

MATERNITY E-BULLETIN

Getting connected and staying connected
A statewide perspective on maternity services

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FROM THE CHIEF EXECUTIVE



Thank you for your positive feedback and support of the first issue of the Maternity e-Bulletin!

We are very excited to present this edition stamped with our new corporate identity. We hope you like it as much as we do! In developing our new identity we wanted to convey the message that NSW Kids and Families will inform and initiate positive outcomes from a position of influence. We stand at the centre of a system of ongoing activities, evidence-based research and intend to achieve real results whose effects are felt across NSW (hence the ripple effect!). We exist to learn, lead and collaborate with you all so that kids and families in NSW are healthy, safe and well.

Since the last edition we have been working on a number of preparatory tasks to better inform our activities in the years ahead. We have partnered with the Centre for Epidemiology & Evidence to prepare a report on the relative health status of mothers and babies, children, young people and families in NSW. Similarly, we have been working with eHealth NSW on a strategy to guide future investment in information systems and communication technology that will better support clinical practice and enable informed policy development. Obstetric systems and their connectivity with early child health, growth and development records have been a key focus which you will hear more about later. We would like to thank all who participated in workshops to inform this strategy.

Over the next few months we will be consulting with as many people as possible to develop a strategic plan for the children and families of NSW. We will look forward to receiving your input.

Joanna Holt

MEET THE MATERNAL CHILD AND FAMILY HEALTH TEAM

The NSW Kids and Families Maternal, Child and Family Health Team comprise three units.

| MATERNAL, CHILD & FAMILY HEALTH TEAM | |
|---|--|
| Ros Johnson | Director |
| A/Professor Elisabeth Murphy | Senior Clinical Advisor, Child & Family Health |
| A/Professor Michael Nicholl | Senior Clinical Advisor, Obstetrics |
| Nerida Clare | Team Administration Officer |
| Maternal and Newborn Unit | |
| Deb Matha | Manager |
| Karol Petrovska | Senior Analyst |
| Catriona Middleton-Rennie | Senior Analyst |
| Sarah Wyatt | Analyst |
| Priority Populations Unit | |
| Elizabeth Best | Manager |
| Jane Raymond | Senior Analyst |
| Carolyn Westgarth | Senior Analyst |
| Ruth Clark | A/Senior Analyst |
| Leanne Tuffrey | A/Senior Analyst |
| Carmine Di Campli | Analyst |
| Child & Family Health Unit | |
| Deborah Beasley | Manager |
| April Deering | Senior Analyst |
| Nicole Mensforth | Senior Analyst |
| Tracey Bruce | Senior Analyst |
| May Montecino | A/Senior Analyst |
| Loren Catherine | Analyst |

Maternal Child & Family Health Team Managers

The managers of each Unit have provided some insights into their professional background, the work of the Unit they manage and a little about themselves.

Deb Matha

Manager, Maternal & Newborn Unit

What is your professional background?

Registered Midwife and Nurse & Health Manager

What has been the highlight of your career so far?

I have had numerous highlights in a rather long career! The key ones that come to mind are realising through my midwifery training that I had found my passion and I had many wonderful years working clinically in maternity continuity of care models; the position I held as Midwifery and Nursing Co-Director, Women's and Children's Health Services at St George/Sutherland Hospitals and Health Services (SGSHHS) was a wonderful opportunity to work with a very dedicated team in Maternity, Paediatrics, Gynaecology, Child & Family Health, Developmental Assessment Services and Paediatric Community Health services. I was really enjoying my role at SGSHHS and then the position of Principal Advisor, Maternity Services came up as a secondment and I thought this was a great opportunity to focus on Maternity Services in NSW. I thought I would always return to SGSHHS but then the opportunity arose to work with NSW Kids and Families on a permanent basis.

What are the priorities for the Unit you manage?

The Maternal and Newborn Unit's focus is to support delivery of high quality, safe, evidence based services; provide leadership to the NSW health system on maternity services including statewide directions, policy and guidelines; quality and safety as well as provide expert advice on maternity service issues including clinical and service planning. A key priority is to support maternity services across all Local Health Districts in their endeavours to further implement *Towards normal birth in NSW*.

Describe yourself in three words.

Positive, diligent, collaborative

Share some words of wisdom.

Change your thoughts and you change your world.

Deborah Beasley

Manager, Child & Family Health Team

What is your professional background?

I began my role in health as a registered nurse at Nepean Hospital, moving to Community Health where I held a variety of roles including community nurse, child and family health nurse, clinical coordinator, Clinical Nurse Consultant in Child and Family Health. I have also worked in perinatal mental health. I have worked here in North Sydney since 2007.

What has been the highlight of your career so far?

I was fortunate to be working in the Maternal and Child Health Unit when the Wood Commission was held and contributed to submissions that demonstrated the benefit of prevention and early intervention approaches to child protection. From this enquiry NSW Health received funding for Sustained Health Home Visiting programs (now known as Sustaining NSW Families) and I have had the privilege of leading the project to implement the program in five sites in NSW.

What are the priorities for the Unit you manage?

The Child and Family Health unit has responsibility for policy and program lead of both universal and targeted services for children and families with a focus on the earliest years of life. The unit is also the state lead for the health assessments, reviews and interventions for children and young people in Out of Home Care.

Describe yourself in three words.

Curious, committed and diligent

What inspires you?

Great art, museums and music



Photo 1: Managers Deb Matha, Elizabeth Best, Deborah Beasley

Elizabeth Best

Manager, Priority Populations

What is your professional background?

I thought that my career was going to be in teaching, however, after qualifying an opportunity arose for me to work with a Commonwealth Government agency. I have worked in the public sector in Canberra and Sydney. In 1998, after completing a degree in Applied Science (Health Education) I worked for the Commonwealth Department of Health and Ageing and have been working in NSW Health since 2001.

What has been the highlight of your career so far?

Working in the area of Aboriginal maternal and child health, particularly being involved in the expansion of the Aboriginal Maternal and Infant Health Service and more recently the implementation of the Building Strong Foundations for Aboriginal Children, Families and Communities Program.

What are the priorities for the Unit you manage?

The focus for the unit is to improve the outcomes for Aboriginal, mothers, babies and children, as well as other priority population groups, by supporting Local Health Districts to deliver high quality, evidence based maternal, child and family health services. Priority areas for the unit include strengthening data collection systems, performance monitoring and evaluation as well as focusing on preventative health issues such as smoking, alcohol consumption, obesity and oral health.

Describe yourself in three words.

Empathetic, discerning, reliable.

Outside of work, what is a perfect day?

Sunshine and a swim, a good coffee and catching up with family and friends.

CURRENT INITIATIVES

Electronic Fetal Heart Monitoring Labels

The FONT program was developed in 2008, as a risk management strategy, in response to a number of adverse events in maternity care. Following a review of the FONT program in 2012, the program now incorporates the Clinical Excellence Commission (CEC) 'Between the Flags' principles.

Also part of the review process was the development of Antenatal and Intrapartum Fetal Heart Rate Monitoring Labels to standardise and enhance documentation. The documentation labels are colour coded in line with 'Between the Flags' principles and were developed following broad consultation led by the FONT Expert Advisory Group, facilitated by the Pregnancy, and newborn Services Network (PSN). The Fetal Heart Rate Monitoring labels have been endorsed by the CEC, State Forms Management Committee (SFMC), PSN and NSW Kids and Families. The labels have been produced and are now available for ordering via SALMAT.

| ANTENATAL | | Date: | Time: | Gestation: | MRN: |
|--------------------|------------------------------------|--------------------|--|---------------------------------------|---|
| Identified Risk: | | | | | |
| Features | Contractions | Baseline Rate | Variability (bpm) | Reactivity (accelerations ≥ 10) | Decelerations |
| Reassuring | • Nil • Present $\geq 37/40$ | 110-160 | ≥ 5 | Present | • None • Single isolated |
| Non-reassuring | • Present $< 37/40$ | 100-109 or 161-179 | • < 5 for > 30 mins • > 25 for > 15 mins | Absent > 30 mins | • Repetitive • Shallow • Prolonged < 3 mins |
| Abnormal | • Tonic > 2 min • ≥ 6.10 | < 100 or > 180 | • < 5 bpm > 40 mins • Sinusoidal ≥ 10 mins | Absent > 60 mins | • Prolonged < 3 mins |
| Features | Reassuring | Non-reassuring | Abnormal | | |
| Management Plan: | | | | | |
| Signature: _____ | | | Signature: _____ | | |
| Name: _____ | | | Name: _____ | | |
| Designation: _____ | | | Designation: _____ | | |

Antenatal Labels

| INTRAPARTUM | | Date: | Time: | Maternal Pulse: | MRN: |
|----------------------|-----------------------------|--------------------|---|---|---|
| Determine Risk: | | | | | |
| Features | Contractions | Baseline Rate | Variability (bpm) | Accelerations | Decelerations |
| Reassuring | ≤ 5.10 | 110-160 | ≥ 5 | Present or Absent | • None or Early |
| Non-reassuring | 6-7.10 | 100-109 or 161-179 | • < 5 for > 40 mins • > 25 for > 15 mins | (The absence of accelerations with otherwise normal trace is of uncertain significance and is therefore not of concern) | • Typical variable $> 50\%$ contractions > 90 mins • Atypical variable or Late for > 3 contractions • Single prolonged for up to 3 mins |
| Abnormal | > 7.10 or Tonic > 2 min | < 100 or > 180 | • < 5 for 90mins • Sinusoidal ≥ 10 mins | | • Atypical variable $> 50\%$ for > 30 mins • Late for > 30 mins • Prolonged more than 3mins |
| Normal | Suspicious | Pathological | | | |
| Management Plan: | | | | | |
| Signature (s): _____ | | Name (s): _____ | | Designation (s): _____ | |

Intrapartum Labels

Quality and Safety Surveys

The Maternal and Newborn Unit have requested information from LHDs regarding a number of issues relating to maternity care provision in NSW, including:

- Management of Venous Thromboembolism (VTE) in Maternity Units**
- Survey of Identification of Mother/Baby & Management of Expressed Breast Milk**
- Early Pregnancy Assessment Services (EPAS)**

Once completed, a collated state-wide report highlighting the findings from the three surveys will be sent to all LHD Chief Executives.

Guideline for Management of Pregnancy beyond 41 weeks gestation

At the 2011 Towards Normal Birth Workshop, an Action Plan was developed and Post Dates (Management of Pregnancy beyond 41 weeks gestation) was identified as a priority for statewide policy/guideline development. A short-term Expert Advisory Group (EAG) has been established to develop a draft Clinical Guideline 'Management of pregnancy beyond 41 weeks' and a consumer brochure. The EAG has met remotely via teleconference between July and September 2013.

The purpose of this Guideline is to streamline clinical management, reduce intervention and improve clinical outcomes for women whose pregnancies extend beyond 41 weeks gestation. Once developed, the Guideline and Consumer Brochure will be endorsed by the EAG and the Maternal & Perinatal Health Priority Taskforce (M & P HPT) for broader consultation through Local Health Districts.

Towards Normal Birth Workshop 2013

The sixth Towards Normal Birth (TNB) Workshop is scheduled for Friday 29 November 2013 at the Australian Technology Park in Sydney. The theme for the workshop is 'Towards Normal Birth is everyone's business'. The focus is on exploring strategies as to how maternity services, LHDs, tiered maternity networks and Medicare Locals can successfully work in partnership to engage with and promote the principles of Towards Normal Birth for women, babies and their families in NSW. The target audience will expand on previous workshops to include Child and Family Health representatives and Antenatal Education Officers within Medicare Locals.

Nine months makes all the difference

On the ninth day of the ninth month (9 September) NSW Kids and Families promoted International Fetal Alcohol Spectrum Disorders (FASD) annual Awareness Day, through newspapers, radio and television. This day symbolises the importance for women of not drinking alcohol for the nine months of pregnancy, and has been observed throughout the world since 9/9/99.

Fetal Alcohol Spectrum Disorders (FASD) is the term used to describe a range of irreversible effects that may impact on a child as a result of maternal alcohol consumption during pregnancy. The effects range from structural abnormalities to intellectual disabilities that may not be apparent until the child reaches school age. FASD is difficult to diagnose but is understood to be the leading preventable non-genetic cause of development disability in Australia.

It is very difficult to determine any 'safe' limit of alcohol consumption during pregnancy. In 2010, 1:5 women in Australia reported that they continued to drink alcohol in varying amounts after they knew they were pregnant. Studies have demonstrated that high-level and /or frequent intake of alcohol in pregnancy increases risks, but drinking alcohol at any stage of pregnancy presents some risk to the fetus.

The national Clinical Practice Guidelines for Antenatal Care (2013) recommend that women who are pregnant or planning a pregnancy are advised that *not drinking alcohol is the safest option as maternal alcohol consumption may adversely affect the developing fetus*. This is a crucial message for all maternity care providers, which all pregnant women should receive.

NEWS

New Awards Recognise State's Excellence in Nursing and Midwifery

Nurses and midwives were recognised at a ceremony at NSW Parliament House on 5th September 2013 as part of the inaugural *NSW Health Excellence in Nursing and Midwifery Awards*. The Hon. Jillian Skinner, Minister for Health and Medical Research, thanked nurses and midwives across the state for their significant contribution to improving health outcomes of patients and the broader community. A total of 122 nominations were submitted with a balance of nominations from metropolitan, regional, rural and remote areas. There was also a mix of nurses and midwives working both in hospital and community settings. Winners received a trophy, certificate and \$500 to use towards continuing professional development. For more information see: <http://www.nursingmidwiferyawards.health.nsw.gov.au/>



Photo 2: Adj. A/Prof. Susan Pearce, Chief Nursing and Midwifery Officer, NSW Health Minister Hon. Jillian Skinner, Judith Meppem PSM, Adj. Prof. Debra Thoms, Dr Mary Foley, Director General, NSW Health

Whooping Cough (Pertussis) Vaccination Recommendations from 15 July 2013

NSW Health has recently refocused its whooping cough vaccine strategy. An evaluation by NSW Health and the National Centre for Immunisation Research and Surveillance found that vaccinating mothers before the birth of the baby reduced the risk of infection by half and afforded the best protection for infants.

This is also consistent with recommendations of a NSW Pertussis Expert Panel and recommendations in *The Australian Immunisation Handbook* (10th edition), that whooping cough vaccine be given to women prior to conception, or during the third trimester of pregnancy, or, failing that, as soon as possible after birth, unless they have received a whooping cough vaccine in the previous five years.

It is therefore important to promote whooping cough vaccination for women planning a pregnancy or in their third trimester. Where a mother receives whooping cough vaccine in the third trimester, her baby should receive an additional booster dose at 18 months of age as maternal pertussis antibodies may interfere with the baby's immune response to the primary vaccination course.

NSW Health will continue to provide free whooping cough vaccine in public maternity hospitals for the opportunistic vaccination of new mothers who have not received the vaccine in the previous five years.

Outside of public maternity units, whooping cough vaccine will need to be purchased for vaccination of women prior to conception, during pregnancy or postnatally, or for other adults in close contact with infants.

New mothers should also be advised of the importance of:

- ensuring their baby is vaccinated on time at 2, 4 and 6 months of age (the first dose can be given as early as 6 weeks of age)
- keeping their baby away from anyone with a cough
- making sure that all children in their household are up to date with their pertussis vaccines (children require boosters at 3½ - 4 years of age and in high school)
- ensuring that adults who will be regularly caring for their baby are vaccinated to ensure additional protection to the infant.

For further information please see:

<http://www.health.nsw.gov.au/immunisation/Pages/whooping-cough.aspx>

Pregnancy & Infant Loss Remembrance Day

October 15 is recognised by NSW Government as an annual Pregnancy and Infant Loss Remembrance Day. On this day, parents and families honour their babies who have passed away from miscarriage, stillbirth or postnatal causes. In 2012, NSW Kids and Families released two brochures focusing on Pregnancy and Infant Loss; one for Parents and one for Health Professional and the Community which provides information on the impact of the loss of a baby and available services.

RESEARCH CORNER

Important funding to benefit mothers and babies research

Clinical and Population Perinatal Health Research (CPPHR), a research team based at the Kolling Institute at Royal North Shore Hospital, was one of only seven groups to receive major infrastructure funding in Round 4 of the NSW Population Health and Health Services Research Support Program, funded by the NSW Ministry of Health. CPPHR will receive \$1.7 m over 4 years (2013-2017).

The funding will be used to build research capacity and strengthen research into maternal and child health. A particular focus for CPPHR is working closely with NSW Kids and Families to ensure that research can help inform policy development and evaluation.

CPPHR contributes research towards three main themes:

Improving the quality and safety of, and access to, healthcare for mothers and children by undertaking research to inform, and evaluate compliance with, health policies, as well as research about specific aspects of care that carry high risk and/or high cost.

Ensuring a healthy start to life for all newborns by identifying maternal and newborn factors that might predict those children at increased risk for adverse outcomes, particularly factors that are preventable or amenable to change.

Understanding the drivers of maternal and newborn health outcomes by undertaking studies to better understand changes in maternal and newborn outcomes over time, predictors of those changes, and impacts on service delivery.

CPPHR utilises large population datasets that link health information about mothers and babies across NSW and over time. CPPHR also has a strong commitment to increasing workforce capacity in population health research. Senior researchers regularly supervise research students and NSW Health Biostatistics Trainees. For further information, phone 9462 9790 or see the CPPHR website at <http://www.kolling.usyd.edu.au/research/clinical-population-perinatal/index.php>