



A POSITIVE SOLUTION TO MATERNITY SERVICE PROBLEMS IN WA: 'Implementing the National Maternity Action Plan (NMAP) in WA'

Why the WA Government should support 'Implementing NMAP in WA'

1. It proposes a well-established option of primary or caseload midwifery care in both hospital and community settings for healthy women, providing for specialist referral on a needs basis.
2. It sets out the advantages for women, their families and communities, as well as for the WA government, the health budget and midwifery profession of state-wide publicly funded access to primary midwifery care (www.maternitycoalition.org.au/wa).
3. Statistics and funding outcomes for the Community Midwifery Program (CMP), the only WA example of a primary midwifery service, confirm the safety and cost effectiveness of this option.
4. More than 1,000 CMP families can articulate their positive experiences and support for expansion of caseload midwifery care to other families and communities.
5. Access to all feasible maternity care options is a women's right, a family's due and the community's expectation.
6. A growing number of WA organisations endorse this proposal.
7. Experience in New Zealand demonstrates that familiarity increases community understanding of, and demand for midwifery led care.

A video-linked state seminar of stakeholders including experienced midwifery experts to address concerns would contribute to a better understanding of the proposed services.

'Implementing NMAP in WA' can:

1. Address the loss of maternity services due to withdrawal of obstetric specialists by providing midwifery services using available staff, particularly for regional & remote women.
2. Improve the cost and risk profile of WA maternity services by increasing positive outcomes (short & long term) with lower intervention rates and decreased risk of litigation.
3. Meet the need of women and their families for certainty in their maternity care.
4. Convert current backlash to the Reid report recommendations, into support for access to local midwifery options.
5. Address the recommendations of the Legislative Council Standing Committee's report on 'Primary Midwifery in WA' (16/11/04) and offer new hospital based midwifery options of care.
6. Bring WA in-line with international evidence based, cost effective, best practice maternity services, which offer a full range of care choices.

KEY ISSUES:

WA maternity services are in urgent need of reform.

- Unlike any other medical area, women receive specialist care without a health indication or complaint. Current services are too costly and do not reflect international best practice. Research shows that only 15- 20% of women in developed countries need obstetric supervision during pregnancy or labour to achieve a good outcome for themselves and their babies.

- The developed countries with the lowest maternal and newborn mortality and morbidity rates have maternity systems where midwives provide primary care for up to 80% of pregnant women. In WA less than 1% of women can currently access care from a known midwife.

The Douglas Inquiry Report (2001) emphasised a need for WA maternity services to:

1. Delegate care appropriately, including midwifery care for healthy women.
2. Ensure informed consent is the basis for all care decisions.

However the Reid report (2004) recommendations for maternity services:

1. Lack broad, open consultation with women consumers or midwives as a professional group.
2. Make no mention of woman-centered or midwifery led options of care, including hospital based caseload services such as the Midwifery Group Practice at Adelaide's Women's and Children's Hospital or the Ryde service in NSW.
3. Recommend that all WA maternity services (including low risk midwifery options) come under obstetric control.
4. Are based on selective obstetric research.
5. Ignore evidence and international best practice recommendations that midwifery care is appropriate and preferable for healthy women, as in other developed countries and increasingly in other Australian states.
6. Include no reference to escalating childbirth intervention rates and their impact on women, babies and the health budget, nor plans for reducing unnecessary interventions.
7. Propose measures found ineffective and therefore abandoned in the UK, NZ, Canada, NSW and Victoria, (closure of small maternity services, forcing women to travel distances to impersonal large facilities).

Why medical domination of WA low risk maternity services is inappropriate

- It is contrary to Douglas Report recommendations and best practice evidence.
- WA obstetric oriented services have no understanding or experience of caseload midwifery care or women's right to choose waterbirth, homebirth or vaginal birth after caesarean (VBAC). These options provided by the CMP are otherwise largely unsupported in WA obstetric facilities despite research evidence of their benefits and uptake in other states.
- WA Riskcover examined and rejected KEMH takeover of the CMP in 2001, recommending that the existing model of management be maintained.
- For nearly a decade the CMP has demonstrated incomparable outcomes and benefits for WA mothers, babies, their families and the community of caseload midwifery care. Research and two independent evaluations substantiate these positive results. This service also offers WA consumers unique input into a maternity service through client evaluations and CMWA's community management structure.

Maternity Coalition (MC) is a national non-profit consumer maternity advocacy organisation. Since the 2002 launch of the National Maternity Action Plan (NMAP) (www.maternitycoalition.org.au/nmap) MC has contributed toward the development of Australian woman-centered maternity options in all states. **'Implementing NMAP in WA'** was written by MC WA after months of consultation, in response to the Reid Report's acceptance of the recommendations of the 2002 Statewide Obstetric Services Review (as listed above) without debate or consultation.

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