Public Health Association of Australia
submission on National Strategic Approach to Maternity Services

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Preamble

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public’s health in Australia.

The PHAA works to ensure that the public’s health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people’s health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.
Introduction

PHAA welcomes the opportunity to provide input to the National Strategic Approach to Maternity Services. The reduction of social and health inequities should be an overarching goal of national policy and recognised as a key measure of our progress as a society. The Australian Government, in collaboration with the States/Territories, should provide a comprehensive national cross-government framework on promoting a healthy ecosystem and reducing social and health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

PHAA Response to the consultation paper

1. Can you in one or a few brief sentences provide what you think would be an overarching key outcome statement for the NSAMS?

To provide a vision, key objectives, and an action plan to ensure quality, culturally appropriate, accessible, acceptable and equitable maternity care for all women and their babies in Australia.

2. Do you think there should be a set of values that underpin the NSAMS? If so, list the top four values you would like to see included.

- High quality, accessible, acceptable and equitable maternity services
- Culturally-appropriate and socially sensitive maternity care services
- Availability and accessibility of reliable information
- Networking and partnerships that involve constructive and meaningful engagement

3. Can you outline three or four positive aspects of maternity services in Australia?

- Universal access through Medicare
- Continuity of care options
- Consistent focus on safety and quality of maternity care
- Partnerships among different stakeholders

4. What do you think are the three or four key gaps or issues for maternity services in Australia?

- The lack of a primary health wellness model underpinning maternity service that connects GPs, midwives and child and family health nurses in delivering coordinated seamless care
- Accessibility - Inequitable access especially in rural Australia, particularly out of pocket fees to access GP shared care, poor linkage to preconception care and early childhood care at community level that take into account psycho-social aspects of transitioning to parenting
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- Data – lack of nationally consistent data and reporting, standardisation of data, data on experiences of users of maternity services
- Targeted maternity services interventions for women from culturally and linguistically diverse backgrounds including Aboriginal and Torres Strait Islander women.

5. What four to six key improvements would you like to see in maternity services in Australia?

- Post-natal care:
  - During the post-natal care handover period, there is a need to better integrate child and family health nurses, particularly the need for sustained home visiting.\(^1\) This includes linking maternal and child health and the professionals working there (midwives and child and family health nurses) with obstetricians, gynaecologists, paediatricians and also social workers, counsellors and alcohol and other drug professionals.
  - Reference to early intervention in parenting during the antenatal and postnatal period, especially for families facing multiple vulnerabilities is needed. Women and their families need to be assisted and encouraged to develop strong community support networks to ensure social cohesion and subsequent health and well-being effects.

- Legislative support for parents:
  - Paid maternity leave for all women in Australia is important to ease the financial burden of having children and allows mothers to have a paid period of time with their infants, in an equitable way which values and respects all parents, regardless of whether they have been in paid employment in the previous 12 months.
  - Legislative support for all businesses and employers to provide flexible work practices, work breaks and facilities to combine breastfeeding and work.

- A respectful maternity care charter that involves partnering with consumers:\(^2\)
  - Respectful care is women centred care and is considered to be key to ensuring high quality health care and optimal health outcomes.
  - This values co-production principles of engaging women, their partners and families in decisions regarding maternity care and services that demands a shifts in the power and control of interactions between clinicians and women.\(^3\)

- Data that is presented by parity and place of birth and clinician type with a focus on morbidity. There is a need for improved data collection to inform on-going improvement of services.

6. Are there specific strategies for rural and remote services and/or Aboriginal and Torres Strait Islander women and/or women from culturally and linguistically diverse backgrounds?

- Specific care models that support health practitioners to constructively and meaningfully engage women from culturally and linguistically diverse backgrounds.
- Additional specific support to address cultural barriers to maternity outcomes.
- In recent years we have seen an improvement in health outcomes and child infant mortality rates for Aboriginal and Torres Strait Islander children, however, there is still a disparity.\(^4\) The child mortality rate for Aboriginal and Torres Strait Islander children is 1.9 times that of other children in Australia, and they are 7 times more likely to be taken into care.\(^5\) Aboriginal and Torres Strait
Islander women are twice as likely as non-Indigenous women to develop gestational diabetes, and three to four times as likely to have pre-existing diabetes affecting pregnancy.\textsuperscript{6}

- Aboriginal and Torres Strait Islander women face disparities in their maternal health outcomes, compared with non-Aboriginal women, and a clear need for cultural safety training within mainstream services has been identified.\textsuperscript{7} Aboriginal Community Controlled Health Organisations (ACCHOs) offer culturally appropriate, holistic health care, and with appropriate funding and resourcing, are best placed to offer maternity and other health care services to Aboriginal and Torres Strait Islander people.\textsuperscript{8}

- For Aboriginal and Torres Strait Islander parents, family focused, community embedded programs that address social determinants of health alongside appropriate social, behavioural and community-wide environmental interventions are the most effective.\textsuperscript{9}

7. How will success be measured or how will we know if strategies are being successful?

Key performance indicators applicable to both services and governments must be developed for each strategy and mapped to the key areas of: preconception care, pregnancy and intrapartum care, post-natal care, prevention of family violence, and grief and bereavement services. Progress must be measured against the achievement of:

- Quality and safety
- Access including adequate funding of services
- Acceptability
- Equity
- Primary health care workforce capacity and collaboration
- Cross sectoral collaboration for maternity care

8. Comments on specific sections

PHAA suggests that the section on Preconception Care (p15) be expanded to strengthen the important role of General Practitioners in advising women and men about the modifiable risk factors that may affect the chance of pregnancy and the health of future children. Evidence demonstrates that the most important factors affecting fertility are parental age, smoking and obesity, and that these factors also influence pregnancy health and the health of the child/ren at birth and into adulthood. Knowledge of these risk factors among people of reproductive age is generally low, and most seek fertility health information from their general practitioner.\textsuperscript{10,11} Maternal and child health nurses play a critical role in assisting mothers to optimize their health prior to future pregnancies, including the importance of micronutrients such as folate.
Conclusion

PHAA supports the broad directions of the draft National Maternity Services Strategy, which is improved from the previous version. However, we are keen to ensure comprehensive and accessible services, in line with this submission. We are particularly keen that the following points are highlighted:

- Maternity services should be high quality, accessible, acceptable and equitable
- Services must be culturally appropriate and socially sensitive including for Aboriginal and Torres Strait Islander people, and other culturally and linguistically diverse communities
- Reliable, available and accessible data to inform services planning and delivery must be improved
- Services must be better integrated in the post-natal period
- Networking and partnerships involving constructive and meaningful engagement should be facilitated.

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to a Strategy for improved maternity services in Australia.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.

Terry Slevin
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18 June 2018

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References