ISSUE 4 – APRIL 2014

MATERNITY E-BULLETIN

Getting connected and staying connected
A statewide perspective on maternity services

IN THIS ISSUE

FROM THE CHIEF EXECUTIVE	1
MEET GAIL MONDY	1
CURRENT ISSUES	2
ANNIVERSARY OF THE SHEARMAN REPORT	3
IN PROFILE: PRIORITY POPULATIONS UNIT	4
RESEARCH CORNER	5
OUT OF THE OFFICE	5

FROM THE CHIEF EXECUTIVE

This year marks 100 years of Child and Family Health Services in NSW and NSW Kids and Families is currently developing a schedule of events and opportunities to celebrate the centenary and showcase the work of Child and Family Health Nurses. Over the year, we will be engaging with LHD's to promote widespread celebration of the centenary across the state. In the meantime, we would encourage you to consider ways to celebrate this milestone in your area.

The *Strategic Health Plan for Children, Young People and Families of NSW* will soon be released for a final round of consultation with the Ministry, LHD's, Pillars, NGO's and other Government agencies. We have compiled feedback from our initial consultation and will be seeking feedback that our Strategic Plan echoes the priorities of our key partners.

The NSW Child Death Review Team Annual Report 2012 released in October 2013 is a timely reminder that preventing child deaths is a whole of community responsibility. It is important that we take a collaborative approach in delivering key messages to parents and other carers around safe sleeping practices in attempts to reduce the rate of sudden and unexpected death in infancy. NSW Kids and Families released *Safer Sleeping Practices for Our Babies in NSW Public Health Organisations* PD in December 2012 which outlines public health organisations responsibilities in both delivering key messages and modelling safer sleeping practices to mothers, partners and families.

The Guideline *Maternity - Supporting Women in their Next Birth After Caesarean Section* and the Consumer Brochure has been published and is now available. Thank you to all who have been involved in the development of this Guideline and for those who have been eagerly awaiting its arrival, thank you for your patience.

This year also marks the 25 year anniversary of the release of the *Maternity Services in NSW - The Final Report of the Ministerial Taskforce on Obstetric Services in NSW*, also known as the Shearman Report. NSW Kids and Families and the University of Technology Sydney (UTS) Centre for Midwifery, Child and Family Health hosted a Seminar to celebrate this milestone and the landmark changes that have occurred for maternity services in NSW.

Finally, I would like to welcome Gail Mondy to the team. She joins us as the Director, Maternal, Child and Family Health. Read on to find out more about Gail and her experience in women and children's health.

Joanna Holt

MEET GAIL MONDY

Director, Maternal, Child and Family Health Team, NSW Kids and Families

What is your professional background?

I started my career as a Nurse and Midwife then moved into Generalist Community Nursing, Child and Family Health, Family Planning and Childbirth Education. I have completed a Bachelor of Health Science and a Masters in Management.

What has been the highlight of your career so far?

One of the highlights has been my involvement in supporting and progressing changes in the models of maternity care such as the introduction of a public Homebirth Service and the Aboriginal Maternal Infant Care program in South Australia.

What are the priorities for the Team?

The Maternal, Child and Family Health Team is comprised of three Units: Maternal and Newborn; Child and Family Health and Priority Populations. The Team is responsible for providing expert clinical and policy advice, and strategic leadership to the NSW health system.

For the Maternal and Newborn Unit, in 2014, Towards Normal Birth remains a key priority as we support maternal and newborn services across all Local Health Districts in their endeavours to further implement the Policy Directive.

Outside of work, what is a perfect day?

A late breakfast in the Blue Mountains overlooking the escarpment.

CURRENT ISSUES

Maternity - Supporting Women in their Next Birth after Caesarean section (NBAC)

The Guideline (GL2014_004) *Maternity - Supporting Women in their Next Birth After Caesarean Section* and the Consumer Brochure has been published and is now available.
NSW Kids and Families appreciates the work of the Expert Advisory Group and clinicians across NSW who contributed to the development of the Guideline and Consumer Brochure.

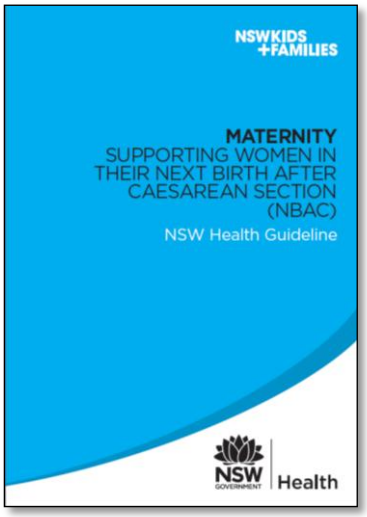


Figure 1 Guideline (GL2014_004)

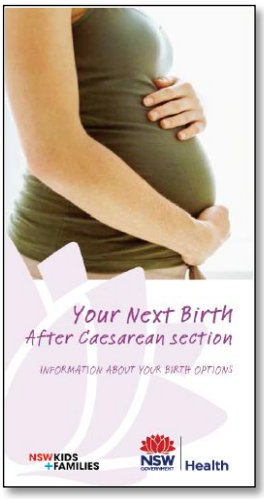


Figure 2 Consumer Brochure

Celebrating 25 years since the Shearman Report

On 17th March 2014, the UTS Centre for Midwifery, Child and Family Health and NSW Kids and Families co-hosted a Seminar to celebrate the 25 year anniversary of the Shearman Report. The Seminar '***Remembering the past and creating the future for maternity care: 25 years since the Shearman Report***' facilitated reflection on the landmark changes for maternity services in NSW and an opportunity to consider what the next quarter of a century will bring. Her Excellency The Honourable Marie Bashir AC CVO, Governor of New South Wales opened the Seminar. The multidisciplinary Seminar provided insights from clinicians, consumers and policy makers, featured interactive panel sessions, and an invaluable opportunity to network with colleagues and speakers many who are leaders in their fields. Approximately 100 delegates attended. Photos from the day are featured on page 3.

Immunisation Authority for Registered Nurses and Midwives

The Poisons and Therapeutic Goods Act 1966 has been revised, approved and gazetted by Judith Mackson, Chief Pharmacist, on the 7 February 2014 to include midwives.

In recognition of this change the Australian College of Nursing will be amending their immunisation course to include midwives. Any enquiries related to course enrolment can be made by contacting the Australian College of Nursing on 1800 265 534.

The new Authority is accessible on the NSW Website at the following link:
http://www.health.nsw.gov.au/immunisation/Documents/Authority-for-RNs-and-Midwives-Jan-2014.pdf

50 years of newborn screening in NSW

Newborn screening is a public health initiative funded by state government which has proven to be a reliable cost effective service saving many lives. April 2014, marks 50 years since the start of newborn screening in NSW. Screening for phenylketonuria began in April 1964 with urine screening. Within a decade, in order to expand screening to include other disorders, blood samples were used from a heel stick collected within the first few days after birth. In 2014, over 40 disorders are screened; these are profiled in the poster below.

ANNIVERSARY OF THE SHEARMAN REPORT

Image Credit: Endocrine Society of Australia

In 1989, *Maternity Services in NSW - The Final Report of the Ministerial Taskforce on Obstetric Services in NSW*, otherwise known as "The Shearman Report", was released. This year marks its 25 year anniversary. To celebrate this significant anniversary, it is timely to provide a brief overview of the report, reflect on the landmark changes and note how far we still aspire to go and the future priorities for maternity services in NSW.

Rodney Phillip Shearman was a Professor and Head of Department of Obstetrics and Gynaecology at the University of Sydney for 25 years, beginning in 1968. In 1987, in response to growing national and international concern over the increasing and progressive medicalisation of childbirth, the Minister of Health invited Professor Shearman to chair a Ministerial Taskforce to review maternity services in NSW.

The aim of the review was to assess and evaluate the adequacy of existing obstetric and perinatal policies; identify any gaps and deficiencies in maternity service provision; and investigate and identify new approaches to the organisation of maternity care. Over two years, the Taskforce conducted a consultation process which was unprecedented at the time in regards to its scope and diversity.

In 1989, the release of the Shearman Report heralded a change in approach to provision of care in NSW Maternity Services. The report outlined 105 recommendations and four key principles of maternity care:

1. provision of equitable access to quality care for all women during pregnancy and childbirth and for the new mother and baby
2. the need to maximise consumer choice of services and to promote each woman's informed participation in decisions concerning care during pregnancy, childbirth and in the postpartum period
3. the need to promote co-operation and collaboration between midwifery, obstetric and paramedical staff in public and private hospitals
4. recognition that variation in factors such as socio-economic status, age, geographic isolation, ethnicity and adequacy of personal and family support networks have a significant impact on the health status, health outcomes and wellbeing of mothers and babies.

Since the Shearman Report, NSW Maternity Services have initiated and implemented significant changes that have benefited mothers and babies, these include:

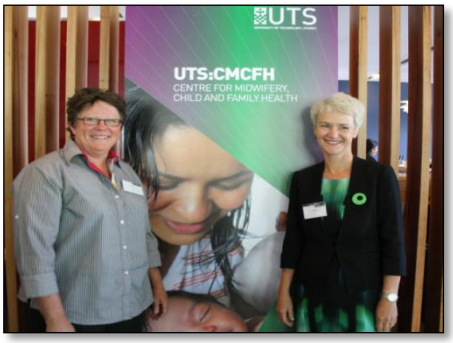
- continuity of midwifery care
- community-based care that includes postnatal care in the home
- greater emphasis on the social and emotional needs of women through psychosocial screening
- improvements in access to culturally appropriate maternity care
- continuing to address the intervention rates during birth through the development of *Towards Normal Birth in NSW* policy

Many of the recommendations and the principles identified within the Shearman Report remain relevant today.

"Of all life choices, none is more important to society, none has more far reaching consequences, none represents a more complete blending of social, biological, and emotional forces than bringing another life into the world."

Extract from Shearman Report, 1989.

From the Seminar: Celebrating the Shearman Report



IN PROFILE

Priority Populations Unit, Maternal, Child and Family Health Team, NSW Kids and Families

The Priority Populations Unit provides leadership and strategic direction in addressing the particular needs of vulnerable women, children and families in order to improve health outcomes. 'Priority populations' are those women and families with complex needs who experience health inequity, such as those from Aboriginal communities; culturally and linguistically diverse groups, and those who experience social, economic, geographic and health disadvantage.

An important focus for the Unit is on promoting early intervention and preventative health policies and programs that address for example, smoking during pregnancy and in the home, substance use, obesity, and the promotion of healthy eating, physical activity and breastfeeding. This work is undertaken in collaboration with other internal and external stakeholders and is line with national priorities.

The Unit oversees the Aboriginal and Maternal Infant Health Service (AMIHS) and the Building Strong Foundations (BSF) for Aboriginal Children, Families and Communities Program.

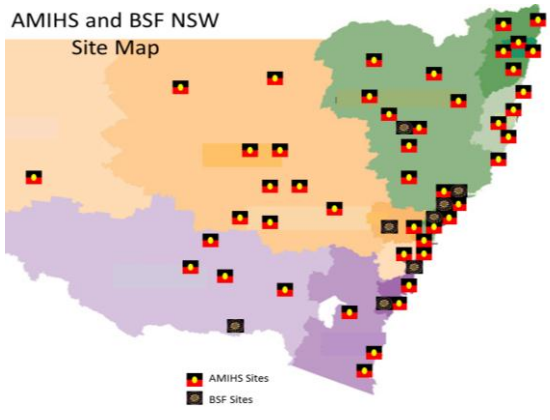
Aboriginal Maternal and Infant Health Service

AMIHS is based on a Primary Health Care Model which provides continuity of care. It was established in 2001 to improve the health of Aboriginal women during pregnancy and decrease perinatal morbidity and mortality for Aboriginal babies.

Initial funding in 2000 by the NSW Department of Health facilitated 7 targeted antenatal/postnatal programs, a training and support program and an external evaluation.

The AMIHS program has been instrumental in reducing the rate of premature births, improving breastfeeding rates, and increasing access to antenatal care early in pregnancy.

Over the past 14 years, AMIHS has expanded significantly; it is currently in 45 sites across NSW delivering services in over 80 locations.



The AMIHS program provides:

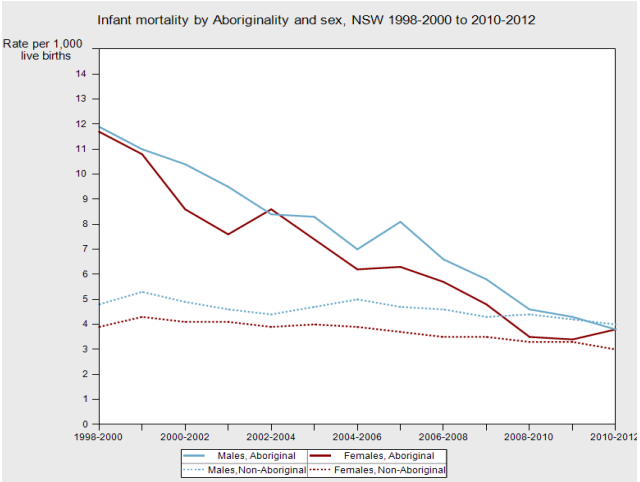
- antenatal and postnatal care up to 8 weeks
- community development and health promotion
- working collaboratively with local Aboriginal Community Controlled Health Services
- effective consultation and referral
- evaluation and monitoring
- workforce development

The successes of AMIHS

AMIHS is achieving improvements in maternity service provision and outcomes for Aboriginal women as well as Closing the Gap initiatives. Over the past 14 years, the reduction in the Aboriginal infant mortality rate in NSW has been a particularly noteworthy success.

There has been a significant decrease in the Aboriginal infant mortality rate and a significant decrease in the gap between Aboriginal and non-Aboriginal infants in the last 10 years. In the period 2010 - 2012 the infant mortality rate (death of a live-born baby within the first year of life) in NSW was 3.8 deaths per 1000 live births for Aboriginal infants, compared with 3.5 deaths per 1000 live births for non-Aboriginal infants. The Aboriginal infant mortality rate is 1.1 times the non-Aboriginal rate.

The graph below highlights recently released data which shows that NSW is currently tracking very well. The rate of infant mortality has significantly decreased as has the gap.



Building Strong Foundations (BSF) for Aboriginal Mothers, Children and Families

BSF services are culturally safe, early childhood health services that work with parents, carers and the local community to support the health, growth and development of Aboriginal children so they are healthy. As a result, are ready to learn when they start school.

The BSF service model builds on the success of the AMIHS program for Aboriginal children 0 to 5 years of age. BSF services provide health checks and referrals to specialised health care and work closely with local communities on innovative ways to improve Aboriginal children's health.

Two successful examples of working with the community include:

1. the establishment of a community garden which not only generates a supply of healthy food but also provides a safe and positive community space for Aboriginal children, mothers, fathers and carers.
2. the digital diary project which is a partnership project with the local TAFE and involves mothers using multimedia tools to document the progress of their children. The initiative has resulted in some mothers commencing other courses at the local TAFE.

RESEARCH CORNER

This edition's Research Corner has been provided by the University of Technology Sydney.

As part of the Birth Unit Design (BUD) project at The University of Technology, Sydney we have been exploring the impacts of hospital birth room design on midwives and their practice.

The design of a workplace, including architecture, equipment, furnishings and aesthetics, can influence the experience and performance of staff. Midwives are no exception. Research into the maternity setting indicates that the designed environment plays a role in shaping practice and may influence outcomes at birth.

As part of the BUD project we have conducted two separate studies that investigate the relationships between design and midwifery practice. Although the focus of each study is different, midwives interviewed in both studies have highlighted the many ways in which the design of the birth room affects their feelings, behaviours and clinical practice.

The first study used a video-reflexive interviewing technique. This meant midwives (n=9) were interviewed whilst they watched previously filmed footage of themselves caring for women in labour. This allowed researchers to ask very specific questions about design and allowed midwives to reflect on their own behaviours and activities in the room. The findings from this study showed that midwives' wellbeing, comfort, safety and effectiveness were all impacted by design.

Midwives identified that rooms were congested and cluttered with an inflexible layout that was dominated by the obstetric bed. This made it challenging to practice in a woman centred way. Midwives found the clinical aesthetic of the rooms inappropriate and suggested they would find their job easier if the design was more supportive. Overall, this study found an unsuccessful occupant-environment match in conventional birth rooms. That is, the design of the room was not a good fit for the activities that occur within it and therefore low satisfaction, stress and reduced work performance were likely.

In the second study midwives (n=16) with recent experience of working in two or more differently designed rooms were interviewed. They were shown photos of their own workplaces and then, later in the interview process, six other birth rooms that included varied design and aesthetic features. Midwives identified cognitive and emotional responses to the varied birth environments and were able to describe the way in which these responses influenced their practice.

The study found that the physical environment, including objects and aesthetics, influence the behaviours and activities that underlie and/or constitute midwifery practice. This influence was mediated by the feelings that midwives experienced in response to the rooms. The way people feel at work influences decision-making, judgement, creativity, helping behaviour and risk-taking. It also influences their neurobiology. In our work we are asking questions about how design may influence the neurobiological state of midwives, especially their production of oxytocin, which may facilitate emotionally and socially sensitive practice.

In the coming months, the BUD project will focus on the way design influences communication between labouring women and their caregivers. The relationship between design and midwives' facilitation of normal birth will also be investigated. We look forward to sharing more findings from the BUD studies with the midwifery community as they emerge.

Articles arising from the BUD study can be accessed at:

http://www.uts.edu.au/research-and-teaching/our-research/midwifery-child-family-health/research/birth-unit-design-bud#associated-publication-titles

https://theconversation.com/hospital-birth-units-make-stress-heads-out-of-mums-460

https://theconversation.com/babies-not-burgers-why-we-need-better-designed-labour-wards-22300

Authors: Athena Hammond, Caroline Homer and Maralyn Foureur.

OUT OF THE OFFICE

On Sunday, 9 February 2014 the NSW Kids and Families Dragon Boat team participated in the Chinese New Year Dragon Boat Regatta in Darling Harbour. Staff from across NSW Kids and Families, Pregnancy and newborn Services Network, Integrated Care Branch of NSW Health, and the Royal Hospital for Women joined forces for a great day of fun and teamwork on the water!

The team placed 4th in their three races, improving their time throughout the day. The NSW Kids and Families Dragon Boat team are already planning for the 2015 event!

Figure 3 L-R 3rd Row: Michael Deegan, Greg Smitheram, Mailin Suchting, Tom Nicholl, Ros Johnson, Christine Griffiths, Sally Gibson, Jenny Elliott; 2nd Row: Katherine Rowe, Carolyn Westgarth, Joanna Holt, Michael Nicholl, Jeanette Jewel, Anne Lainchbury, Neil Clements; 1st Row: Vanessa Clements, Sarah Wyatt, Warwick Giles, Elizabeth Best, David Holt, Jane Raymond.