

2030 Vision for Maternity Care in SA **SA Maternity Consumers & Midwives ThinkTank**

Background

On Saturday 3rd May 2008, the Maternity Coalition's SA Branch, in conjunction with the Birth Matters maternity consumer group, organised for 30 representatives from South Australia's maternity consumer groups and midwifery services to come together as an expert ThinkTank. They discussed developments in maternity care in the State, in Australia, and worldwide, and formulated a *2030 Vision for Maternity Care in SA*.

Basic assumptions

1. Pregnancy and birth are normal physiological processes, *not* illnesses.
2. Midwifery care is the main maternity service which meets the principles of primary health care, of being affordable, accessible, local, relevant, timely, and gender specific.

The Vision

1. To ensure a greater focus on primary health care in maternity services, the first port of call for women seeking care is not GPs but community health workers, with referral to midwives. Community health workers also encourage communities to take some responsibility for pregnant mothers (eg encouraging and supporting them to seek/attend antenatal care early in pregnancy, to eat well, be active, stop smoking etc).
2. Out-of-hospital care, "care in the community", and "hospital avoidance" alternatives are provided (and funded outside of acute care) for pregnancy, birth and postnatal care (particularly for low-risk women), so that care is more appropriately focussed on wellness in the community and is not centralised in specialist tertiary settings which predominantly deal with illness and which are unnecessarily expensive for the care required for the majority of women. These include freestanding birth centres and community birth centres with referral to hospital and community specialists and other supports.
3. Women are offered comprehensive care and support from a range of practitioners working together (ie midwife, doula, mothercarer, family, CYWHS-staff), giving more integrated care focused on the woman's/family's needs, more continuity of the same faces, and better emotional and postnatal care to begin parenthood. All mothers/families are better supported through their care so that South Australia's children all receive a better Early Start.
4. All women/families receive family-centred care which incorporates midwifery care in or near to their own home.
5. Postnatal care has better ratios, of 1 midwife to a maximum of 3 women and 3 babies.
6. All hospitals have evidence-based standard guidelines for pregnancy/birth interventions so that consumers can read these ahead of time and give genuinely informed consent.
7. A *South Australian Family-Friendly Maternity Services Initiative* has been developed, along the lines of the *10-Step Mother-Friendly Hospital Initiative* developed by the USA Coalition for Improving Maternity Services, and the WHO's Fortalesa Declaration on Normal Birth (WHO 1985). In South Australia this covers in- and out-of-hospital services and incorporates the family beyond the mother. All South Australian maternity services are required by the government to be accredited regularly according to this Initiative to promote Normal Birth.

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8. All maternity services in South Australia are accredited according to the WHO/UNICEF Baby-Friendly Hospital Initiative to promote and support uptake and continuation of breastfeeding.
9. All maternity services provide 24-7 access to breastfeeding counsellors/lactation consultants to maximise the emotional and physical support required for successful breastfeeding.
10. After a concerted focus on improving normal birth rates, South Australia's caesarean rate is equal to or less than 15%, according to WHO standards.
11. Homebirth rates are equal to or greater than 35%; the state government funds homebirth for all women who want it, and all private health insurers provide reimbursement for private homebirth maternity services in the same way as for private obstetric services.
12. Maternity services in South Australia are transparent and publicly accountable for their pregnancy/birth interventions, all of which are made publicly available.
13. Maternity funding rewards reductions in unjustified intervention rates (eg caesarean, episiotomy, infection, haemorrhage, morbidity etc), and rewards the achievement of safe normal vaginal birth, breastfeeding continuation to 6 weeks, uncomplicated care and outcomes, and support for homebirth.
14. Early education is provided for all South Australia's young people about the normality of birth, and that perfection cannot be guaranteed by any health professional.
15. All midwives have Medicare provider numbers so that women are not disadvantaged by choosing midwifery care.
16. All midwives are indemnified by the government with no-fault liability ("the New Zealand model") so that women are not disadvantaged by choosing midwifery care.
17. All rural women in South Australia have access to midwifery-led care; this may be fly-in, fly-out care, as already provided by some rural obstetricians/doctors/nurses. A new Stolen Generation has been avoided (ie Indigenous children are not born away from their traditional lands due to lack of midwifery/home care).

Current Barriers that need to be addressed to support this Vision

1. A dedicated Commonwealth-funded scheme for midwifery care.
2. A national maternity services strategy or policy which promotes normal birth.
3. Desire for a higher national fertility rate, reduced health care costs, and improved early childhood health should be leading governments to focusing on improving women's maternity care experiences.
4. A discussion is needed about the balance of caseload models and one-on-one care versus shiftload and team-care - women want care choice, but midwives also want work choice,
5. Funding incentives - are these encouraging caesarean birth at the expense of normal vaginal birth; Private sector issues - is the Federal government subsidising high caesarean rates?
6. How maternity care fits with the SA Women's Health Action Plan.
7. Community attitudes about birth (fear/risk), reflected in legal/political frameworks - risk versus control/CYWHS views about breastfeeding and postnatal supports - anecdotal evidence that these run counter to the research evidence and can provide conflicting advice.
8. GPs as gatekeepers to women's choice - what happened to the "Having a Baby in SA" leaflets - never seen in GP clinics/pharmacies/high schools, etc.
9. Fragmented views about care and hence about funding, rather than providing continuity of good care from pregnancy to early parenthood.
10. Short-term funding for successful programs needs replacement for long-term funding and expansion (eg birth centres around for 20 years but places only for 10% SA women).

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Copies of this Vision Statement are available for download at www.sabirthmatters.org.au