

MATERNITY E-BULLETIN

Getting connected and staying connected
A statewide perspective on maternity services

IN THIS ISSUE

FROM THE CHIEF EXECUTIVE	1
IN THE NEWS	2
TOWARDS NORMAL BIRTH WORKSHOP 2013	3
NEWS	4
RESEARCH CORNER	4

FROM THE CHIEF EXECUTIVE



It's hard to believe that it's already the middle of December and soon we will be winding down and taking time out to spend with family and friends.

Looking back over the year, I am pleased with the number of significant milestones achieved. NSW Kids and Families celebrated its first birthday in November with breakfast in our new office on Level 3 of the Ministry of Health building in North Sydney.

Our Manifesto, which describes NSW Kids and Families values, beliefs, scope and purpose, has been published and printed and copies are available for distribution. For a copy of this document, please contact Madelyn Gover, our Communications Coordinator: mgove@doh.health.nsw.gov.au

The past couple of months have been a whirlwind of activity for NSW Kids and Families. Firstly, I would like to sincerely thank everyone, on behalf of NSW Kids and Families, for your participation and collaboration during the development of our Strategic Plan.

Consultation on the direction of our Strategic Plan has presented us with an invaluable opportunity for face-to-face communication. The feedback we have collected from Local Health Districts on our road trips across NSW has added valuable new perspectives and insight to the development of the themes of the Plan.

Closer to home, we have worked with the Centre for Epidemiology and Evidence in the Ministry to produce *Children and Families in NSW: A Health Profile*. This report also assisted in the development of the strategic plan by identifying the areas that need our focus.

NSW Kids and Families has also developed an e-Health strategy in partnership with HealthShare that will enable the intelligent use of information, applications and technology to help drive improved health outcomes for children, young people and families of NSW.

From a maternity perspective, significant progress has been made this year in enhancing channels of reciprocal communication between NSW Kids and Families and maternity and neonatal clinicians.

At the Towards Normal Birth Workshop held in November, presentations highlighted the importance of working together as partners across the system. At this event, delegates explored further opportunities for multidisciplinary collaboration to facilitate successful partnerships. More information about this event is provided on page 3 of this bulletin.

The Maternal and Newborn Unit has been busy this year with the development of new Clinical Practice Guidelines. The establishment of Expert Advisory Groups is becoming our standard approach in the initial development of Clinical Practice Guidelines relevant to maternity services. I would like to take this opportunity to express sincere thanks to the Chairs and members of these groups for their invaluable input.

We are now close to finalising several Guidelines such as Supporting Women in their Next Birth After Caesarean and Management of Pregnancy Beyond 41 Weeks Gestation. These Guidelines will be released in 2014 and will feature co-branding from both NSW Kids and Families and NSW Health.

I would like to take the opportunity to wish everyone a safe a joyous holiday season. We look forward to working with you further in 2014.

Joanna Holt



Photo 1 NSW Kids and Families celebrated 1st birthday

IN THE NEWS

Information Bulletin – NSW Perinatal Advice Line (PAL)

[Information Bulletin \(IB2013_045\) NSW Perinatal Advice Line \(PAL\)](#) was published on the NSW Health website (internet and intranet) on 24 October 2013. The PAL supports existing tiered maternity networks with the provision of expert clinical advice by telephone 24 hours a day 7 days a week (24/7). This clinical advice informs the management of women with complex pregnancies who may require transfer to higher role delineated hospitals, when the local tiered maternity network is unable to assist. The NSW Perinatal Advice Line was last operational early in 2011 and recommenced on 1 July 2013. The PAL service is managed by the Pregnancy and newborn Services Network (PSN) operated by a team of clinical midwifery consultants, maternal fetal medicine specialists and specialist obstetricians.

Gestational Weight Gain

NSW Kids and Families is collaborating with the Office of Preventative Health on an enhancement of the NSW Get Healthy Information and Coaching Service. This new telephone coaching module will aim to provide all pregnant women over 18 years with accurate information about healthy eating during pregnancy, and assist them to achieve a healthy weight gain. Development of the module is progressing through an Expert Panel, including midwives, dieticians, diabetes and antenatal educators, obstetricians and NSW Kids and Families clinical advisors.

The first Communiqué has been released to the NSW health system, professional colleges and relevant outside agencies to provide an update on progress. The 6 month pilot phase of the service will commence in early 2014. Extensive feedback will be sought from participants, antenatal care providers and coaches during this phase, to inform ongoing quality improvement of the service.

White Ribbon Day - 25 November 2013
Australia's campaign to stop violence against women

Violence against women is a serious problem in Australia, where one woman is killed every week by a current or former partner and one in three Australian women experience physical or sexual violence at some time in their lives.

Domestic violence impacts on the physical and mental health of victims and their families. Furthermore, the impact of violence against women is widespread and long-standing, generating profound personal, social and economic costs for individuals, communities and the nation.

25 November, White Ribbon Day, marks a day of awareness of violence against women in Australia. White Ribbon is the world's largest male-led movement to end men's violence against women. White Ribbon Australia is a non-profit organisation.

NSW Health supports White Ribbon Australia's aim to change the attitudes and behaviours that lead to and perpetuate men's violence against women, by engaging boys and men to lead social change.

NSW Health provides a response to domestic violence through the *NSW Health 'DV Policy' Policy Directive PD2006_084 Domestic Violence - Identifying and Responding.*

NSW Health provides universal and specialist services and programs to victims of domestic and family violence through:

- Domestic Violence Routine Screening program (DVRs),
- Social Work services,
- Emergency Departments,
- Specialist Mental Health services,
- Drug and Alcohol services,
- Aboriginal Family Health services and
- One Domestic Violence Specialist Counselling Service.

NSW Kids and Families joined the Ministry of Health in hosting an afternoon tea to help raise awareness for White Ribbon Day and this important initiative.

The NSW Government is committed to tackling violence against women. The Aurora domestic violence app, released in May 2013 was developed to help people who are experiencing abuse make informed, empowered choices and to enable information and support services relating to domestic and family violence in NSW more readily available.

Aurora Domestic and Family Violence App

Aurora is a free smart phone application (app), released in May 2013 for people experiencing domestic and family violence in NSW. It is also a valuable resource for those worried that a friend or family member is experiencing domestic and family violence.

At the launch of the app, Minister for Family and Community Services Pru Goward announced that "This app is the first of its kind in the world to combine information with access to help services, the ability to create a trusted network of friends who can be easily contacted with an agreed message and a GPS system to 'call-for-help' alert recipients of the sender's location".

The app, developed by Women NSW, Department of Family and Community Services (FACS), contains important information including:

- emergency contacts
- the sorts of behaviour considered to be domestic and family violence, and
- vital information and links to support services.



Photo 2 Aurora App

Aurora allows people to access information safely and quickly from a personal smart phone at any time.

iPhone and Android versions of the app are available for free download from the iTunes App Store and Google Play Store.

More information is available: http://www.women.nsw.gov.au/violence_prevention/domestic_and_family_violence_app

**TOWARDS NORMAL BIRTH
WORKSHOP 2013**

The sixth Towards Normal Birth Workshop was held on Friday 29 November 2013 at the Australian Technology Park in Sydney, hosted by NSW Kids and Families. The theme for the day was *'Towards Normal Birth is everyone's business'*.

The presentations highlighted emerging research relevant to Towards Normal Birth, the evidence for collective impact and local innovations from various Local Health Districts. Examples of such innovations include profiling Aboriginal Mothers and Infants Health Service (AMIHS) and programs involving vulnerable families, as well as on the transition for women and babies from maternity services to Child and Family Health services. Subsequently delegates used the SOAR (Strengths, Opportunities, Aspirations, Results) concept to explore opportunities for multidisciplinary collaboration and developed action plans for local services to facilitate successful partnerships and promote the health and wellbeing of women, babies and families.

The Workshop highlighted the importance of working together as partners in the promotion of normal birth and the building of healthy families as families' transition from maternity to early childhood health services.

Approximately 120 delegates attended representing Medicare Locals, all 15 of the Local Health Districts, Pregnancy and newborn Services Network (PSN), Nursing and Midwifery Office (NaMO) and Workplace Relations from NSW Health and the Maternal and Perinatal Health Priority Taskforce.

Feedback received has been very positive. The Workshop was informative, inspiring and generated enthusiasm amongst delegates to continue progressing the Towards Normal Birth in NSW initiatives. One delegate commented *'Congratulations – very well organised and structured day – great opportunity for maternity clinicians to contribute'*.



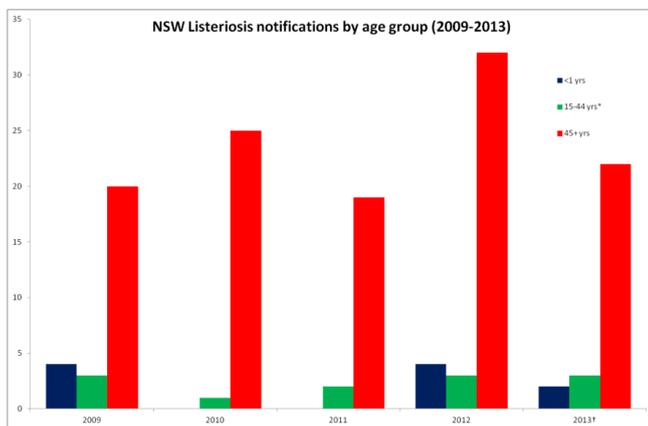
NEWS

Listeriosis

Listeriosis is an illness that is caused by eating food contaminated with the bacteria called *Listeria monocytogenes*. *Listeria* bacteria are common in the environment and some raw foods however eating foods that contain *Listeria* does not cause illness in most people. Pregnant women are at high risk of serious illness, miscarriage, premature birth, stillbirth and serious infection in their newborn if infected with *Listeria*.

What is the situation in NSW?

Listeriosis is notifiable under the *Public Health Act 2010*. Laboratories must report cases to the public health unit. There are typically 20-30 cases of listeriosis reported each year in NSW. Six cases in 2012 and another six in 2013 were related to a national outbreak associated with eating contaminated cheese.



*Only one of the notifications in this age group was male.
†2013 data reported as at 1 December.

There have also been six cases of listeriosis diagnosed in pregnant women and ten cases diagnosed in neonates in NSW between 1 January 2009 and 30 November 2013.

How can pregnant women avoid infection?

The risk of infection can be reduced by avoiding high risk foods such as unpasteurised dairy products, soft or semi-soft cheese, cold cooked chicken, cold processed meats, pre-prepared salads, raw seafood, soft serve ice cream and paté. In addition, it is also important to always wash hands, cooking utensils and foods thoroughly during preparation, to cook foods thoroughly, and quickly refrigerate foods that require storage.

Further information regarding *Listeria* and food can be found in:

- Food safety during pregnancy book (available in multiple languages): [foodauthority.nsw.gov.au/ Documents/consumer_pdf/pr_e_gnancy-brochure.pdf](http://foodauthority.nsw.gov.au/Documents/consumer_pdf/pr_e_gnancy-brochure.pdf)
- Food Standards Australia New Zealand: http://www.foodstandards.gov.au/publications/Pages/list_eriabrochuretext.aspx
- NSW Health website: health.nsw.gov.au/Infectious/factsheets/Factsheets/listeriosis.PDF

RESEARCH CORNER

This edition's Research Corner has been provided by the School of Nursing and Midwifery, University of Western Sydney.

Rates of obstetric intervention during birth and selected maternal and perinatal outcomes for low risk women born in Australia compared to those born overseas.

There are mixed reports in the literature about obstetric intervention and maternal and neonatal outcomes for migrant women born in resource rich countries. In a study we published this year in *BMC Pregnancy and Childbirth* we sought to compare the risk profile, rates of obstetric intervention and selected maternal and perinatal outcomes for low risk women born in NSW compared to those born overseas.

Using data from the Midwives Data Collection for the years 2000–2008 (n=691,738), and the NSW Register for Congenital Conditions over the same time period, we undertook a population-based descriptive study of all singleton births. We looked at the top seven migrant groups in NSW comprising at least 1% or more of the birthing population (New Zealand, England, China, Vietnam, Lebanon, Philippines, India) and compared outcomes to Australian born women.

We found women born in Australia were slightly younger, less likely to be having their first baby, three times more likely to smoke and more likely to give birth in a private hospital compared to women not born in Australia. Among the seven most common migrant groups to Australia, women born in Lebanon were the youngest, least likely to be primiparous and least likely to give birth in a private hospital. Hypertension was lowest amongst Vietnamese women and gestational diabetes highest amongst women born in China.

The highest caesarean section (31%), instrumental birth rates (16%) and episiotomy rates (32%) were seen in Indian women, along with the highest rates of babies <10th centile (22%) and <3rd centile (8%). Lebanese women had the highest rates of stillbirth (7.2/1000) and Indian women the second highest (5.9/1000). Similar trends were found in the different migrant groups when only low risk women were included.

The finding that Indian women ([the leading migrant group to Australia](#)) have the lowest normal birth rate and high rates of low birth weight babies is concerning, and attention needs to be focused on why there are disparities in outcomes and on effective models of care that might improve outcomes for this population.

You can read more about this study in a piece published in [The Conversation](#) and in the Sydney Morning Herald on the [17th May](#) and [21st May](#) 2013.

Hannah Dahlen is the Professor of Midwifery at the University of Western Sydney.