

# Response to the Draft National Guidance on Collaborative Maternity Care



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## **National Guidance on Collaborative Maternity Care Consultation**

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### **Introduction**

Women's Health Victoria is a statewide women's health promotion, information and advocacy service. We are a non government organisation with most of our funding coming from various parts of the Victorian Department of Human Services. We work with health professionals and policy makers to influence and inform health policy and service delivery for women.

Our work at Women's Health Victoria is underpinned by a social model of health. We are committed to reducing inequities in health which arise from the social, economic and environmental determinants of health. These determinants are experienced differently by women and men. By incorporating a gendered approach to health promotion work that focuses on women, interventions to reduce inequality and improve health outcomes will be more effective and equitable.

Women's Health Victoria's vision is for a society that takes a proactive approach to health and wellbeing, is empowering and respectful of women and girls and takes into account the diversity of their life circumstances.

Women's Health Victoria's ways of working are guided by four principles:

- We work from a feminist framework that incorporates a rights based approach.
- We acknowledge the critical importance of an understanding of all of the determinants of health and of illness to achieving better health outcomes.
- We understand that the complexities involved in achieving better health outcomes for women require well-considered, forward thinking, multi-faceted and sustainable solutions.
- We commit to 'doing our work well'; we understand that trust and credibility result from transparent and accountable behaviours.

## **SUBMISSION**

Thank you for the opportunity to contribute to the consultation on the Draft National Guidance on Collaborative Maternity Care.

## **WOMAN-CENTRED CARE**

Women's Health Victoria would like to congratulate the National Health and Medical Research Council (NHMRC) on incorporating woman-centred care comprehensively into the draft Guidance.

By incorporating woman-centred care into the definition and principles of maternity care collaboration, it is developed clearly as a theme throughout the Guidance and will be a key consideration in defining collaborative practice.

## **PRIMARY, SECONDARY AND TERTIARY MATERNITY CARE**

### **Refers to:**

- 1.3.1 Primary, secondary and tertiary care
- 1.3.2 Models of primary maternity care
- 3.2.4 Care pathways
- 3.2.5 Access to hospitals

The draft Guidance defines primary, secondary and tertiary maternity care, including the responsibility for care and the circumstances in which each care type would be implemented.

The Guidance articulates how models of primary maternity care support woman-centred care, continuity of care and collaboration between maternity care providers. However, models of secondary and tertiary maternity care are not explored in the same manner. This implies that the principles of woman-centred care, choice and collaboration are not supported within the secondary or tertiary care context.

Women's Health Victoria is concerned that, by not defining how collaboration applies to secondary and tertiary care, collaborating professionals will hold inconsistent views about collaboration in these settings. As a result, women's expectations and experiences of care may differ according to the type of care they are receiving.

**Recommendation 1: Models of collaboration for secondary and tertiary maternity care are included and articulated in the Guidance**

## **CHOICE OF CARE COORDINATOR**

### **Refers to:**

- 2.1 Women-centred care and communication
- 2.5 Cooperation and coordination
- 3.1.4 Identify how collaboration can work
- 3.2.1 Roles and responsibilities

The draft Guidance is underpinned by the principle that “Collaboration empowers women to choose care that is based on the best evidence and is appropriate for themselves and for their local environment”<sup>i</sup>.

In exercising choice, women are able to nominate a care coordinator who will lead the collaborating partners in providing care that is appropriate to the woman’s needs and consistent with their requests. Establishing which team member will take responsibility as the coordinator of care is an integral part of the collaborative process. The draft Guidance states “... the maternity care coordinator should be identified, as nominated by the woman receiving care”.<sup>ii</sup>

Women’s Health Victoria supports women’s active involvement in the process of care planning and selecting a care coordinator. However, the Guidance does not provide a framework for how this decision would be made. For example:

- Which staff are potential care coordinators and how is this communicated to women?
- What factors should a woman consider when selecting her care coordinator?
- How is a care coordinator selected if the woman’s preferred coordinator is not available or able to provide care?

**Recommendation 2: Include a framework to guide decisions regarding selection of the care coordinator. This should be available to women to inform their decision-making process.**

## **ACHIEVING EFFECTIVE INTERPROFESSIONAL COLLABORATION**

### **Refers to:**

- 2.2 Communication among professionals
- 2.3 Awareness of disciplines and autonomy
- 4.1 Current Australian guidelines
- 4.2 Clinical practice guidelines

The draft Guidance stresses the importance of collaboration between all maternal care professionals, including midwives, GP obstetricians and specialist obstetricians. It identifies potential barriers to collaboration and strategies to enhance communication and trust.

However, the draft does not identify collaboration within the context of professional conflict between midwifery and the medical profession and the historical tendency toward working within a medical model as the default model of maternity care:

... there remain considerable barriers to achieving collaborative models including conflicting interpretations of risk, of women’s bodies and of childbirth; the veto power of decision-making retained by obstetricians; questions of professional accountability; and diversity over appropriate styles of micro-interaction<sup>iii</sup>.

The continuing professional tension between midwives and obstetricians in the face of collaborative practice has been widely recognised<sup>iv</sup>. To achieve effective collaboration, there is a need for “a radical turnaround for both professions given the demarcatory strategy of deskilling that relegated midwifery to subsidiary status to obstetrics”<sup>v</sup>.

Women's Health Victoria believes that acknowledgment of these interdisciplinary tensions is essential. Future collaborative efforts must be fully informed by the historical context. This will promote balance between the strengths of midwifery and medical models to provide appropriate woman-centred care.

**Recommendation 3: Acknowledge professional tensions between the midwifery and medical professions within the guidelines and suggest practical evidence-based strategies to overcome these.**

Women's Health Victoria also recognises that current guidelines from the Australian College of Midwives (ACM) and Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) provide "specific guidance for consultation and referral"<sup>vi</sup>. However, given that these documents have been developed independently by separate professional bodies, they do not provide a consistent approach to collaboration or accountability. This is supported by evidence from the NHMRC consultations: "... it would be beneficial for the colleges to develop common guidelines for collaborative maternity care"<sup>vii</sup>.

**Recommendation 4: Prioritise development of national evidence-based clinical practice guidelines for consultation and referrals within maternity care. These guidelines should be developed in consultation with relevant professional bodies to ensure a consistent approach to collaboration.**

## **INDEPENDENT MIDWIVES**

In 2006, 97.3% of women gave birth in hospitals, 2% gave birth in birth centres and 0.7% gave birth at home. This figure is made up of both planned home births and unexpected deliveries at home<sup>viii</sup>.

The draft Guidance does not provide sufficient detail on how collaborative practice will work with independent midwives. A two year exemption to the requirement for privately practicing midwives to hold professional indemnity insurance for the planned delivery of babies at home is currently in place.

If independent midwives are unable to register at the end of this period, Women's Health Victoria is concerned that collaborative practice will be impeded. Medical professionals may be unwilling to collaborate with unregistered independent midwives because of risks to their own professional indemnity insurance.

**Recommendation 5: Consider the implications of current professional indemnity insurance issues on collaborative practice with independent midwives**

## **IMPLEMENTING COLLABORATIVE PRACTICE**

The draft Guidance identifies a range of best practice models and strategies to promote collaboration and communication between maternity care professionals. For example:

- 1.3.2 refers to international evidence on models of maternity care
- 4.2 refers to clinical practice guidelines from National Institute for Health and Clinical excellence in the United Kingdom
- 3.2.2 refers to woman-held records

However, the draft does not specifically recommend whether these models should be implemented and, if so, how. The implication is that there are a number of potential models which can be used flexibly according to the specific service setting.

A Review of Shared Obstetric Care in Victoria indicated the range of practice that is implemented as shared care. In 1999, only 15% of hospitals "... had written guidelines covering all models of shared obstetric care they currently offer"<sup>ix</sup>. Dysfunctional collaborative practice is characterised by inconsistent philosophical and organisational structures for behaviour<sup>x</sup>. This demonstrates the need for the Guidance to provide a practical and comprehensive framework which can be implemented at the local level.

While Women's Health Victoria supports the shift towards collaborative maternity care, the draft is limited because it does not clearly define *how* collaborative care should be implemented. For example, the draft Guidance does not identify:

- Clear recommendations regarding models or guidelines for collaborative practice
- How woman-held records would be implemented in different maternity settings
- Which stakeholders are responsible for achieving collaboration and what their roles and responsibilities are in relation to collaboration
- Practical measures for achieving collaboration
- Resources or capacity required to support implementation of collaborative practice
- Steps for problem-solving when there is an issue with collaborative practice. The Review of Shared Obstetric Care highlights some of the practice issues regarding clinical leadership, even in a defined environment of shared care<sup>xi</sup>.

These are essential elements if the Guidance is to provide the frameworks that are required to promote collaborative care.

**Recommendation 6: Incorporate specific recommendations on the implementation of best practice**

**Recommendation 7: Clearly identify the role of stakeholders (local services, individual clinicians and professional bodies) in supporting implementation of the Guidance**

**Recommendation 8: Clearly define *how* collaborative practice should be implemented**

Despite the use of examples and case studies, the Guidance remains largely aspirational with limited reference to clinical practice. More detail is required to develop an understanding of how the case studies and examples were actually implemented to promote collaborative practice.

**Recommendation 9: Explore key case studies and examples in greater detail to describe collaborative care**

Although the draft Guidance recommends strategies to promote collaboration, it does not incorporate a commitment to meeting specific minimum standards.

Women's Health Victoria recognises:

- The Guidance will be applied in a range of maternity care settings
- Importance of minimising potential administrative burden
- The Guidance is not intended as a legislative instrument

However, Women's Health Victoria believes that the draft should identify standards of collaborative practice that are common to all maternity care services. In Canada, the Multidisciplinary Collaborative Primary Maternity Care Project recommends the need to define both standards and scope of practice as core components of a collaborative primary care model<sup>xii</sup>. These "... promote management in accordance with nationally agreed standards"<sup>xiii</sup>

Without including standards of practice, measures of progress or details of implementation, the draft Guidance will provide limited practical guidance.

**Recommendation 10: Identify minimum standards of collaborative maternity care**

## References

- <sup>i</sup> National Health and Medical Research Council. 2010. National Guidance on Collaborative Maternity Care: Draft for public consultation. Commonwealth of Australia: Canberra. Pp. 3.
- <sup>ii</sup> National Health and Medical Research Council. 2010. National Guidance on Collaborative Maternity Care: Draft for public consultation. Commonwealth of Australia: Canberra. Pp. 25.
- <sup>iii</sup> Lane K. 2006. The plasticity of professional boundaries: A case study of collaborative care in maternity services. *Health Sociology Review*. Vol. 15. No. 4. Pp. 341-352.
- <sup>iv</sup> Weaver EW, Clark KF and Vernon BA. 2005. Obstetricians and midwives modus Vivendi for current times. *The Medical Journal of Australia*. Vol. 182. No. 9. Pp. 436-437.
- <sup>v</sup> Witz 1992 cited in Lane K. 2006. The plasticity of professional boundaries: A case study of collaborative care in maternity services. *Health Sociology Review*. Vol. 15. No. 4. Pp. 341-352.
- <sup>vi</sup> National Health and Medical Research Council. 2010. National Guidance on Collaborative Maternity Care: Draft for public consultation. Commonwealth of Australia: Canberra. Pp. 31.
- <sup>vii</sup> National Health and Medical Research Council. 2010. National Guidance on Collaborative Maternity Care: Draft for public consultation. Commonwealth of Australia: Canberra. Page 36.
- <sup>viii</sup> Australian Institute of Health and Welfare (2006) Australia's Mothers and Babies 2006. Available at: <http://www.aihw.gov.au/publications/index.cfm/title/10634>. [Accessed 15 April 2010].
- <sup>ix</sup> Brown S, Dawson W, Gunn J and McNair R. 1999. Review of Shared Obstetric Care: Summary Report. Carlton: Centre for the Study of Mothers' and Children's Health.
- <sup>x</sup> Miller S. 1997. 'Midwives' and physicians' experiences in collaborative practice: A qualitative study'. *Women's Health Issues*. Vol. 7. No. 5. Pp. 301-308.
- <sup>xi</sup> Brown S, Dawson W, Gunn J and McNair R. 1999. Review of Shared Obstetric Care: Summary Report. Carlton: Centre for the Study of Mothers' and Children's Health.
- <sup>xii</sup> The Multidisciplinary Collaborative Primary Maternity Care Project. 2006. Guidelines for Development of a Multidisciplinary Collaborative Primary Care Model. Available at: [http://www.mcp2.ca/english/documents/FinalGuidelinestoModelDevExecSum1Mar06\\_001.pdf](http://www.mcp2.ca/english/documents/FinalGuidelinestoModelDevExecSum1Mar06_001.pdf) [Accessed 15 April 2010].
- <sup>xiii</sup> The Multidisciplinary Collaborative Primary Maternity Care Project. 2004. Literature Review: Guidelines for Model Development. Available at: <http://www.mcp2.ca/english/documents/LitReview-2005Eng.pdf> [Accessed 15 April 2010].