation of the strategy. NSW Health has used this strategy to assist with forming NSW state policies.

2.2 NSW policy

NSW Future Health: Guiding the next decade of care in NSW 2022-2032

The [Future Health: Strategic Framework](#) vision is for a sustainable health system that delivers outcomes that matter most to patients and the community, this includes maternity care with the following aligned strategic priorities:

1. Patients and carers have positive experiences and outcomes that matter
 - 1.1 Partner with patients and communities to make decisions about their own care
 - 1.2 Bring kindness and compassion into the delivery of personalised and culturally safe care
 - 1.3 Drive greater health literacy and access to information
 - 1.4 Partner with consumers in co-design and implementation of models of care
2. Safe care is delivered across all settings
 - 2.1 Deliver safe, high quality reliable care for patients in hospital and other settings
3. People are healthy and well
 - 3.2 Get the best start in life from conception through to age five.

NSW Regional Health Strategic Plan 2022-2032

The vision of the [NSW Regional Health Strategic Plan 2022-2032](#) is a sustainable, equitable and integrated health system delivering outcomes that matter most to patients and the community in regional, rural and remote NSW. This includes maternity care with these aligned strategic priorities:

1. Strengthen the regional health workforce
2. Enable better access to safe, high quality and timely health services
 - 2.2 Deliver appropriate services in the community that provide more sustainable solutions for access to healthcare closer to home. This includes the safe provision of maternity services.
3. Keep people healthy and well through prevention, early intervention and education
 - 3.3 Invest in maternity care and early childhood intervention and healthcare to give children the best start to life.

The First 2000 Days

The first 2000 days of life (from conception to age 5) is a critical time for physical, cognitive, social and emotional health, that inform and impact the child's life into the future.

NSW Health has developed [The First 2000 Days Framework](#), a strategic policy that outlines the action required to ensure all children in NSW have the best possible start in life. The Framework is supported by the [First 2000 Days Implementation Strategy 2020-25](#) to inform local priority planning within local health districts and speciality health networks.

Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW

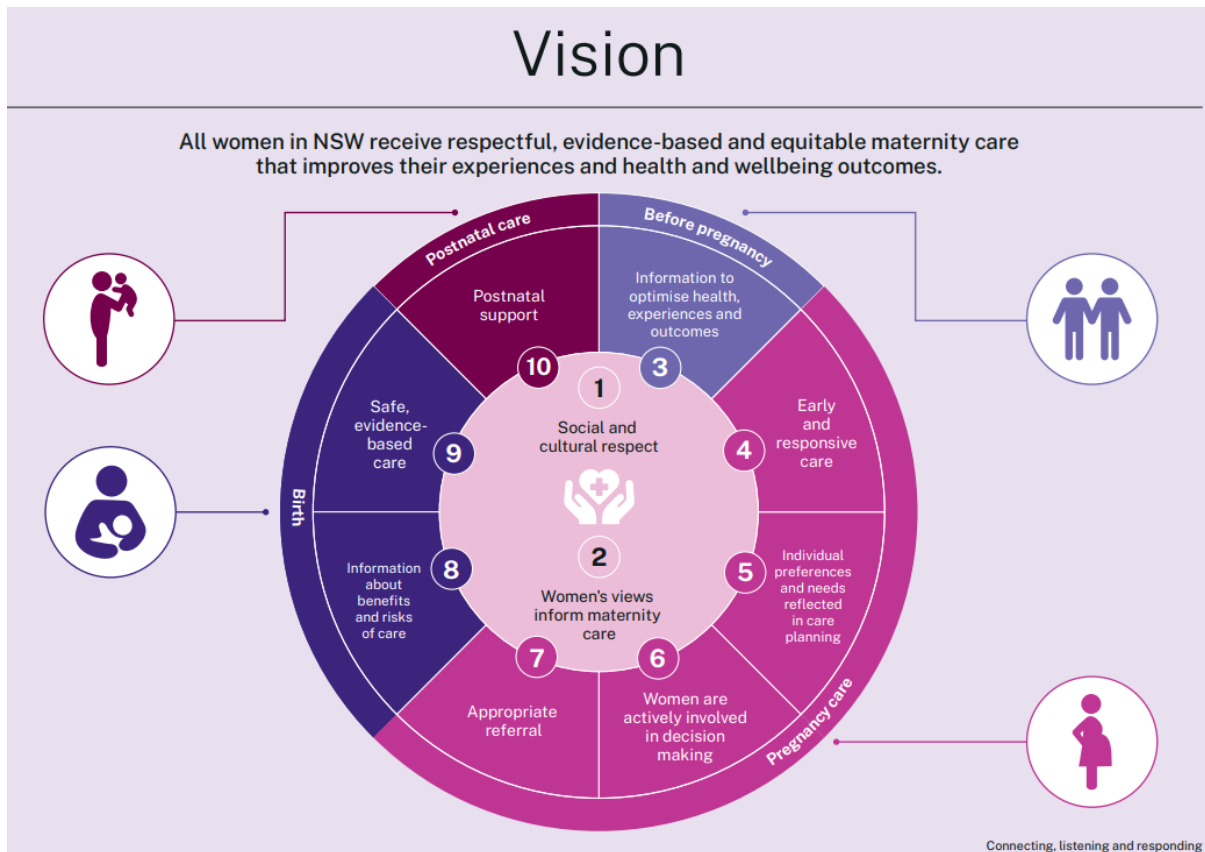
[Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW](#) (the Blueprint) was published in March 2023. The Blueprint aims to ensure all women in NSW continue to receive and further advance respectful, evidence-based and equitable maternity care that improves experiences and health and wellbeing outcomes.

The Blueprint reflects the extensive consultation undertaken with consumers, key stakeholders, local health districts and NSW Health pillars. The consultation included:

- 1000 key stakeholders, including health professionals and consumers, participated in face-to face consultations
- two online consumer surveys for women and partners with over 18,000 responses received
- targeted, structured consultation with NSW Health Ministry of Health branches, local health districts, NSW Health pillar agencies and key stakeholder groups
- the draft blueprint was open for public consultation and received 513 submissions.

The Blueprint is supported by 10 goals and reflects the voices of women and their partners from the consultation process. Goal 1 and 2 are at the centre of the Blueprint as a response to what Women said is fundamentally important, that they want respectful and inclusive care and that the outcomes that matter to women, and their experiences, are used to actively improve their care.

- **Goal 1:** Women receive maternity care that is socially and culturally respectful.
- **Goal 2:** The outcomes that matter to women, and their experience, actively inform their maternity care and future service improvements.
- **Goal 3:** Women have enough information before conception to optimise their health, pregnancy experience and outcomes.
- **Goal 4:** Women are connected to information and care early in pregnancy.
- **Goal 5:** Antenatal care reflects the individual preferences and needs of women, babies and families.
- **Goal 6:** Women are offered different care options, are actively involved in decision-making about their care and their choices are respected.
- **Goal 7:** Women with additional needs during pregnancy are connected to appropriate services.
- **Goal 8:** Women are informed of the possible outcomes of all aspects of care during labour and birth.
- **Goal 9:** Women receive safe, high quality, evidence-based care that is appropriate to their individual needs and expectations.
- **Goal 10:** Women are connected to the care and support they need after birth.



Implementation planning has commenced. Initial key focus areas for implementation are:

- Statewide implementation of maternity patient reported experience measures.
- Enhancing provision of accessible information and education to support women with informed decision making.
- Strengthening guidance for clinicians to obtain valid consent and to support women who decline recommended care.
- Identifying opportunities to increase access for women in NSW to have a known midwife.
- Simplifying pathways for women to ask questions, raise concerns and have postnatal debriefing sessions following birth.

3. Maternity Care in NSW

Maternity care in NSW is delivered through a mix of public and private services, by a range of health care professionals, including midwives, obstetricians and general practitioner obstetricians in collaboration with allied health professionals and Aboriginal health workers. Some women receive care in NSW Health public hospitals by private obstetricians or privately practising endorsed midwives.

In 2021, the majority of women in NSW gave birth within NSW public hospitals. 76,296 (77.8%), women gave birth in a public hospital, compared to 21,358 (21.8%) women who gave birth in a private hospital. These rates have remained stable between 2017 and 2021.¹

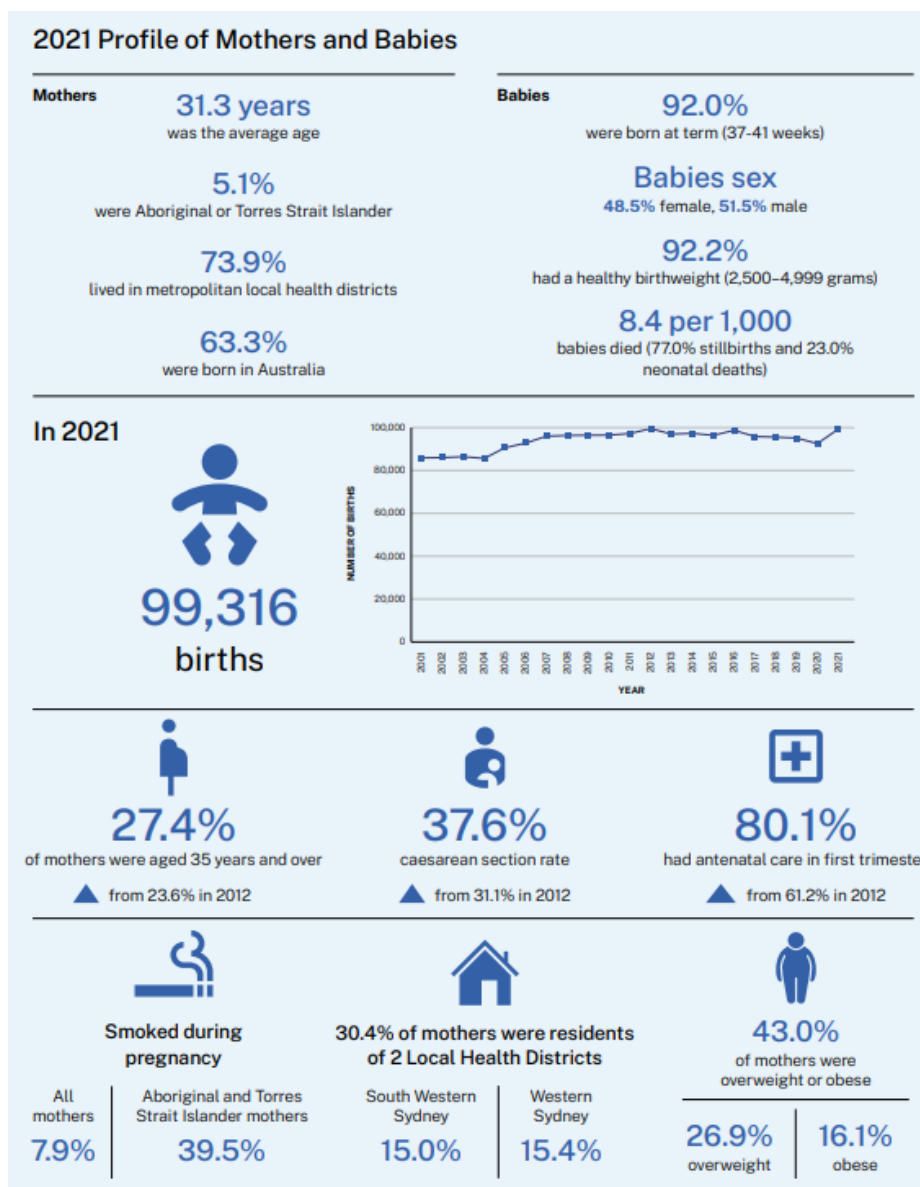
¹ Centre for Epidemiology and Evidence. New South Wales Mothers and Babies 2021. Sydney: NSW Ministry of Health, 2021. Available at <https://www.health.nsw.gov.au/hsnsw/Pages/mothers-and-babies-2021.aspx>

NSW Health provides maternity care in a complex environment, across wide geographical locations. The following section (section 3) provides an overview of the changing demographics of women in NSW, the network of maternity services across NSW, our commitment to improving women’s experience and partnering with maternity consumers to improve maternity care. It also outlines the governance, co-leadership models and clinical information systems used to monitor and improve maternity care.

3.1 NSW maternal demographics

The [NSW Mothers and Babies 2021 Report](#) provides information on the number of births across NSW, recent trends in the health of mothers and babies in NSW, maternity services provided by hospitals, and the health of Aboriginal mothers and babies. This information is also available on the [HealthStats NSW](#) website.

This infographic summarises the profile of NSW mothers and babies in 2021.



3.2 Maternity services are networked across NSW

NSW Health is committed to ensuring pregnant women receive the right care, in the right place, at the right time, as close to home as possible. Maternity services are planned and provided across NSW according to local needs, birth numbers and availability of staff.

Maternity services in NSW are categorised into varying service levels to describe the planned care that can be provided. These levels range from level 1 (antenatal and postnatal care only) to level 6 (the most complex, specialist care provision). Lower-level maternity services are networked to higher level services by a tiered perinatal network structure which extends into the ACT.

There are eight tiered perinatal networks, each comprising of between one and three local health districts. Each tiered perinatal network is led by a Level 6 tertiary hospital to support maternity and neonatal services with lower capability levels within its network. These networks provide a pathway to higher level care at a tertiary hospital if required, especially for women living in regional rural or remote communities who need urgent or emergency maternity care.

3.3 NSW Maternity Care Survey

NSW Health recognises the importance of capturing the experience of women who have given birth in a NSW Health public maternity service. NSW Health commissioned the Bureau of Health Information to complete three surveys (in 2015, 2017 and 2019) of women who have given birth in a NSW public hospital about the maternity care they received.

The [2019 Maternity Care Survey](#) reflects the experiences of 4446 women and highlights:

- 94% of women rated their care during labour and birth as 'very good' or 'good'
- 90% of women felt they were 'always' treated with respect and dignity during labour and birth
- 86% of women felt the health professionals providing their antenatal care 'always' explained things in a way they could understand
- 90% of women felt the health professionals were 'always' polite and courteous
- 92% of Aboriginal women felt their emotional health was 'yes, definitely' or 'yes, to some extent' supported by health professionals during pregnancy.

NSW Health is exploring maternity patient reported experience measurement tools for statewide implementation to monitor and improve maternity care at an individual, service and system level.

3.4 Partnering with maternity consumers

Consumers play an integral role in influencing the organisational and strategic planning of maternity services. They are essential in informing quality improvement, as well as the development, design, and sustainability of maternity services.

Within maternity care, consumers are involved in advisory groups to inform statewide policy development and co-design of local maternity services, including development of models of care, to meet the needs and preferences of local communities.

NSW maternity services are guided by resources developed by the Australian Commission on Safety and Quality in Health Care to engage with consumers and integrate person-centred approaches through the [Partnering with Consumers Standard](#).

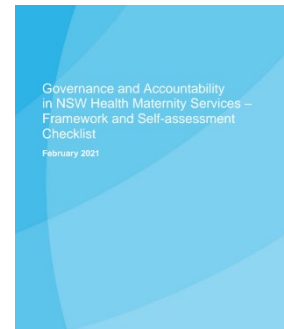
NSW Health is committed to ongoing partnerships with maternity consumers and recognise that the voices of people with lived experience are powerful.

3.5 Governance and Accountability Framework

NSW Health developed the Governance and Accountability in NSW Health Maternity Services Framework in 2021. This framework describes the key components of clinical governance systems required in maternity services to provide safe and effective maternity care including:

- governance, leadership and culture
- patient safety and quality systems
- clinical performance and effectiveness.

The framework outlines the roles and responsibilities of, and essential partnership between, patients and consumers, clinicians, managers, and governing bodies (Local Health District Boards) in implementing effective clinical governance systems in NSW Health hospitals.



The Clinical Excellence Commission provides targeted support to all local health districts to facilitate the assessment of systems and processes and the development of robust strategies to strengthen governance and accountability processes.

3.6 Maternity Co-Leadership

The Governance and Accountability in NSW Health Maternity Services Framework identified the need for the executive and clinical leadership in maternity services to have a shared vision, strategy and model of safety and quality. To achieve this, recommendations were made for the implementation of co-lead (medical and midwifery) models for leadership. The responsibilities of these roles include:

- a focus on quality and safety of the service
- periodic and systematic review of the design of systems for safety and quality with engagement from clinicians
- access to contemporaneous data to inform performance
- implementation of effective systems for management of quality improvement and measurement; risk management; incident management; open disclosure; and feedback and complaints
- regular contribution to reports on safety and quality outcomes to the Maternity Quality and Safety Committee and Facility Quality and Safety Committee.

Statewide forums commenced in April 2021 to focus on the areas of responsibility and data analytics to support quality planning, assurance and improvement, and progress reports on the implementation of the Governance and Accountability Framework. These forums continue several times a year with the focus on the identified needs by the Co-Leaders.

3.7 Maternity and Neonatal Network

NSW Health's Agency for Clinical Innovation formed the Maternity and Neonatal Network in 2021. It is a multidisciplinary network including clinicians, consumers and health care managers from both the public and private sector. The Maternity and Neonatal Network has:

- 692 members (as of July 2023).
- An Executive Committee with broad representation from both the maternity and neonatal sectors, providing strategic direction and project advice.
- A Consumer Reference Group was formed in late 2022 to provide strategic and project specific advice on what matters to consumers to better support people and families. Three members of this group are also members of the Executive Committee.

3.8 Maternity clinical information system

NSW Health local health districts utilise electronic medical records to record maternity care provision. Electronic records provide accurate, up-to-date patient information to facilitate the coordination of maternity care. The electronic system also provides a vehicle for mandatory data reporting at national and state level (for example the [perinatal data collection](#)).

NSW Health is planning to implement a Single Digital Patient Record (SDPR) in all NSW public hospitals. The SDPR will bring together electronic medical records, laboratory information management systems and patient administration systems into one system used across the state. The SDPR will include maternity functionality.

It will give patients confidence that their care teams have all the relevant information available to them, no matter which public hospital they attend in NSW. Having a single, statewide system will support greater continuity of care, particularly for patients who need to receive care across a number of NSW Health settings.

The SDPR will be implemented across the state over the next 5 years, which includes a progressive transition for maternity services. This will provide a single, integrated, longitudinal maternity record across the state.

4. Respectful, evidence-based and equitable maternity care

NSW Health is committed to strengthening maternity care services to achieve our vision that 'All women in NSW receive respectful, evidence-based and equitable maternity care that improves experiences and health and wellbeing outcomes' as outlined within [Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW](#).

Providing high-quality, safe and resilient maternity care is essential to the NSW Health system. All women have a right to woman-centred maternity care that respects their individual needs including culture, religious beliefs and right to privacy.

NSW Health recognises that women and families who are provided respectful and inclusive care are more likely to access and engage with maternity services, make informed decisions and have positive birth experiences.

All pregnancies, labours and births are unique and unpredictable. At times there may be complications and/or an unplanned intervention may be required. Provision of evidence-based and respectful care, along with the woman's informed decision making and valid consent, will assist in the reduction of psychological birth trauma.

4.1 Person centred care

Person centred care is a key priority area across the NSW public health system, including maternity services. Feedback from consumers, their families and carers about their health care experiences is encouraged and used to provide health services with an opportunity to monitor and improve services provided across NSW Health. [Elevating the Human Experience: Our guide to action for patient, family, carer and caregiver experiences](#) outlines how NSW Health is working to improve the human experience in the NSW public health system to transform health services into a human-centred health system.

The NSW Health Clinical Excellence Commission's [Person Centred Care Program](#) was established to work with local health districts to support the inclusion of patients and family as care team members, improve consumer engagement, and promote safety and quality in health care. Encouraging staff to work together with patients and families when providing care improves communication and results in a better experience of care.

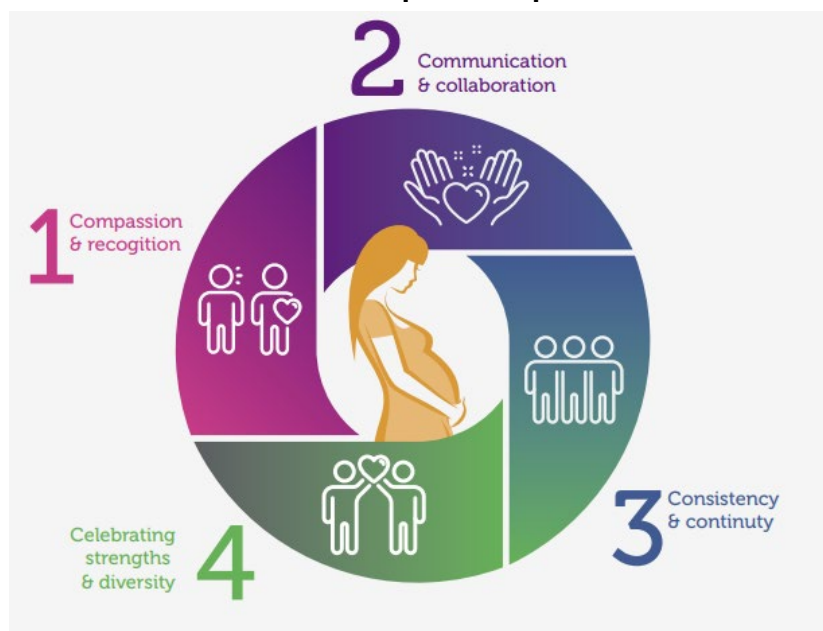
4.2 Trauma-informed care

Trauma-informed care is a systems-level initiative where organisations are oriented towards understanding, recognising and responding to trauma. It is based on knowledge and understanding of trauma, how it affects people’s lives and their service needs, as well as how clients might present to services. Trauma-informed care considers people’s symptoms, responses and behaviours in the context of their past experiences, and emphasises physical, emotional and psychological safety for clients and staff.

NSW Health is committed to providing trauma-informed care. The [Integrated Trauma-Informed Care Framework: My story, my health, my future](#) (published February 2023) outline the four assumptions that underpin trauma-informed care:

- Realising the impact trauma can have on families, carers, organisations, communities and individuals, and understand that all clients and staff may have their own experiences of trauma.
- Recognising the signs of trauma, that relationships can be the basis for healing, and that the service delivery setting plays a role in facilitating the foundation for trauma-informed care.
- Responding appropriately and effectively by applying the principles of trauma-informed care.
- Seeking to prevent re-traumatisation of clients as well as staff.

Principles of trauma-informed care in the perinatal period: ²



NSW Health recognises the importance of the core trauma-informed principles of safety, trust, choice, collaboration, empowerment and respect for diversity.

Further to these core principles, trauma-informed maternity care treats each woman as an individual, tailoring care to her specific needs and goals, respecting her history and situation, and supporting informed choices. Effective trauma-informed maternity care ensures women

² NHS. (2021). A good practice guide to support implementation of trauma-informed care in the perinatal period. Available at <https://www.england.nhs.uk/publication/a-good-practice-guide-to-support-implementation-of-trauma-informed-care-in-the-perinatal-period/>

are supported to feel physically and emotionally safe. The care promotes trust, is collaborative and ensures women are empowered to make informed choices about their care. Trauma-informed care is also underpinned by respect for diversity and an understanding that a woman's emotional, psychological, and spiritual health are as important as her physical health.

Trauma-informed care training is available for NSW Health clinicians.

4.3 Culturally safe maternity care

NSW Health recognises the importance of providing culturally safe maternity care. It is known that providing culturally safe care reduces the potential for birth trauma and supports an enhanced experience of receiving maternity care. The [Aboriginal Cultural Training: Respecting the Difference](#) aims to improve the cultural competence of NSW Health staff caring for Aboriginal people and communities. This training includes mandatory components for all NSW Health staff.

Models of care for Aboriginal women and families

NSW Health provides culturally safe and appropriate models of maternity care for Aboriginal women and their families. Each local health district provides services tailored to meet the needs of local Aboriginal women and families. This includes the Aboriginal Maternal and Infant Health Service (AMIHS) which is provided in over 40 sites across the state.

AMIHS uses a continuity of care model in which Aboriginal health workers and midwives work together with other services to provide high-quality antenatal and postnatal care. Care starts as early as possible in pregnancy and continues through pregnancy and up to eight weeks after the baby is born. A recent AMIHS evaluation showed that it is a valued and culturally appropriate service, it is reaching the women who need it most and is contributing to better outcomes for women and babies.

NSW Health funds the [Training Support Unit](#) to provide education and training to support culturally safe maternity care for staff working in and alongside AMIHS and [Building Strong Foundations](#) programs. The Training Support Unit also provides webinars and forums that are available to all maternity and child and family health staff working with Aboriginal families. The NSW Health Education Centre Against Violence delivers courses about trauma and its impacts, and trauma-informed care and practice to AMIHS and Building Strong Foundations staff.

NSW Health is working closely with the Aboriginal Health & Medical Research Council of NSW on the Closing the Gap Socio-Economic Outcome 2: Aboriginal and Torres Strait Islander children are born healthy and strong. This work includes expanding and supporting culturally safe maternity care services and exploring and developing innovative Birthing on Country models across NSW.

Bourke Health Service

Culturally safe and appropriate antenatal and postnatal care is provided in Bourke through the Aboriginal Maternal and Infant Health Service, Midwifery Antenatal and Postnatal Program and the outreach Obstetric Antenatal Clinic. These programs are flexible and focus on the individual woman and her family to meet her identified needs from a multidisciplinary team, with Aboriginal Health Workers/Practitioners the cultural lead.

Connection to country is key to the success of the programs in Bourke. It includes a step down postnatal maternity service, discharge on country, taking the placenta home for burial, welcome baby to country and community ceremony, yarning circles, smoking ceremonies and Marang Dhali.

The aim of these initiatives is to provide antenatal and postnatal care for women and their families on country. Virtual consultation and support is provided by the obstetrician at the birthing site. To ensure a smooth transition for birth, Aboriginal liaison officers and maternity staff are linked with the women during the antenatal period. These initiatives strengthen connection to country and supports a culturally safe maternity service.

Birthing on Country

Birthing on Country is a key action under the NSW Government [2022-2024 NSW Implementation Plan for Closing the Gap](#). Birthing on Country is defined as ‘maternity services designed and delivered for Indigenous women that encompass some or all of the following elements: are community based and governed; allow for incorporation of traditional practice; involve a connection with land and country; incorporate a holistic definition of health; value Indigenous and non-Indigenous ways of knowing and learning; risk assessment and service delivery; are culturally competent; and developed by, or with, Indigenous people’.³

Benefits of Birthing on Country models have been shown to improve maternal and neonatal outcomes including women attending more antenatal visits, being less likely to have a premature birth and being more likely to exclusively breastfeed on discharge from hospital.⁴

NSW Health and Illawarra Shoalhaven Local Health District are working closely with South Coast Women’s Health and Welfare Aboriginal Corporation, Waminda to implement a Birthing on Country initiative.

Phase one of the project, anticipated to commence in January 2024, will see endorsed midwives employed by Waminda to care for Aboriginal women birthing at Shoalhaven District Memorial Hospital. Phase two of the project will be the establishment of a standalone, Aboriginal and midwifery led Birth Centre and Community Hub in Nowra.

³ Kildea, S. & Van Wagner, V. (2012). ‘Birthing on Country’ maternity service delivery models: a rapid review. An Evidence Check review brokered by the Sax Institute for the Maternity Services Inter-Jurisdictional Committee. Available at: <https://www.saxinstitute.org.au/wp-content/uploads/Birthing-on-Country1.pdf>

⁴ Kildea, S., Gao, Y., Hickey, S. et al. (2021). Effect of a Birthing on Country service redesign on maternal and neonatal health outcomes for First Nations Australians: a prospective, non-randomised, interventional trial. *The Lancet*, 9(5), E651-E659. [https://doi.org/10.1016/S2214-109X\(21\)00061-9](https://doi.org/10.1016/S2214-109X(21)00061-9)

4.4 Maternity models of care in NSW, including midwifery continuity of care

NSW Health recognises the known benefits of continuity of care models, including midwifery continuity of care. NSW Health supports increasing access to continuity of care models wherever possible.

Some of the available models of care in NSW include:

Midwifery Group Practice (MGP): antenatal, labour, birth and postnatal care is provided by a known primary midwife. A secondary backup midwife provides cover and assistance during birth and collaboration occurs with obstetricians in the event of identified risk factors. Some NSW local health districts have MGP programs that offer home birth services.

Team midwifery care: antenatal, labour, birth and postnatal care is provided by a small team of rostered midwives (no more than eight) in collaboration with obstetricians in the event of identified risk factors.

GP Shared Care: women receive antenatal care by their general practitioner in partnership with midwives and obstetricians within their local maternity service.

Aboriginal Maternal and Infant Health Service (AMIHS): is a culturally appropriate maternity service for Aboriginal women, women having an Aboriginal baby, babies and families. This service offers a continuity of care model where midwives and Aboriginal health workers collaborate to provide antenatal and postnatal care (see [Culturally safe maternity care](#) for more information).

Midwifery Antenatal and Postnatal Service (MAPS): care provided by a known midwife for the duration of the woman's pregnancy, with labour and birth care provided by core birth unit midwives. Postnatal care is provided at home, by the known midwife, for up to two weeks.

Additional maternity models of care: local health districts design maternity care models to meet the needs of their local communities. Other models of care may be available including specific models to provide individualised care for:

- families who speak languages other than English or who have specific cultural needs
- young parents
- LGBTQIA+ people
- women with disabilities
- women who use alcohol and/or other drugs.

NSW Health is further exploring how to capture data to reflect the number of women accessing and receiving continuity of care models, including midwifery models.

NSW Health Continuity of Care Models: A Midwifery Toolkit

NSW Health has published a [Continuity of Care Models: A Midwifery Toolkit](#) to support maternity managers and clinicians to design and implement midwifery continuity of care models. It clarifies definitions of important terms, supports effective project management skills, and encourages health services to consider midwifery continuity of care as a way forward to align with community and workforce expectations.

The toolkit was republished in 2023 and includes the important partnerships that are required when designing and implementing these models and acknowledges the benefits of midwifery continuity of care for Aboriginal women, babies and families.

Leeton Midwifery Group Practice

Consumer demand for continuation of birthing services at Leeton led to the establishment of a midwifery group practice in November 2017. Leeton Council was instrumental in pursuing the birthing service following community outcry.

Consumers, including an Aboriginal representative, were members of the midwifery group practice steering committee, they provided diversity to the membership and were able to share insights of local family's experiences.

The midwifery group practice has demonstrated that continuity of care offers safe and supportive care through the birthing continuum for rural women. Women are surveyed at the conclusion of their service and this informs ongoing service improvements and maternity service planning.

4.5 Barriers and considerations of continuity of care models

NSW Health has experienced barriers in expanding midwifery continuity of care models. These barriers are not unique to NSW and have been recognised within published literature. Barriers include midwifery workforce shortages and individual challenges for midwives to work in a model with on-call requirements due to personal responsibilities.⁵

In response to these barriers, NSW Health has introduced an alternative model, the Midwifery Antenatal and Postnatal Service to enhance access to midwifery continuity of care. This model provides continuity of care during the antenatal and postnatal timeframes, with no on-call requirements for the midwife. Research has shown that this model is valued and accepted by women and that women accessing this model felt connected and safe, experienced more quality time with their midwife and that their cultural diversity was respected.⁵

This model has been particularly successful in regional and rural services where offering a Midwifery Group Practice model may be limited due to workforce. In NSW, 20 maternity services have engaged with a MAPS Community of Practice to support increased knowledge among midwifery managers and clinicians in the implementation and sustainability of this model of care.

4.6 Maternal Transfer Redesign initiative and Pregnancy Connect

NSW Health recognises that some women will experience trauma when they require care at a location away from their local community. In 2019, the Maternal Transfers Redesign initiative was co-designed in collaboration with maternity clinicians, local health districts and speciality health networks, NSW Health Pathology, Newborn and paediatric Emergency Transport and NSW Ambulance to promote a systematic statewide approach to consultation, referral and transfer of women with complex pregnancies who need higher-level maternity care.

Evaluation of the Maternal Transfers Redesign initiative found that less women are being transferred for non-birthing clinical indications and that increasingly care is being provided to

⁵ Cummins, A., Griew, K., Devonport, C., Ebbett, W., Catling, C., & Baird, K. (2022). Exploring the value and acceptability of an antenatal and postnatal midwifery continuity of care model to women and midwives, using the Quality Maternal Newborn Care Framework. *Women and Birth*, 35(1), 59-69. <https://doi.org/10.1016/j.wombi.2021.03.006>

women within their own tiered perinatal network. This means that less women are being transferred away from their local communities improving the experience of pregnant women and their families.

To build on the success of the Maternal Transfer Redesign initiative and to address the remaining opportunities for improvements for maternal transfers, a new initiative Pregnancy Connect commenced in July 2023. Each local health district has been provided with funding to recruit a Pregnancy Connect Care Coordinator (a midwifery lead) and an Obstetric Medical Lead. Pregnancy Connect aims to:

- improve access to early and regular antenatal care for women at greatest risk of poor outcomes
- improve timely access to specialist consultation (close to home) and the safe transfer of pregnant women who require higher level care
- improve safety and outcomes across the state, with particular benefits for women and their families in regional and rural NSW
- improve the consumer experience by reducing the dislocation often experienced by women and their families where transfer to higher level care is necessary and
- increase support for rural and regional maternity clinicians through virtual care.

5. Accessible information to promote informed decision making

The importance of providing accessible information to promote informed decision making is acknowledged within [Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW](#). During the development of the Blueprint it became clear that information provided from health professionals is not always consistent and some parents felt they were not given full or balanced information about proposed interventions.

NSW Health acknowledges the importance of providing evidence-based information that is accessible and easy to understand before and during pregnancy. This information assists women to be 'supported to make informed decisions about their care and their choices and preferences are respected' as per objective 6.3 of the Blueprint.

Maternity clinicians provide general information and education regarding pregnancy, labour, birth and early parenthood to all women, and then additional individualised education and information is provided to each woman, tailored to recognise her unique needs.

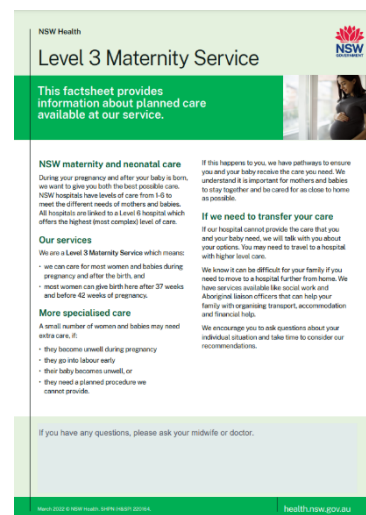
NSW Health provides information to women who are planning pregnancy or who are pregnant, including the following:

5.1 Local maternity services

Service capability factsheets

Maternity and neonatal services in NSW range from level 1 (antenatal and postnatal care only) to level 6 (the most complex, specialist care provision). Service capability describes the scope of planned activity and clinical complexity a service can safely provide.

NSW Health provides accessible information, via a factsheet, to women and their families in the antenatal period about the capability of their local service. This clearly communicates the care that can be provided locally and what to expect if transfer for higher-level care is required.



Local models of care

Most NSW maternity services provide a range of models of care. Information about these models of care may be provided to women through their general practitioner, on local health district websites, or when booking into the maternity service. This information includes the features and benefits of these models, including if they provide continuity of care or if they provide culturally specific care such as the Aboriginal Maternal and Infant Health Service.

NSW Health will continue strengthening partnerships to ensure general practitioners have access to information about the full range of locally available maternity services (action of Objective 6.2 of the Blueprint).

5.2 Evidence-based and accessible information

NSW Health maternity clinicians provide education and information to women as part of every care interaction. This information is provided and individualised to meet the needs of each woman and her family. Maternity clinicians provide information verbally and by providing hard-copy and electronic resources.

Updates to the NSW Health [Pregnancy and the first five years](#) website has commenced as part of implementing Objective 4.1 of the Blueprint - women are connected to accessible antenatal education that includes psychological preparation for parenthood and breastfeeding. The first phase of the update to the pregnancy webpage is complete and includes information about:

- planning a pregnancy
- pregnancy supplements
- healthy eating and staying active
- [hyperemesis gravidarum](#)
- dental and oral health
- reducing stillbirth, and
- pregnancy loss and death of a baby.

NSW Health hosts a Facebook page [Stay Strong and Healthy](#) which aims to raise awareness for Aboriginal pregnant women, their partners and families about the risks of drug and alcohol consumption during pregnancy and breastfeeding.

Improvement opportunities: NSW Health will continue to expand the information that is available on the [Pregnancy and the first five years](#) website. The next phase of the website redevelopment will include enhanced information on planning a pregnancy, maternity care options, antenatal screening tests and vaccinations.

5.3 Printed consumer resources

NSW Health provides the following evidence-based resources, free of charge, to all people in NSW. Resources are available in print and online and include:

Having a baby book

This comprehensive book is available to all women who are pregnant or planning a pregnancy in NSW. It is provided to all women when they book into NSW public hospitals, it is also available for ordering by general practitioners. Hard copies are printed in English, and the book is translated into an additional 20 languages [available online](#).

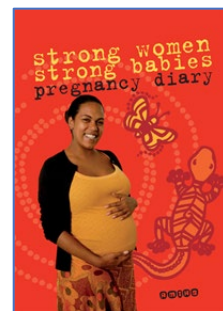
The “Having a baby” book contains information about maternity care, including pregnancy, labour and birth care, options for screening tests, nutrition and exercise in pregnancy, getting ready for labour and birth, possible interventions in labour and birth, pain relief options, care of a newborn baby including infant feeding and screening tests, and psychological and physical care and support of women during pregnancy and following birth. This book assists and promotes informed choices for pregnant women.

The book is currently being updated and will be republished in 2023.



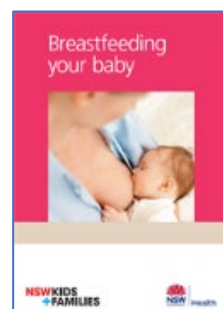
Strong women, strong babies: Pregnancy diary

The diary is a culturally appropriate resource for Aboriginal women and families that promotes healthy pregnancies and breastfeeding with a strong focus on prevention and early intervention. It guides women through the different stages of their pregnancy.



Breastfeeding your baby

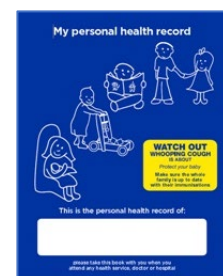
This booklet provides practical advice on common questions and concerns about breastfeeding including the breastfeeding benefits, learning to breastfeed, what to expect, common problems, expressing breastmilk and returning to work.



My personal health record (Blue Book)

All parents of children born in NSW receive a free copy of My Personal Health Record (the Blue Book) after the birth of their baby. The Blue Book has valuable information about their child’s health and development from birth to age 5. The Blue Book is taken to all health and development appointments with a child and family health nurse or general practitioner and contains valuable health information about a child’s health, illnesses, injuries, and growth and development.

The Blue Book is available in English and 18 other languages.



Many other NSW Health consumer resources are available including:

- [Thinking of Having a Baby](#)
- [Sleep on your side when baby's inside](#)
- [Early pregnancy – when things go wrong](#)
- [Pregnancy care for Aboriginal families](#)
- [Your next birth after caesarean section: Information about your birth options](#)
- [Pregnancy beyond 41 weeks: Information about your birth options when you are past your due date](#)
- [Pregnancy screening for Group B Streptococcus](#)
- [Breech baby at term: Information about your care options](#)
- [External cephalic version for breech presentation](#)
- [Newborn Blood Spot Screening Brochure](#)
- [NSW Health Cot Card](#)
- [Why does my baby need a hearing screen?](#)
- [Why does my baby need a repeat hearing screen?](#)

Many resources are translated into languages other than English. Further resources are available including consumer resources provided by local health districts.

5.4 Stillbirth and preterm birth prevention

NSW Health acknowledges that women who experience perinatal loss and premature birth may be at an increased risk of experiencing birth trauma. NSW Health has several initiatives aimed at reducing preventable stillbirths and premature birth including:

Safer Baby Bundle

The NSW Health Clinical Excellence Commission has partnered with the Stillbirth Centre for Research Excellence to implement the [Safer Baby Bundle](#) across NSW Health maternity services. The Safer Baby Bundle aims to reduce the number of preventable stillbirths that occur after 28 weeks gestation. The Safer Baby Bundle has five evidence-based elements that emphasise the importance of best-practice maternity care.

The five bundle elements include:

- Smoking Cessation
- Fetal Growth Restriction
- Decreased Fetal Movement
- Side Sleeping
- Timing of birth

The Safer Baby Bundle also focuses on ensuring health professionals have the knowledge and support they need to provide high-quality and culturally safe bereavement care to parents and families following the death of a baby. Respectful bereavement care can have a positive impact on how parents and families will cope with their grief.

Consumer information resources have been developed to support women and their families in knowledge gathering and informed decision-making. These resources are supported by NSW Health and have been shared with NSW Health maternity services as well as made available via the NSW Health Clinical Excellence Commission's [website](#).

Australian Preterm Birth Prevention Alliance

NSW Health are a partner in the Australian Preterm Birth Prevention Alliance which aims to safely lower the rate of preterm and early term pregnancy birth. As part of this NSW Health actively promotes the ['Every Weeks Counts'](#) consumer resources.

5.5 Antenatal education programs and courses

NSW understands that antenatal education has many benefits including reducing anxiety about birth, increasing the use of coping strategies, increasing partner involvement and improving childbirth self-efficacy, and that psychological preparation for parenthood has a positive effect on women's mental health postnatally.⁶

Consumer consultation with the development of [Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW](#) provided feedback that women would like:

- accessible antenatal education that covers options for labour and birth, health benefits and risks for different modes of birth and preparation for early parenthood that includes breastfeeding, sleep and settling the baby and strategies to support parental mental health and emotional wellbeing
- non-gender specific antenatal education for partners.

This feedback helped design Goal 4 of the Blueprint, that 'Women are connected to information and care early in pregnancy' and objective 4.1 'Women are connected to accessible antenatal education that includes psychological preparation for parenthood and breastfeeding'.

NSW Health supports local health districts to develop and provide antenatal education programs that are accessible, inclusive and culturally safe. Local health districts provide information about their antenatal education programs via their websites and during antenatal care appointments. Dependent on the local health district, specific programs may be provided including:

- Early pregnancy information sessions
- Birth and parenting programs
- Breastfeeding
- Breastfeeding for diabetics
- Young parent classes
- Fatherhood courses
- Classes for parents expecting twins or triplets
- Next birth after caesarean
- Grandparent programs
- Caesarean information sessions
- Antenatal education for LGBTIQ families
- Antenatal education in languages other than English.

Royal Hospital for Women, Randwick

Royal Hospital for Women in Randwick offers a range of innovative preconception services for low and high-risk women.

For low-risk women there is a community-based Pregnancy Lifestyle and Nutrition (PLaN) clinic aimed at optimising maternal health for pregnancy.

For high-risk women there is a specialist multi-disciplinary preconception clinic attended by Maternal Fetal Medicine, Obstetric Medicine and Genetics/MotherSafe.

Women with a history of specific genetic conditions, or preterm birth are also able to access genetic services or attend the preterm birth prevention clinic when planning a pregnancy. Women planning a pregnancy can attend MotherSafe Clinics to discuss medication related issues.

⁶ Department of Health. Clinical Practice Guidelines: Pregnancy Care. Canberra: Australian Government Department of Health; 2020. Available from: <https://www.health.gov.au/resources/pregnancy-care-guidelines>

6. Valid consent in maternity care

NSW Health recognises that all adults with capacity have a right to decide what happens to their own bodies. This means that they have the right to consent to treatment, refuse to consent to treatment for any reason, or withdraw their consent, even if refusal or withdrawal of treatment is likely to lead to serious injury or death.

NSW Health recognises the importance of obtaining valid consent for all treatments and interventions within maternity care and that failure to obtain valid consent may result in birth trauma. Obtaining valid consent is guided by the NSW Health Consent to Medical and Healthcare Treatment Manual and all maternity clinicians receive consent training as outlined here:

6.1 NSW Health Consent to Medical and Healthcare Treatment Manual

The NSW Health [Consent to Medical and Healthcare Treatment Manual](#) (published 26 March 2020) provides operational guidance and procedures to support compliance with the NSW law on obtaining consent to medical and healthcare treatment from patients or their substitute consent providers.

The manual outlines the four core criteria for valid consent:

- the patient giving consent must have capacity
- the consent must be freely given
- the consent must be sufficiently specific to the procedure or treatment proposed
- the consent must be informed.

Consent for maternity care

During the review of the NSW Health [Consent to Medical and Healthcare Treatment Manual](#), it was recognised that there was a need for more specific guidance to support valid consent in maternity care. Section 10.2 was developed to provide specific content regarding information and consent requirements for pregnancy and birth related tests, procedures and interventions. This acknowledges the need for early discussions to ensure women have adequate information and time to consider their options, express preferences, make choices and where necessary give valid consent. The section provides guidance for consent regarding:

- antenatal testing and screening
- planned pregnancy, labour and birth related procedures and interventions
- unplanned labour and birth-related procedures and interventions
- refusal of recommended treatment in a maternity setting
- refusal of recommended treatment in a maternity setting – local level policy.

The manual provides details of the law, that unless the woman lacks capacity, the woman's right to refuse medical treatment prevails over preservation of a potential life. If a woman declines recommended treatment a collaborative approach to maternity care must continue with open and continuing communication with the woman.

To guide maternity clinicians, NSW Health has developed the [Consent requirements for pregnancy and birth](#) which summarises section 10.2 of the Consent to Medical and Healthcare Treatment Manual.

6.2 Consent training for maternity clinicians

NSW Health recognises that it is crucial that maternity care clinicians receive and participate in consent training. This includes:

My Health Learning consent training

My Health Learning is the eLearning system that provides high-quality, self-managed online learning for NSW Health staff. My Health Learning provides access to mandatory training and professional development through a comprehensive range of online and face-to-face education opportunities. Two of the modules that cover consent include consent to medical treatment and Perinatal Safety Education:

Consent to medical treatment: an online module that explains how, when and from whom written consent needs to be obtained for medical treatment. Content includes:

- the purpose of obtaining consent and requirements for valid consent
- when written informed consent needs to be obtained and who can obtain it
- which resources to use to determine who can give informed consent
- how to properly inform a patient about a procedure and warn of material risks
- escalation processes for complex consent situations.

Perinatal Safety Education: this program is mandatory for all NSW Health midwives, obstetricians and trainee maternity clinicians. Perinatal Safety Education is designed to improve the safety and quality of maternity care by facilitating and promoting a collaborative approach to assessing, detecting, escalating, and managing clinical deterioration in maternal, fetal and newborn conditions.

The importance of informed decision-making, engaging with the woman and her partner, and ensuring communication is sensitive and takes into account cultural considerations are interwoven throughout the eLearning and face-to-face modules.

Human Factors

NSW Health acknowledges that human factors such as fatigue, stress and poor communication can all increase the risk of human error, which may impact birth trauma occurrence.

The mandatory [Perinatal Safety Education](#) program embeds human factor education to:

- increase the knowledge and awareness amongst clinicians and
- provide systems, processes and strategies to potentially reduce human error in clinical practice.

The [Safety & Quality Essentials Pathway](#) is being implemented in all local health districts and speciality health networks to build workforce capability and daily habits aligned to eight tenets of healthcare safety & quality:

- patient & family involvement
- systems thinking
- data & evidence
- every person leadership
- continuous learning
- human factors
- multi-disciplinary teamwork
- facilitation skills.

6.3 Finding your way, shared decision making

'Finding Your Way' is a shared decision-making resource created with and for Aboriginal people. It is the only culturally adapted shared decision-making resource for Aboriginal people in Australia and one of few examples developed internationally with First Nations people. The Agency for Clinical Innovation have presented this model to the Aboriginal Maternal Infant Health Service and Building Stronger Foundations network.

The Finding Your Way project is currently piloting and testing the train the trainer program, with pilot sites identified for testing. Following evaluation, targeted maternity services will be explored for implementation of this model.



6.4 Opportunity for improvement

NSW Health has identified an opportunity to develop a policy directive to provide guidance for maternity clinicians in partnering with women who decline recommended care. This policy directive will provide support for informed decision making, resources for clinicians and ensure that a supportive partnership is maintained. This will meet Objective 6.4 of [Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW](#) 'Women and health professionals maintain a supportive care partnership when women decline recommended care'.

7. Connecting women with additional needs to appropriate services

NSW Health acknowledge that some women and their families may require additional support and care during their pregnancy and early parenting. Maternity care providers have a unique opportunity to offer screening for women and families to determine who may need additional support. Some of the care and services offered by NSW Health includes the following:

7.1 Psychosocial screening and assessment

NSW Health recognises that a woman may be especially at risk of trauma during pregnancy, birth and after the birth if she experienced trauma earlier in her life. This can include domestic violence, childhood sexual abuse, rape and migration-related trauma.⁷ Offering universal psychosocial and depression screening during pregnancy and after birth can provide maternity care providers the opportunity to discuss options to minimise the risk of birth trauma or identify it early to provide appropriate care, support and treatment.

Universal psychosocial screening (SAFE START) has been a core component of antenatal and postnatal health care in NSW Health services since 2009. This screening incorporates questions regarding symptoms that have been associated with psychological birth trauma, for example feeling anxious, miserable, worried, depressed and emotional problems. This provides maternity clinicians with an opportunity to identify psychological birth trauma and ensure appropriate care is provided.

The antenatal psychosocial screen is ideally conducted around 12-14 weeks of pregnancy and a care plan for pregnancy and birth is informed by the outcome of these assessments, in consultation with the woman. Postnatal screening is optimally undertaken by child and family health nurses at 6-8 weeks.

For some women their care plan may include referral for additional support through mental health, drug and alcohol and social work services.

7.2 Domestic Violence Routine Screening

The NSW Health *Domestic Violence Routine Screening Program* ([PD2023 009](#)) is an evidence-based program of identification through routine screening for domestic violence, conducted in targeted health settings where intimate partner violence is known to be prevalent. All clinical staff and Aboriginal Health Workers who conduct screening must complete the four-hour mandatory face-to-face Domestic Violence Routine Screening training.

The Domestic Violence Routine Screening Program is targeted to women, as women are predominantly the victims of domestic violence, and is mandatory in maternity, child and family, mental health and drug and alcohol services.

The Domestic Violence Routine Screening Program aims to promote awareness of the health impacts of domestic violence, ask questions about patients' safety in relationships and the safety of their children, and to provide information on relevant health services. Domestic violence routine screening has many benefits and can help to:

- reduce the severity and impacts of domestic violence through early identification and intervention

⁷ Hight, NJ and the Expert Working Group and Expert Subcommittees (2023) Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline. Melbourne: Centre of Perinatal Excellence (COPE).

- address barriers to help-seeking behaviour and help stop the violence from escalating
- inform women about the nature of domestic violence and available support, even when they are not ready to disclose
- provide women with a health service response more tailored to their specific circumstances and needs
- assess the needs of, and provide appropriate support to, children and young people experiencing domestic violence
- improve health workers' knowledge and responses to domestic violence.

Routine screening by skilled workers has little or no adverse effect on women. It is supported by most women who have experienced violence and participated in screening and can improve the longer-term safety and wellbeing of the woman, particularly when associated with a referral to further support.

It also demonstrates that health workers care about women experiencing domestic violence and can offer support to them and their children, and that health services are a safe place to seek support if required in the future.

7.3 Screening and referral to additional services

All women attending NSW Health maternity services are screened and referred for additional services when indicated. These include:

Pregnancy Family Conferencing

Pregnancy Family Conferencing is being enhanced and expanded in metropolitan, regional and remote districts in NSW. It is a joint initiative between NSW Health and the NSW Department of Communities and Justice. The Pregnancy Family Conferencing model links expectant parents with early support to keep their child safe when born, where child protection concerns have been raised.

This statewide program contributes towards Closing the Gap initiatives including:

- Socio Economic Outcomes 4 - Aboriginal and Torres Strait Islander children thrive in their early years and
- Socio-Economic Outcome 12 - Aboriginal and Torres Strait Islander children are not over-represented in the child protection system.

The Pregnancy Family Conferencing model uses a trauma-informed framework to support families that may have experienced intergenerational trauma from previous removals including Stolen Generations survivors and their descendants.

Women's health physiotherapy: Women may be referred by their maternity care provider to a women's health physiotherapist for prevention or treatment of pelvic floor issues. NSW Health recognises the importance of referral for pelvic floor rehabilitation for women who have experienced significant perineal trauma during birth.

Social workers in maternity care: social workers play an integral role in the care of women and families who may be referred to them in pregnancy or after birth. Social workers provide support with life stressors including relationships, financial hardship and housing; make referrals to services that can provide ongoing support in the community; offer grief and bereavement support and assist in accessing practical supports.

Perinatal and infant mental health services

Through [psychosocial screening and assessment](#), women who are at high-risk of mental health concerns are identified and referred via local pathways for multidisciplinary team reviews. These teams make appropriate referrals based on the woman's needs and preferences. Women with severe, acute, or complex mental health needs are referred to Perinatal and Infant Mental Health Services.

The Perinatal and Infant Mental Health Services provide consultation, liaison, or direct treatment and care. Virtual care is provided through a statewide outreach service to ensure equity of access to all women referred, including those living in rural, regional, and remote NSW.

Perinatal and Infant Mental Health Services also work closely with non-government providers of perinatal mental health services, ranging from advocacy, online programs, dedicated helpline centres and specialist counselling services.

Substance use in pregnancy

Substance dependence can be both a risk for and an outcome of birth trauma. While the links are not fully understood, complex inter-relationships can be considered across and between the following established areas:

- childhood adverse events/trauma increase the risk of substance dependence
- greater total burden of trauma in childhood is associated with increased fear of childbirth
- substance dependence increases the risk of poor experience of healthcare
- substance use in pregnancy increases the risk of medical intervention in childbirth
- traumatic childbirth is linked with subsequent hazardous drinking as a coping mechanism for post-traumatic stress disorder
- the role of resilience, anxiety, trauma, fear and loss of control in both childbirth and substance use disorders.

All pregnant women in NSW are screened for current and previous alcohol and other drug use, with consent. This screening occurs in the first antenatal appointment, with repeat screening in follow-up antenatal visits. This helps to identify if the woman is using substances during pregnancy, as well as to identify the level and nature of substance use, including if the use is problematic, and provides an opportunity for tailored intervention for alcohol and other drug use and other potential health issues.

Women who disclose problematic substance use are provided with advice and referred to Substance Use in Pregnancy and Parenting Service (where available) or an alcohol and other drug service for comprehensive assessment and treatment planning. The NSW Substance Use in Pregnancy and Parenting Services support pregnant women to reduce substance use and work with them and their families to provide a safe and nurturing environment for their children up to two years post-birth. This supports stronger communities by providing targeted support to families more likely to have poorer life outcomes.

Sustained nurse-led home visiting

Sustaining NSW Families is a structured, nurse-led, sustained health home visiting program for children and families. Sustaining NSW Families is an evidence-based intervention for families at risk of poor maternal health and wellbeing as well as poorer child health, development and wellbeing outcomes. Ideally, families are identified and enrolled during pregnancy, however families may commence up to four weeks after their baby is born. The program continues until the child turns 2 years old.

The Sustaining NSW Families model involves health professionals working in partnership with families to achieve goals that families set for themselves in consultation with the nurse. Program staff employ a strengths-based partnership approach to develop a therapeutic relationship with the family. The program is designed to actively help parents identify and meet their child's needs, as well as anticipate and prepare for future needs. It is funded for delivery in specified local government areas identified through a demand modelling process and is delivered by local health districts in NSW.

Hyperemesis gravidarum

Hyperemesis gravidarum is a condition that causes severe nausea and vomiting during pregnancy for around 1 in 100 women during their pregnancy. It can be physically, mentally and emotionally debilitating for these women and their families. NSW Health recognises that women who experience hyperemesis gravidarum may have traumatic pregnancy experiences.

Over the last three years there has been an increased focus on the care, support and services for women with hyperemesis gravidarum to improve their experience including:

- Publication of the first NSW Health Guideline *Nausea and Vomiting in Pregnancy and Hyperemesis Gravidarum* ([GL2022_009](#)) to provide evidence-based guidance to support consistency of practice, decision-making and care coordination for diagnosis and management.
- Development of a range of educational tools to promote the NSW Health guideline. This has included the development of an education module and resources for women and clinicians.
- Enhanced Hospital in the Home and other appropriate models of care for hyperemesis gravidarum within NSW Health facilities to ensure that women are receiving care for their hyperemesis gravidarum outside of the emergency department setting.
- Expansion of the existing MotherSafe service to include a nausea and vomiting in pregnancy and hyperemesis gravidarum service that provides additional counselling and follow up for women experiencing these symptoms, and to provide information for healthcare professionals.
- Extending the Out of Hospital Care Program for women with hyperemesis gravidarum to receive non-clinical in home support such as domestic assistance, personal care, meals, transport, social support and respite.

Lactation support services

NSW Health is committed to providing women with breastfeeding information and support. Midwives, obstetricians and child and family health nurses are able to screen women and appropriately refer to lactation support when required.

The NSW Health Policy Directive *Breastfeeding in NSW - Promotion, Protection and Support* ([PD2018_034](#)) confirms NSW Health's commitment to best practice in the promotion, protection and support of breastfeeding to ensure the health workforce have the knowledge and skills to support breastfeeding.

The policy recognises that women and their families have the right to clear, impartial and evidence-based information to enable them to make an informed choice as to how they feed and care for their infants. The policy also recommends additional support be provided to women, their partners and families who have difficulty breastfeeding.

NSW Health's [Breastfeeding your baby](#) website provides information on breastfeeding including breastfeeding services available in local health districts.

NSW Health's current social media campaign 'Breastfeeding – good things take time', developed in consultation with consumers, recognises that breastfeeding isn't always easy and takes time and practise. The campaign provides links to breastfeeding support services including the Australian Breastfeeding Association's Breastfeeding Helpline which is available 24 hours a day every day of the week.

NSW Health also partners with the Australian Red Cross Lifeblood Service to provide [pasteurised donor human milk to vulnerable babies](#) in Neonatal Intensive Care Units, if their mother's own milk is unavailable. Pasteurised donor human milk is available to infants, with their parent's consent, who are born very early, having problems with their gut or heart or for other serious problems.

7.4 Support for culturally and linguistically diverse women and families

NSW Health supports and promotes the provision of culturally safe maternity care. Through consultation of [Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW](#) women from culturally and linguistically diverse backgrounds spoke about maternity staff not always acknowledging and respecting their cultural context and pre-migration experiences. These consumer voices helped inform Goal 1 that women receive maternity care that is socially and culturally respectful, and the associated aim, objectives and actions.

NSW Health Care Interpreting Services

Providing care to people with low or no English proficiency is guided by the NSW Health Policy Directive *Interpreters – Standard Procedures for Working with Health Care Interpreters* ([PD2017_044](#)). This policy describes when and how to work with health care interpreters to support safe, effective and clear communication between health staff and patients, their carers and families, including when providing maternity care.

Working with health care interpreters allows health professionals to fulfil their duty of care and ensures clear communication for patients who speak a language other than English. NSW Health Care Interpreting Services provide access to professional interpreting services 24 hours a day, 7 days a week, onsite and by telephone in over 120 languages, including Auslan. This service is used when providing maternity care whenever appropriate.

Translated maternity consumer resources

NSW Health acknowledges the importance of providing accessible information and resources. To assist with this NSW Health actively translates maternity consumer resources.

The NSW Multicultural Health Communication Service has over 35 maternity consumer resources that have been translated into over 50 languages. This includes the [Having a baby book](#) and the [Edinburgh Postnatal Depression Scale](#), both translated into 20 languages. [My personal health record](#) (the Blue Book) is translated into 18 languages other than English. Additional maternity consumer resources are available on the Multicultural Health Communication Service [publication page](#).

Antenatal care and education for culturally and linguistically diverse women, including refugee women

NSW Health encourages all local health districts to provide culturally safe care. This includes providing individualised antenatal care and education where appropriate that are designed for and with local communities.

7.5 Support for LGBTQIA+ families

NSW recognises the importance of providing safe and respectful care to LGBTQIA+ families and people who access maternity care. Respectful and inclusive care is Goal 1 of [Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW](#).

NSW Health published the [NSW LGBTIQ+ Health Strategy 2022-2027](#) (2 March 2022) with a vision for LGBTIQ+ people in NSW to receive high quality, safe, inclusive and responsive healthcare that delivers outcomes that matter to them. The strategic priorities for our system over the next five years are:

1. deliver high quality, safe, inclusive and responsive care
2. respond to the health needs of transgender and gender diverse people in NSW
3. respond to the health needs of intersex people in NSW
4. capturing data on sexuality, gender and intersex variations at the point-of-care and population level.

NSW Health is committed to improving the experience of all people who access maternity services. This includes recognising the diversity of people and families who access our services and individualising care and language to meet the preferences of each person.

7.6 Financial support for families who require specialist care

NSW Health recognises that some women in NSW may need to travel for specialist care. Women may be eligible for financial support through the [Isolated Patients Travel and Accommodation Assistance Scheme](#) (IPTAAS). IPTAAS is a NSW Government program that provides financial assistance to patients and their escorts who travel more than 100km to access specialised health treatments not available locally.

IPTAAS can support women living in regional, rural and remote areas of NSW who are required to travel long distances to access antenatal, birthing or postnatal care. By providing travel and accommodation subsidies to eligible patients, IPTAAS helps to reduce the financial burden of accessing specialist care for women and families in NSW.

IPTAAS eligible services are listed in the NSW [IPTAAS Assessment Guidelines](#). IPTAAS eligibility criteria and subsidy rates can be found in the NSW Health Policy Directive *Isolated Patients Travel and Accommodation Assistance Scheme* ([PD2022_041](#)).

Royal North Shore Hospital

Pregnancy and infancy are ideal times for families to be engaged in a range of professional support services. At Royal North Shore Hospital, a multidisciplinary and multi-agency system of family focused health care for pregnant women and families has been developed.

Women with complex care needs and vulnerabilities are identified early in pregnancy. We endeavour to provide wraparound care. The service utilises processes such as multidisciplinary team meetings and Pregnancy Family Conferencing to ensure that women's care needs are considered holistically.

Continuity of care is a key feature and women are connected in a timely manner with other support services such as Social Work, Perinatal Infant Mental Health, Domestic Violence services, and Substance Use in Pregnancy and Parenting Service. A team who are relevant to the wellbeing of the woman and her family meet and collaboratively develop and document a highly specific and unique plan exclusively with the woman and her family's individual needs as the focus for pregnancy, birth, postnatal and early childhood periods.

8. Supporting women with postnatal care and transitioning into the community

NSW Health acknowledges that it is crucial that women are connected to the care and support they need after birth. This commitment is outlined with Goal 10 of [Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW](#).

Ensuring women have access to postnatal debriefing, provision of midwifery care in the home and connecting to child and family health services improves the care of all women following birth in NSW:

8.1 Postnatal debriefing

While there is a lack of evidence of the clinical benefit of universal postnatal debriefing,⁸ NSW Health believes that women should be offered the choice to access debriefing following their birth. This forms part of individualised postnatal care. Some women may want to discuss their birth immediately, while other women may have questions about their labour and birth in the following weeks, months or years.

NSW Health is committed to increasing access to postnatal debriefing in a flexible way to meet the needs of individual women.

8.2 Postnatal care and midwifery in the home

Postnatal care should be individualised for all women with consideration of the physical and psychological needs of both the woman and her baby, this includes the postnatal length of stay in hospital. Some women may choose to return home 4 hours following birth, while other women may stay for several days.

NSW Health supports provision of postnatal care being provided in the community, this is known as midwifery in the home. Postnatal care in the community occurs through home visits and/or virtual care by midwives. Midwifery in the home provides individualised care to support adjustment to parenthood including recovery after birth, infant feeding support, support with infant behaviours and settling, maternal and infant clinical assessments, support for emotional health and wellbeing and information regarding family planning and contraception. Following discharge from this service, care is transitioned to the woman's general practitioner and local child and family health service.

8.3 NSW Health child and family health services

NSW Health recognises the importance of seamless transition of care for new parents and their families from maternity services to child and family health services and/or general practitioners.

Child and family health services work in partnership with parents to provide parenting and family support, education to promote the health and development of their child. Integral to this is parental wellbeing support, this includes postnatal [psychosocial screening and assessment](#) with referrals to services as required.

NSW Health recognises the important and ongoing role of general practitioners in supporting families.

⁸ Baxter, J. (2019). Postnatal debriefing: women's need to talk after birth. *British Journal of Midwifery*, 27(9). <https://doi.org/10.12968/bjom.2019.27.9.563>

The [My personal health record](#) (Blue Book) (see section 5.3 [Printed consumer resources](#)) provides a guide for nurses, midwives and general practitioners to provide evidence-based care that includes the schedule for health and development checks, growth charts and immunisation schedule. The Blue Book provides a crucial link to record care between clinicians in child and family health services and general practitioners.

1-4 week health and development check

All families with a newborn are offered a 1-4 week health and development check by their local child and family health service shortly after they return home from hospital. This comprehensive check is undertaken by a child and family health nurse or midwife, usually in a family's home.

The 1-4 week health check is an important early engagement opportunity for families with their local child and family health service. The check covers important health topics for families including feeding, safe sleeping and sudden unexplained death in infancy, immunisations, safety in the home, growth, and settling techniques. The 1-4 week check is a critical opportunity for the child and family health nurse or midwife to assess the parents/caregivers emotional and mental health, the mother's general health and to convey information about parent groups and support networks.

8.4 Building Strong Foundations

The Building Strong Foundations program supports Aboriginal families, children and communities (including women who have Aboriginal babies and children) to ensure that Aboriginal children have the best start to life. Families with children aged 0-5 can access the program. The program aligns with the NSW Health Policy Directive *The First 2000 Days Framework* ([PD2019 008](#)).

Building Strong Foundation services consist of Aboriginal health workers and child and family health nurse teams. In some locations, the core team is supported by allied health professionals including social workers, speech therapists and occupational therapists depending on locally identified needs.

Building Strong Foundations services can be provided in the home, at the local community health centre, or in a place where families, parents, carers and children feel safe and comfortable. Links with maternity services are critical to ensure seamless transition to child and family health services. Where programs are co-located with an Aboriginal Maternal Infant Health Service these linkages are further strengthened so that families remain engaged in the health system from pregnancy to when a child starts school.

The service is integral to providing cultural linkages within local Aboriginal community groups and events to ensure Aboriginal children can maintain their cultural identity and networks. This may include care and support to children in out of home care and families.

The Chasing Butterflies project

The Chasing Butterflies project in Hunter New England Local Health District successfully doubled the engagement of vulnerable families for 6–8-week infant health checks over a twelve-month period.

Maternity care providers, child health nurses and consumers worked together to support vulnerable women’s transition to child and family health care. The contribution of consumers was powerful in the change process; one consumer agreed to participate in the project after making a complaint regarding her universal health home visit.

The project combined a joint seamless approach to health care provision between maternity and child health services through an increased focus on relationships, additional home visits, structured clinical handover, antenatal meet and greets, development of a specific welcome client brochure, and targeted trauma-informed education for staff.

9. Monitoring maternity experiences and outcomes

NSW Health recognises the importance of monitoring experiences and outcomes to ensure improvements to maternity care at all levels, individual, service and system. These robust maternity clinical governance systems include:

9.1 Monitoring experiences of receiving maternity care

Through consumer consultation of [Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW it was clear that](#) women want their feedback to be used to inform maternity service improvements. This helped for Goal 2 ‘The outcomes that matter to women, and their experiences, actively inform their maternity care and future service improvements’. NSW Health is committed to monitoring and actioning the experience of women to improve maternity care at individual, service and system levels.

NSW Maternity Care Survey – 2019 results

As discussed in section [3.2](#), NSW Health commissioned the Bureau of Health Information to complete three surveys of women who have given birth in a NSW public hospital about the care they received. The [2019 Maternity Care Survey](#) reflects the experiences of 4446 women and highlights:

Experiences of antenatal care

- More than eight in 10 women (86%) said the health professionals providing their antenatal care ‘always’ explained things in a way they could understand.
- Nine in 10 women (90%) said health professionals were ‘always’ polite and courteous.

Experiences of care during labour and birth

- More than nine in 10 women (94%) said overall, the care they received during their labour and birth was ‘very good’ (76%) or ‘good’.
- Almost nine in 10 women (87%) said their birthing companion was ‘definitely’ involved as much as they wanted to be in the labour and birth.
- Nine in 10 women (90%) felt they were ‘always’ treated with respect and dignity during their labour and birth.

Experiences of follow-up care in hospital

- Almost nine in 10 women (88%) said overall, the care they received in hospital after their baby was born was ‘very good’ or good.

Aboriginal women’s experiences

- More than eight in 10 Aboriginal women (85%) said the health professionals providing their antenatal care were ‘always’ polite and courteous.
- Eight in 10 Aboriginal women (80%) said the midwives or doctors were ‘always’ kind and caring towards them during their labour and birth.
- Around seven in 10 Aboriginal women (72%) said health professionals ‘completely’ discussed what was important to them in managing their antenatal care and birth.
- Around eight in 10 Aboriginal women (81%) felt they were ‘always’ treated with respect and dignity during their labour and birth.
- Almost nine in 10 Aboriginal women (88%) said hospital staff told them who to contact if they were worried about their health or their babies’ health after they left hospital.

Aboriginal Patient Experience Report – The Insights Series

The NSW Bureau of Health Information’s 2021 [Aboriginal Patient experience report – The Insights Series](#) identified that Aboriginal women receiving maternity care gave significantly lower ratings of care than non-Aboriginal women, particularly around their experiences during labour and birth and the care they received in hospital following the birth.

Aboriginal women receiving maternity care also felt less informed than non-Aboriginal women, providing lower ratings of communication and information provision during labour and immediately after the birth of their baby. However, Aboriginal women who had the support of an Aboriginal health worker during their maternity stays gave significantly more positive ratings of care including communication and information provision and feeling respected.

The report found that 79% of Aboriginal women who had the support of an Aboriginal health worker rated their overall care during labour and birth as ‘Very good’. Significantly higher than those who were not supported by an Aboriginal health worker (58%). Similarly, 89% of Aboriginal women who had the support of an Aboriginal health worker said they were ‘Always’ treated with respect and dignity during labour and birth. Significantly higher than those who were not supported by an Aboriginal health worker (72%).

These findings support the benefits of the inclusion of Aboriginal staff in the provision of maternity care for Aboriginal women and families. To further understand the findings from the Insight Report, NSW Health has commissioned the ‘Investigating experiences of hospital and maternity care among Aboriginal people: an interview study’.

Investigating experiences of hospital and maternity care among Aboriginal people: an interview study

NSW Health is currently coordinating an interview study that aims to develop a detailed understanding of Aboriginal peoples’ experiences and perceptions of maternity and hospital care in NSW. This study builds on oversampling of Aboriginal people in patient surveys conducted by the Bureau of Health Information. Interviews have explored Aboriginal patients’:

- experiences of, and views about, the quality and safety of their care
- experiences and perceptions of feeling culturally safe (or culturally unsafe) while receiving care
- views on what a culturally safe service looks like

- perceptions of how the quality and cultural safety of their care influences their health, including their help-seeking and self-management behaviours
- experiences of reporting incidents of discrimination in a service, and of receiving support following such incidents (where relevant)
- suggestions for improving care for Aboriginal people in NSW.

Findings will be triangulated with other evidence, including patient experience survey data, to tell a comprehensive story of Aboriginal peoples' experiences of the NSW Health system. Results will be used to drive discussions with local health districts and specialty health networks around culturally safe and responsive care for Aboriginal people.

The study is being conducted by Aboriginal researchers through the Sax Institute and is in the data collection and analysis phase. It is anticipated that results will be available before the end of 2023. The study is being guided by an advisory committee with strong Aboriginal membership and community ownership.

Opportunities for improvement

NSW Health recognises the need to collect, report and action statewide patient reported experience measures. NSW Health is currently exploring appropriate tools and methods to implement. Collection of these measures will assist to improve experience of maternity care at an individual, service and system level as part of implementation of Goal 2 of [Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW](#).

9.2 Monitoring outcomes and interventions within maternity care

NSW Health acknowledges the importance of monitoring outcomes and rates of interventions within maternity care. These are monitored in a variety of ways including:

NSW Perinatal Data Collection

The New South Wales Perinatal Data Collection is a population-based surveillance system covering all live births and stillbirths in NSW public and private hospitals, as well as home births. The Perinatal Data Collection is completed by the attending midwife or doctor via an electronic notification. Items include demographic, maternal health, pregnancy, labour, birth, and perinatal outcomes.

NSW Mothers and Babies Report

NSW Health produces an annual Mothers and Babies Report to provide information on the number of births across NSW, recent trends in the health of mothers and babies in NSW, maternity services provided by hospitals, and the health of Aboriginal mothers and babies.

The 24th annual report, [NSW Mothers and Babies 2021 Report](#), was published 14 June 2023.

HealthStats NSW

HealthStats NSW is a 'one-stop-shop' public website bringing together data from many sources to produce statistical information about the health of the NSW population. Users can view and download data and select indicators to produce tailored reports that provide insights into a wide range of health determinants and outcomes, including:

- the health status of the NSW population
- health inequalities and the determinants of health

- the major causes of disease and injury and current health challenges
- trends in health and comparisons between age groups and geographic locations.

The data in HealthStats NSW cover a range of health risk factors, diseases, locations, and specific populations. There is a specific page for NSW [Mothers and Babies](#).

QIDS MatIQ

Introduced in 2021, NSW has the nation's leading maternity intelligence system, QIDS MatIQ. This system allows near real time surveillance of trends in the rates of procedures such as forceps, ventouse, episiotomy and caesarean section. QIDS MatIQ data provides clinical variation visibility across NSW including in rural/remote regions and specific population groups.

NSW Health has established processes to work with maternity services to support measurable improvement activities when significant clinical variation is identified.

The NSW QIDS system had over 40,000 users and generated over 200,000 reports in 2022.

Neonatal Intensive and Special Care Units Data Registry

The [Neonatal Intensive and Special Care Units Data Registry](#) monitors outcomes of higher risk babies admitted to contributing Level 4, 5 and 6 neonatal units in NSW. This includes short term outcomes for all eligible babies and long term outcomes for the babies at highest risk of poor neurodevelopmental outcomes. The Data Registry supports local unit quality improvement in addition to benchmarking across the state, and nationally through contribution to the Australian and New Zealand Neonatal Network.

Hospital-acquired complications

In 2017, all Australian governments signed the Addendum to the National Health Reform Agreement and committed to improve Australian health outcomes through safety and quality reforms. This is supported by the collaborative work program between the Independent Hospital Pricing Authority and the Australian Commission on Safety and Quality in Health Care to incorporate safety and quality measures into the pricing and funding of public hospital services across three key areas:

- sentinel events
- hospital-acquired complications
- avoidable hospital admissions.

A hospital-acquired complication refers to a complication for which clinical risk mitigation strategies may reduce (but not necessarily eliminate) the risk of that complication occurring.

The hospital-acquired complication list offers a set of agreed, high-priority complications which clinicians, managers and others can work together to address and improve patient care. The Australian Commission on Safety and Quality in Health Care is responsible for the ongoing curation of the hospital-acquired complication list to ensure it remains clinically relevant. The current list (v3.1) includes:

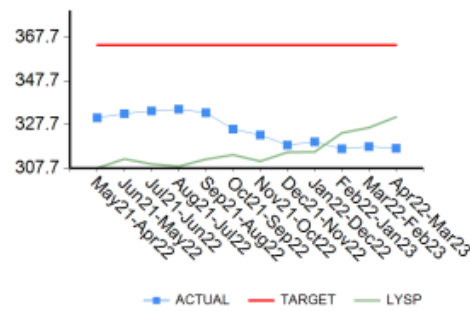
- third and fourth degree perinatal laceration during delivery
- neonatal birth trauma.

Hospital-acquired complications targets and performance are discussed at performance meetings held with local health districts each quarter.

Data from May 2023 demonstrates that NSW Health performs better than target for both hospital-acquired maternity complications:

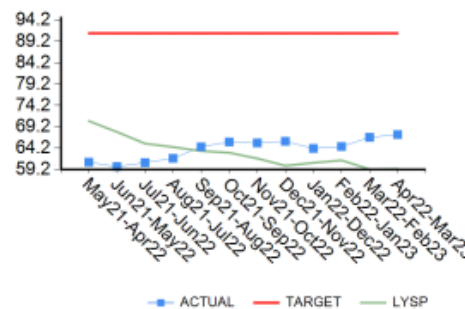
KS2140 Third or Fourth Degree Perineal Lacerations (v3.1)

| Apr22-Mar23 | Target | Variance | % Var | Perf | LY |
|--------------|--------|----------|---------|------|-------|
| 316.7 | 364.1 | -47.4 | -13.0 % | ✔ | 331.1 |
| FYTD Mar-23 | Target | Variance | % Var | Perf | LY |
| 311.2 | | | | | 334.3 |



KS2141 Hospital Acquired Neonatal Birth Trauma (v3.1)

| Apr22-Mar23 | Target | Variance | % Var | Perf | LY |
|-------------|--------|----------|---------|------|------|
| 67.4 | 91.1 | -23.7 | -26.0 % | ✔ | 59.3 |
| FYTD Mar-23 | Target | Variance | % Var | Perf | LY |
| 66.8 | | | | | 58.2 |



LY = last year LYSP = last year, same period

9.3 Investigations of maternity care outcomes

NSW Health has robust process for the management and investigations of clinical incidents, including maternity care outcomes. These include:

Incident Management

NSW Health is committed to learning from incidents. The NSW Health Policy Directive *Incident Management* ([PD2020_047](#)) provides direction for consistency in managing and effectively responding to clinical incidents, including maternity incidents, and acting on lessons learned. The policy directive complies with the requirements of the Health Administration Act 1982.

An incident is an unplanned event that results in, or has the potential for: injury, damage or loss, including near misses. An incident is also known as an ‘adverse event’. NSW Health acknowledges that any incident that occurs within a maternity service may be a devastating event for the women, her baby and her family. The principles of immediacy, accountability and kindness guide our interactions with patients, carers and families, staff and the broader community.

Incident Management System - ims+

NSW Health staff members are required to report all identified clinical incidents, near misses and complaints in the state-wide Incident Management System (ims+). Incidents require local review to be undertaken within 60 days for all Harm Score 1 incidents and within 45 days for harm score 2, 3, and 4. ims+ provides real time data on incidents notified by NSW public health facilities and services. NSW Health undertakes regular review of clinical incident notifications to identify and escalate risks across the system.

Reportable Incident Briefs

Serious incidents are notified and escalated within the Health Service and to the Ministry of Health via a Reportable Incident Brief. Reportable Incident Briefs are reviewed daily via the Reportable Incident Brief huddle in collaboration with the Ministry of Health Patient Safety First Unit and the Clinical Excellence Commission.

Maternal and perinatal related Reportable Incident Briefs are referred to the NSW Health Obstetric Senior Clinical Advisor for advice regarding potential state-wide risks. Following the Reportable Incident Briefing huddle, the local health district may be contacted to clarify any issues identified, and to ensure appropriate risk mitigation strategies are in place to prevent reoccurrence. The Clinical Reportable Incident Briefing huddle was established to foster collaboration and the exchange of information between agencies to identify and escalate patient safety concerns across NSW Health. The Huddle is held each weekday.

Clinical Reportable Incident Briefs are privileged. Clinical incidents which require a Reportable Incident Brief include:

- Unexpected death
- Suspected suicide
- Suspected homicide
- Unexpected intrapartum stillbirth
- Australian Sentinel Event
- Chief Executive determined specific clinical incidents
 - Clinical incidents due to serious systemic problems
 - Clinical incidents that warrant particular attention e.g., Lookback anticipated
 - Patient on patient or patient on staff assaults resulting in serious injury or death with reasonable clinical grounds to suspect a connection to care
- Term babies with suspected or confirmed harm
 - Early neonatal deaths (0 – 6 days)
 - Severe brain injury diagnosed in the first seven days of life
 - Diagnosed with grade III hypoxic ischaemic encephalopathy or
 - Therapeutically cooled (active cooling only) or
 - Decreased central tone AND was comatose AND seizures of any kind.

The local health district Chief Executive appoints preliminary risk assessment and serious adverse event review teams whose work is privileged. A Chief Executive may direct a privileged preliminary risk assessment and/or serious adverse event review be undertaken for clinical Harm Score 2, 3 or 4 incidents the Chief Executive considers may be due to a serious systemic problem.

Maternal Perinatal Serious Incident Review Sub-Committee

In line with the NSW Health Policy Directive *Incident Management* ([PD2020 047](#)), a serious adverse event review is required to review all Harm Score 1 and selected Harm Score 2-4 Reportable Incident Briefs. Serious adverse event review reports are submitted to the Ministry of Health within 60 days of notification for all NSW public hospitals.

The Maternal Perinatal Serious Incident Review Sub-Committee is a multidisciplinary team responsible for reviewing and analysing all maternal and perinatal related serious adverse event reviews. The purpose of the sub-committee is to identify key learnings, emerging risks and patient safety issues that have statewide implications, and to promote improvements in maternal and perinatal services. Patient safety themes are communicated to the system via Maternal Perinatal watches distributed to Chief Executive and Directors of Clinical Governance.

Morbidity and mortality meetings

Multidisciplinary morbidity and mortality meetings, or clinical review meetings, are conducted regularly by all local health districts. These meetings allow maternity services to review the quality of the care that is being provided to women and their families.

These meetings are a key opportunity for clinical staff to engage in the processes of patient safety and quality improvement and therefore represent an important opportunity for education regarding these processes.

Maternal Perinatal Mortality Review Committee

This Committee was originally established in 1939 to review and investigate the instance of maternal mortality in NSW. In 1969 the Committee's role was expanded to include perinatal morbidity and mortality (stillbirths and newborn deaths occurring within 28 days of birth).

The primary purpose of the Maternal Perinatal Mortality Review Committee is to subject all maternal and perinatal deaths that occur in NSW for peer review to:

- classify the maternal deaths based on the World Health Organisation classification (direct, indirect or coincidental)
- examine the circumstances leading to maternal and perinatal deaths in order to identify risk trends or issues of safety and clinical practice which may have contributed to the death
- ascertain any possible avoidable/preventable factors and identify lessons to be learnt.

A sub-committee of Maternal Perinatal Mortality Review Committee members, known as the Perinatal Mortality Review Subcommittee, reviews stillbirths and neonatal deaths.

Information arising from reviews conducted by the Committee and sub-committee may assist in the development of policy documents, reports and safety alerts designed to improve health outcomes of women and newborns, as well as prevent or reduce maternal and perinatal morbidity or mortality.

Resilience assessments

NSW Health Maternity Resilience Assessments evaluate the capability of complex systems to maintain safety, flexibility and recover from a range of potential adverse events. The [Resilience Assessment in Maternity Services facilitation guide](#) and supporting resources to assist maternity services understand the components of mature safety systems and to follow a structured process in order to facilitate a resilience assessment. Maternity services need to have in place several important safety structures, processes, culture and programs to be prepared and responsive in the event of an adverse incident.

The recommendations from Resilience Assessments support the development of generative safety systems at individual, service and system levels. The new NSW Health Policy Directive *Maternity - Safety and Quality Essentials* (due for publication in 2023) will provide guidance for when a Maternity Resilience Assessment may be indicated for a local health district.

9.4 Open disclosure

NSW Health acknowledges the importance of open disclosure in maternity incidents.

The NSW Health Policy Directive *Open Disclosure* ([PD2014_028](#)) states that open disclosure must occur whenever a patient has been harmed, whether that harm is a result of an unplanned or unintended event or circumstance or is an outcome of an illness or its

treatment that has not met the patient's or the clinician's expectation for improvement or cure.

The mandatory requirements of open disclosure include acknowledgement of a patient safety incident as soon as possible and generally within 24 hours of an incident, truthful, clear and timely communication on an ongoing basis, provision of an apology and providing care and support to patients and/or their support person(s).

NSW Health supports local health districts and maternity clinicians in the implementation of the Open Disclosure policy through the provision of resources available on [Open Disclosure webpage](#).

10. Responding to maternity consumer concerns

NSW Health is committed to listening and connecting with women who are receiving or have received maternity care. This includes responding to maternity consumer concerns and using this feedback to enhance maternity care at individual, service and system levels.

10.1 Supporting women to ask questions and raise concerns

Women and their families are able to ask questions and raise concerns locally about their maternity care in a variety of ways including:

- with their midwife or obstetrician
- with a maternity service manager
- through their local health district Consumer Feedback Department
- via the NSW Health REACH program - a system that helps women and families to escalate their concerns with staff about worrying changes in the woman or baby's condition while they are in hospital. REACH stands for Recognise, Engage, Act, Call, Help is on its way.



10.2 Legal and regulatory frameworks

NSW Health has policies and processes in place to deal with health practitioners where standards and performance fail to meet the high standards of professionalism expected by the public and by the professions as a whole.

Any member of the public can make a report or complaint directly to a NSW Health organisation (for example their local hospital where their care was provided) or to the Australian Health Practitioner Regulation Agency or the NSW Health Care Complaints Commission.

Complaints and concerns against health practitioners may be dealt with under the following NSW Health Policy Directives:

- Managing Misconduct ([PD2018_031](#))
- Managing Concerns and Complaints about Clinicians ([PD2018_032](#))
- Managing Child Related Allegations, Charges and Convictions against NSW Health Staff ([PD2020_044](#))
- Prevention and Management of Workplace Bullying ([PD2020_040](#))

Note: Above policies are under review

- Service Check Register for NSW Health ([PD2021_017](#)).

Depending on the nature of the alleged issue, complaint or concern, NSW Health organisations are also subject to a range of internal and external notification obligations.

External notifications include:

- The relevant Health Professional Council must be notified of unsatisfactory professional conduct or professional misconduct by registered health professionals (obligation arises under the *Health Service Act 1997*)
- The Australian Health Practitioner Regulation Agency must be notified if the employer forms a reasonable belief that a health practitioner has engaged in “notifiable conduct” defined under *Health Practitioner Regulation National Law (NSW)* to include:
 - sexual misconduct in connection with the practice of their profession
 - practised their profession while intoxicated by alcohol or drugs
 - placed the public at risk of substantial harm in the practice of their profession because of an impairment
 - placed the public at risk because of significant departure from accepted professional standards
 - NSW Police must be notified if there is alleged criminal conduct.
 - the Child Protection Helpline must be notified if there is a suspected risk of significant harm relating to a child or a class of children
 - the NSW Children’s Guardian must be notified within 7 business days of the NSW Health organisation becoming aware of child-related allegations, charges or convictions involving a NSW Health staff member (“reportable conduct”)
 - private hospitals where the clinician holds appointments may need to be provided with information about any child related allegations or other allegations that raise serious concerns about the safety of patients.
 - consideration may be given to making a complaint to the Health Care Complaints Commission
 - external regulators such as NDIS Quality and Safeguards Commission and Aged Care Quality and Safety Commission may need to be notified in circumstances where a health practitioner has engaged in conduct that precludes them from working with elderly Australians and people with disability.

There are also mandatory requirements for registered health practitioners to notify the Australian Health Practitioner Regulation Agency of notifiable conduct of other registered health practitioners.

NSW Health Code of Conduct

The NSW Health Policy Directive *Code of Conduct* ([PD2015_049](#)) sets standards of ethical and professional conduct in NSW Health. It defines standards of ethical and professional conduct that are required of everyone working in NSW Health in any capacity, the outcomes NSW Health are committed to, and the behaviours which are unacceptable and will not be tolerated. The Code of Conduct assists with building a positive workplace culture based on our core NSW Health values of collaboration, openness, respect and empowerment.

The intent of the Code is to provide a framework to promote ethical day-to-day conduct and decision making. Possible outcomes for a staff member who has breached the Code may be:

- counselling
- performance improvement plans
- formal disciplinary action
- referral to the relevant registration board when the staff member is a registered health practitioner
- referral to the police in cases of suspected possible criminal activity
- referral to other Government agencies, such as the Independent Commission Against Corruption, or
- termination of employment.

The code of conduct covers all NSW Health maternity clinicians and students on clinical placements.

Complaint Management

NSW Health acknowledges that patient feedback, including complaints, provide an important opportunity to identify problems and improve service provision across NSW Health, this includes within maternity services.

Consumer feedback provides evidence that can be used to improve healthcare services, aligned to the [NSW Health Core Values](#), and to ultimately improve the experience and outcome for pregnant women and their families in NSW.

The NSW Health Policy Directive *Complaint Management* ([PD2020_013](#)) assists the effective management of complaints made by patients, carers and members of the public. Staff at all levels of NSW Health are committed to fair and effective complaint management in accordance with the following principles:

- complaints are acknowledged and responded to promptly and with sensitivity
- complaints are assessed and dealt with fairly and effectively
- people making complaints are provided with information about the outcome of their complaint
- people making complaints will not suffer any detriment because a complaint has been made by them or on their behalf.

The Clinical Excellence Commission provides a summary of consumer feedback from across the NSW public health system in their [biannual incident report](#).

Managing complaints and concerns about clinicians

The NSW Health Policy Directive *Managing Complaints and Concerns about Clinicians* ([PD2018_032](#)) provides a standard approach for the management of serious complaints and concerns about clinicians working in NSW Health. This includes how to conduct an initial review, managing risks, notifications, investigations, findings and implementation of decisions.

Managing Misconduct

The NSW Health Policy Directive *Managing Misconduct* ([PD2018_031](#)) sets out the requirements for managing potential and/or substantiated misconduct by staff of the NSW Health and by visiting practitioners. This includes how to conduct the initial review and response, managing risks, suspension of staff, investigations and findings.

Australian Health Practitioner Regulation Agency

All NSW Health midwives, obstetricians and general practitioner obstetricians must be registered through Australian Health Practitioner Regulation Agency. The Australian Health Practitioner Regulation Agency works in partnership with the National Boards to ensure health practitioners are suitably trained, qualified and safe to practise.

The [Nursing and Midwifery Board of Australia's professional standards](#) must be met by all midwives in order to practise in Australia. These professional standards define the practice and behaviour for midwives and include codes of conduct, standards for practice, and codes of ethics. The Medical Board of Australia outlines [medical mandatory registration standards](#) and [code of conduct](#).

Health Care Complaints Commission and Health Professional Councils

The Health Care Complaints Commission (HCCC) acts to protect public health and safety by resolving, investigating and prosecuting complaints about health care. It is an independent body set up under the [Health Care Complaints Act 1993](#).

It has a central role in maintaining the integrity of the NSW health system, with the overarching aim of protecting the health and safety of individuals and the community. The HCCC deals with complaints about all health services and providers in NSW including health organisations, registered and non-registered health practitioners.

Any person can make a complaint, including:

- the person who experienced the problem
- a parent or guardian of the person or child concerned
- a relative, friend or representative chosen by the person concerned for the purpose of making the complaint
- a health service provider or other concerned person
- the HCCC, who can initiate an 'own motion' complaint if it becomes aware of significant risks to public health and safety or significant concerns about a health service provider.

The Clinical Excellence Commission and Ministry of Health's Patient Safety First Unit meet regularly with the HCCC to discuss emerging issues, trends and concerns.

The Health Professional Councils are statutory bodies established to protect the public under the Health Practitioner Regulation National Law (NSW). The councils work with the HCCC in a partnership called co-regulation. Together they manage complaints about registered health practitioners decide which agency should deal with the complaint.

The HCCC investigates and prosecutes complaints about registered health practitioners before the NSW Civil and Administrative Tribunal. The HCCC also deals with complaints about health organisations in NSW. The Councils manage less serious complaints and imposes and/or monitor conditions placed on a practitioner's registration following a regulatory process. The Councils can also take immediate action by suspending or imposing conditions on a practitioner's registration to protect the health and safety of the public or if otherwise in the public interest.

11. Supporting maternity clinicians

NSW Health recognises the impact of birth trauma on maternity clinicians, including midwives, obstetricians and allied health professionals. Supporting maternity clinicians assists with building and maintaining a sustainable workforce.

11.1 Be a voice for safety – psychological safety

Creating a culture of psychological safety is crucial for effective communication in health care teams. Psychological safety empowers clinicians to challenge ideas, ask questions or share new or alternative ideas. Teams need psychological safety in complex multidisciplinary settings, including maternity services, to deliver safe and reliable patient care. Psychological safety in health care is about being a voice for safety of patients.

The ethos of [Be a voice for safety](#) brings together tools and resources that enable and support individuals and local teams to actively shape and maintain the environment that always allows them to feel safe to speak up. “it feels safe – it is safe”.

There are many NSW Health programs that influence, support, and build capability for psychological safety.

Safety & Quality Essentials Pathway

The [Safety & Quality Essentials Pathway](#) is being implemented in all local health districts and speciality health networks to build workforce capability and daily habits aligned to 8 Tenets of healthcare safety and quality:

- patient and family involvement
- systems thinking
- data and evidence
- every person leadership
- continuous learning
- human factors
- multi-disciplinary teamwork
- facilitation skills.

[Safety Fundamentals](#) are activities which focus on strengthening behaviours that impact safe and quality care. They are recommended to teams to enhance teamwork and person-centred communication. When effectively implemented and regularly evaluated they have the potential to deliver quick, measurable gains and are associated with positive staff and patient experience. For example, Safety Huddles are a brief, focused and structured exchange of information about potential or existing safety risks which may affect patients, staff and any person accessing the healthcare environment. Safety Huddles allow teams to develop on the spot action plans to address safety concerns, provide updates on actions taken on risks previously identified and to celebrate successes.

[Team Stripes](#) is a generative framework used to support teams to build a strong sustainable safety culture and ensure all team members feel safe to speak up.

11.2 Safety culture measurement

A safety culture recognises the link between the experiences of staff and the experiences of patients, their families, and carers. The NSW Health [Safety Culture Framework](#) identifies the key interconnected elements that enable a positive healthcare safety culture, where safety is everyone’s responsibility and compassionate leadership is evident at all levels of the system. The Framework promotes psychologically safe work environments for our staff and improved outcomes and experiences for patients, families and carers.

11.3 Clinician debriefing

NSW Health has a commitment to staff wellbeing and creating a culture of emotional safety for staff. Reflective practice is a way to integrate our human experience and transform the way clinicians deliver care as well as how patients and their families/carers receive care. Reflective Practice is highly effective in supporting the growth of skills to process work challenges; enhancing wellbeing; humanising people's work experience; and growing confidence to lean into work challenges.

Incorporating reflective practice into maternity care can lead to improved outcomes for women and their babies. It promotes enhanced wellbeing, stronger teamwork, and communication, and increased professional satisfaction among maternity clinicians.

Recognising the emotional impact of healthcare work and prioritising the physical and mental health of maternity clinicians to manage these demands and maintain their wellbeing can have many benefits. When maternity clinicians feel valued and supported, they are more likely to provide high-quality care and to feel a sense of satisfaction and purpose in their work. This, in turn, can lead to improved experience and health and wellbeing outcomes for women who access maternity care.

11.4 Employee Assistance Programs

NSW Health is committed to the health and wellbeing of its employees and demonstrates this commitment by establishing and maintaining confidential Employee Assistance Programs in all NSW Health organisations as outlined NSW Health Policy Directive *Employee Assistance Programs* ([PD2022 048](#)).

All NSW Health organisations must, in consultation with employees and their representatives, provide an Employee Assistance Program that includes:

- Access for all employees and household family members to voluntary, confidential and professional counselling and referral services delivered within a reasonable timeframe.
- Services that are appropriate to the needs of employees from diverse backgrounds.
- Information, advice and support available to supervisors and managers on the effective and management of organisational and individual issues affecting employees, for example change management issues, team functioning, interpersonal relationships and conflict resolution.

This program is available to all maternity clinicians within NSW Health.

11.5 Support for midwives

Midwives working with NSW Health are supported in many ways including:

- [Midwifery scholarships and financial assistance](#)
- Mentoring in Midwifery program
 - a state-wide strategy to support midwifery practice, culture, recruitment, and retention. The program aims to develop and implement an innovative, sustainable mentoring program that can be embedded into midwifery practice. This program will support the midwifery profession, develop leadership at all levels, and help in the retention of a strong, confident, and skilled midwifery workforce.
- Midwifery Pathways in Practice
 - a new initiative under development to enhance the attraction, retention and engagement of the midwifery workforce. It will provide a central access point for midwives to enhance their learning, develop their clinical practice to support a variety of models of care, and link them to leadership development opportunities.