

MATERNITY SERVICES

INTRODUCTION

Pregnancy, birth, and early parenting are cherished and important life experiences. Approximately 6000 babies are born in Canberra each year and the Greens want all parents and their families who choose to have children to have fulfilling and positive experiences as we know this achieves good outcomes for parents and children.

There is a lot of opportunity to grow maternity and early parenting services in the ACT. The Greens are committed to growing a system that is responsive and supportive to the variety of needs and wants that surround a woman throughout pregnancy, childbirth, postpartum, and early newborn development stages.

The Greens want to expedite the shift to fully women- and baby- centred care models, where all women can feel abundantly supported during antenatal, perinatal, and postnatal care. Every mother deserves to feel happy, healthy and supported, and we know a positive beginning to life is paramount for good life outcomes. We believe that all women should be able to choose where and with whom they give birth.

Historically, maternity services have been dictated by medical hierarchy and traditional philosophies of pregnancy and birthing, and there is still a sense among some of doing things how they have always been done. Canberra has, in the past, led by example with the establishment of a midwifery-led model of care in the Birth Centre. But as our city has grown, access to maternity services and information has become complex, and some services have not been able to meet demand.

Maternity services must continue to move towards models of women- and baby- centred care across the spectrum of pregnancy, birth and postpartum experience.

The Greens want to increase the support and range of options for expecting families in the ACT. We also want to ensure the government delivers on the recommendations from the Standing Committee on Health, Ageing and Community Services 2020 [Inquiry into Maternity Services and improving the maternity experience for Canberra women and families](#). There are 74 recommendations in the report, most of which we do not address here, but note the further work required by the next Government in addressing these important issues.

THAT'S WHY THE ACT GREENS WILL INCREASE AND IMPROVE MATERNITY SERVICES, BY:

1. Expanding birthing centre capacity - at the Birth Centre, and establishing a standalone family birth centre
2. Expanding homebirthing eligibility criteria
3. Increasing continuity of care programs
4. Ensuring all planning, design and delivery of maternity services in the ACT is woman- and baby-centred and based on continuity of care
5. Improving Perinatal Mental Health and Wellbeing by:
 - a. Increasing funding for the Perinatal Wellbeing Centre
 - b. Undertaking a scoping study for a community-based Perinatal Mental Health and Wellbeing Hub and perinatal mental health in-patient service needs analysis
6. Increasing midwife staffing levels across all maternity services, and developing a mandated minimum midwife to patient ratio
7. Increasing access to breastfeeding information for new mothers
8. Increasing outreach to culturally and linguistically diverse communities for perinatal education.

1. EXPANDING BIRTHING CENTRE CAPACITY

The Greens believe we should expand the birth centre model, as the evidence and demand for this maternity service model is clear; and further consider the feasibility of a standalone birthing centre. The Greens have [long called for expanded options for birthing in the ACT](#), and the 2012 Parliamentary Agreement included a feasibility study for a standalone birth centre. We know that demand has only grown in the period since.

But with 3,594 birthing episodes in the 2017/18 financial year, and reports of extensive waiting lists, the Greens know that it is well over time to commit to increasing this capacity.

The Centenary Hospital has multiple programs for women to give birth in, including the birthing suite where medical intervention can be provided with 24-hour specialist support, and the birthing centre where women wanting a low- intervention birth can access the midwifery care program in a less medicalised environment.

Birth Centres are midwife-led and the model provides greater availability of continuity of care. [Evidence shows that birthing centres provide improved outcomes](#) for women and their babies, and women have high levels of satisfaction in the maternity and birthing experience. They are safe spaces for women who are embarking on one of the hardest, but often most rewarding events of their life.

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A. EXPANSION TO THE BIRTH CENTRE AT CENTENARY HOSPITAL FOR WOMEN AND CHILDREN, AND MORE FOCUS ON MIDWIFE-LED CARE

The Greens support the [Standing Committee on Health, Ageing and Community Services Inquiry into Maternity Services in the ACT](#) (The Committee) recommendation calling for expansion of capacity of the Birth Centre at the Centenary Hospital for Women and Children.

The Committee found through consultation with stakeholders and the community that the Birth Centre has long wait lists and often expectant mothers are not able to access the centre as per their wishes.

We believe the ACT Government should invest in expanding the capacity of the existing birthing centre, by at least another 5 beds as soon as possible, as the evidence and demand for this maternity service model is clear.

We also want the Birth Centre to be the best service it can be. The Committee found that the Birth Centre has become a medicalised birth place where obstetric decision making is more valued than midwife decision making—for example, inclusion or exclusion criteria to the Birth Centre is controlled by medical officer decisions rather than evidence-based guidelines such as the National Consultation and Referral Guidelines for Midwives. We would ensure the eligibility criteria are up to date and reviewed regularly to ensure a midwife-led process wherever possible and from the start.

We also know that having overflow from antenatal and postnatal maternity wards into Birth Centre beds has resulted in women enrolled in Birth Centre programs not being able to access those beds for birthing in some cases. This is why we want more beds for the Birth Suite, antenatal, and postnatal care.

B. FEASIBILITY AND SCOPING TO ESTABLISH A STANDALONE FAMILY BIRTH CENTRE

[The Greens](#) and [many in our community have long called for](#) a standalone birth centre in the ACT that is not located on an acute hospital site. We believe that now it is time for the government to commit to this. We want a scoping study that examines unmet demand and identifies the best location to establish an additional facility to provide greater access to low intervention birthing options for women who wish to have their babies in a -natural, home-like environment, but close enough to a hospital should the need arise.

We then want to see a commitment to establishing a standalone centre, within the next term of Assembly.

2. EXPANSION OF HOMEBIRTHING CRITERIA

The Greens believe that in uncomplicated pregnancies, homebirth is a safe and healthy option for women. We know that many women want to have their baby at home with the support of trusted midwives as well as their family. The homebirthing trial enabled the participants to have that, with easy availability of backup medical support if needed.

However, the [Greens have long been concerned that criteria for the government's homebirthing trial were too restrictive](#). The Criteria meant that first-time mothers were ineligible, as were women who had previously had cesareans, women who wanted water births, and women who lived outside of a 15 minute drive from Canberra Hospital - ruling out most northside Canberrans.

The Greens want to see this homebirthing service expanded to give a larger number of expectant women the option to give birth in the comfort of their homes. In particular, the service should be expanded to northern Canberra, as the Calvary Public Hospital Bruce is nearby should there be a need for medical interventions.

3. INCREASE CONTINUITY OF CARE PROGRAMS

Programs that focus on supporting mothers around the perinatal period provide the support mothers, babies and families need, especially more vulnerable mothers, and can set them on a trajectory for good outcomes. It's evident that such continuity of care programs have increased demand, beyond the current capacity of services.

The Greens want to expand continuity of care programs for mothers, babies and families to better support new mothers, babies and their families.

4. ENSURE ALL PLANNING, DESIGN AND DELIVERY OF MATERNITY SERVICES IN THE ACT IS WOMAN- AND BABY-CENTRED AND BASED ON CONTINUITY OF CARE

One of the major findings from the Committee Inquiry into Maternity Services was a need to embed woman- and baby- centred care at the heart of all maternity services. Building and maintaining this philosophy in all maternity services will fulfill the expectations and needs of the community, lead to positive and fruitful birthing experiences, and protect expectant and delivering mothers.

The Greens want all maternity services to include planning, design and delivery that is woman- and baby- centred and provide continuity of care around pregnancy, childbirth and early parenting.

5. IMPROVING PERINATAL MENTAL HEALTH AND WELLBEING

Pregnancy, birth and parenting are beautiful experiences for many, but can come with many challenges. Such challenges can have psychological impacts for women, their families and close supports. The psychological harm during maternity and postnatal stages is typically postnatal depression and anxiety (PNDA). [Price Waterhouse Cooper estimated](#) the national economic cost of perinatal depression and anxiety at \$877 million in 2019, including overall health costs, productivity loss, and social and wellbeing impacts like likelihood of developmental issues and child mental health concerns.

Providing education, skills and resources to manage such challenges can be a remedy to psychological problems manifesting, and intervening early when an expectant or new mother is struggling will reduce impacts and trauma during childbirth and postpartum. There will also be instances where women and families have need for crisis interventions to help rehabilitate and recover from mental health challenges during the maternity period.

This is why it's important to invest in perinatal mental health services and supports across the spectrum of need, including prevention and promotion, early intervention, clinical and community-based services, and acute care.

A. INCREASED FUNDING FOR PERINATAL WELLBEING CENTRE

Many families have experienced increased perinatal stress and anxiety during 2020, particularly due to the bushfires and smoke, as well as COVID-19, which has led to increased demand on the Perinatal Wellbeing Centre's services. In 2019, even before the COVID-19 pandemic, PWC was already reporting that their waitlists exceeded four weeks at times - a long time to wait for support when you have a newborn.

The Greens will increase funding for Centre to better support it to meet demand as well as enable them to extend their scope of service delivery to reach more expectant and recent mothers, fathers, families, and carers. We will provide an additional \$200,000 per year for four years to the Perinatal Wellbeing Centre (PWC) to expand their prevention and promotion capacity, and to work with more women and their families through group sessions and a range of other services.

B. SCOPING STUDY FOR A COMMUNITY-BASED PERINATAL MENTAL HEALTH AND WELLBEING HUB AND PERINATAL MENTAL HEALTH IN-PATIENT SERVICE NEEDS ANALYSIS

The Greens know that, as with any health service, a centralised location and 'one-stop shop' is conducive to breaking down barriers and improving system navigation. We want to investigate a centre that would bring together community-based perinatal mental health services with other maternity and perinatal services, including a needs analysis for a perinatal mental health inpatient unit.

The ability to 'Step Up' to a mental health service that provides residential support is often all that is required to suppress a crisis and provide skills for new parents to manage and cope through pregnancy or the newborn and infancy period. We know many women in perinatal stages have had to travel to Sydney to seek treatment, adding to an already challenging time.

The Greens will commit \$150,000 for a scoping study for a 'one stop shop' for perinatal mental health services, and a needs analysis for a perinatal mental health in-patient service, including examination of hospital, residential or outreach into the home options.

6. INCREASE MIDWIFE STAFFING LEVELS ACROSS ALL MATERNITY SERVICES & DEVELOP A MANDATED MINIMUM MIDWIFE TO PATIENT RATIO

The Greens know that quality pregnancy, birth and postnatal healthcare is dependent on continuity of care, and strong relationships between mothers and midwives. Maternity health services and midwives are renowned for providing high-quality support and care to mothers, however we want to improve this for patients and midwives by ensuring services are not stretched and midwives feel they have the time and capacity to offer every patient the care they deserve.

To better support nurses, midwives and patients, the Greens also backed the development of a Nurse Safety Strategy, as a key 2016 Parliamentary Agreement item. The [Australian Nursing and Midwifery Federation ACT \(ANMF\) have since made a compelling case](#) to move the ACT to a more sophisticated, flexible and nurse-led approach to ratios, and we believe that we must do all we can to improve patient outcomes and better support our frontline health workers. The [ANMF ACT's 'Ratios Saves Lives' report](#) clearly outlines why nurse/midwife to patient ratios produce better healthcare outcomes across a broad range of health situations, and better protect patients and staff.

The Greens support the development of a Mandated Minimum Ratios Framework. We note that there will not be one single ratio, but varied ratios depending on the clinical setting, and this includes maternity services.

The Greens believe that everyone will benefit with mandated minimum ratios, and we will commit to mandating minimum ratios and increasing staffing numbers to meet determined ratios over the next term of government.

7. INCREASED ACCESS TO BREASTFEEDING INFORMATION FOR NEW MOTHERS

Difficulty in breastfeeding is a common experience for many new mothers, and can lead to a number of stressors and challenges when caring for a newborn. Through the Maternity Inquiry, and also our local maternity services, we have heard the need for more education, information and support for breastfeeding. The ACT does have a number of services to assist and support new mothers through the issues that come with breastfeeding, however they can often be difficult to navigate. The delays caused by navigation and access issues can often turn a small breastfeeding problem into a larger one, and we want to see a boost in services to mitigate easily avoidable breastfeeding risks.

This is why the Greens will commit \$60,000 per year to increase capacity of the Australian Breastfeeding Association NSW/ACT for an additional community liaison officer.

8. INCREASE OUTREACH TO CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES FOR PERINATAL EDUCATION

The Greens understand the need to provide culturally appropriate perinatal support to expectant and new families from culturally and linguistically diverse communities. People from new and emerging communities in particular may at times be very new to Australia and Canberra and may need assistance in navigating maternity and early parenting services.

Providing this support early has significant social inclusion benefits for expectant women and families from these communities, and has the ability to set families in good stead for the arrival of their new child. The Greens want to invest in these services, as they can be the front door for more isolated groups to seek the support they need, including information about and access to key services like healthcare, mental health care, nutritional support, childcare and education.

The Greens will provide additional funds to support women from multicultural backgrounds with perinatal mental health support and education.