NSW Health

Connecting, listening and responding:

A Blueprint for Action – Maternity Care in NSW

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NSW Ministry of Health
1 Reserve Road
St Leonards NSW 2065
Tel. (02) 9391 9000
Fax. (02) 9391 9101
TTY. (02) 9391 9900

www.health.nsw.gov.au

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Contents

In this Blueprint for Action, the term 'woman' or 'women' is inclusive of the woman's baby or babies, the baby's father, the woman's partner and/or support people, family and community.

The use of the term woman is not meant to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.

Water Birth

Artist: Kylie Cassidy, a Wiradjuri Woman from Central West NSW

Acknowledgements

Acknowledgement of Country

The NSW Ministry of Health recognise that Aboriginal and Torres Strait Islanders are the First Peoples and Traditional Custodians of Australia and the oldest continuing culture in human history.

We pay respect to Elders past and present and commit to respecting the lands we walk on and the communities we walk with.

We celebrate the deep and enduring connection of Aboriginal and Torres Strait Islander peoples to Country and acknowledge their continuing custodianship of the lands, seas and sky.

We acknowledge the ongoing stewardship of Aboriginal and Torres Strait Islander peoples and the important contribution they make to our communities and economies.

We reflect on the continuing impact of government policies and practices and recognise our responsibility to work together with and for Aboriginal and Torres Strait Islander peoples, families and communities, towards improved economic, social and cultural outcomes.

In this *Blueprint for Action*, the term Aboriginal is used for Aboriginal and Torres Strait Islander or First Nations people, in recognition that Aboriginal people are the original inhabitants of NSW who have been birthing on its various lands for over 60,000 years.

With thanks

The NSW Ministry of Health extends its thanks and appreciation to every person who has contributed to the *Connecting, listening and responding: A Blueprint for Action - Maternity Care in NSW:* women, partners, consumers, key stakeholders from metropolitan, rural and regional NSW.

Thank you for sharing your time and your stories. This *Blueprint for Action* is a reflection of what is most important to you.

Foreword from the Secretary, NSW Health

Susan Pearce AM,
Secretary, NSW Health

The health of women, during and after pregnancy, and the physical and social environment in which children grow can have a deep and lasting effect on child development, school readiness, later educational achievement and the risk of chronic disease in later life.[1]

For most women and their partners, pregnancy, labour and birth and the transition to parenthood are profound life events. We know that women's experiences during pregnancy and childbirth will influence their ability to parent, especially in the early days. Providing socially and culturally respectful maternity care assists with ensuring physical and wellbeing outcomes for the woman, her partner and their baby. It is important to acknowledge that there is a great diversity of people and family structures across NSW communities, including gender-diversity. Each person accessing maternity services must be respected without assumptions, judgement or cultural bias.

NSW Health recognises that the first 2000 days of life is a critical time for physical, cognitive, social and emotional health, and the impacts will continue throughout a person's life. The whole-of-government initiative, *Brighter Beginnings*: the first 2000 days of life, is a commitment to give children the best start in life by providing parents and families with the right information at the right time, improved universal services and targeted support.

This includes, individualised care that is responsive to people's unique needs and achieves the health outcomes that matter to them. This pivotal time begins at conception (some would argue it begins before conception!) and therefore *listening* and *connecting* with women and *responding* in the most appropriate way during this time is at the heart of the *Blueprint for Action – Maternity Care in NSW* to support the very best start to life.

Connecting, listening and responding: Blueprint for Action – Maternity Care in NSW is the result of extensive consultation with consumers and maternity care providers. Incredibly, we received almost 18,000 consumer survey responses and over 500 community written submissions, and hosted face-to-face key-stakeholder interviews that were attended by over 1,000 people, all of which informed the development of this Blueprint. We have *connected* and *listened* and our *response* is the *Connecting, listening and responding: Blueprint for Action – Maternity Care in NSW*.

NSW Health is committed to strengthening maternity care services to achieve our vision that '*All women in NSW receive respectful, evidence-based and equitable maternity care that improves experiences and health and wellbeing outcomes.*' Providing high-quality, safe and resilient maternity care is an essential part of the NSW Health system.

In NSW, considerable progress towards improved perinatal outcomes has been made over the last two decades, with low rates of maternal deaths, 80% of women attending antenatal care in the first 14 weeks of pregnancy, and fewer than one in ten women smoking during pregnancy in 2020.[2] More work needs to be done in areas such as the number of babies born premature or of low birthweight, and the number of stillbirths and neonatal deaths where rates have remained steady.

We acknowledge and are striving to address the contemporary organisational challenges for maternity care in NSW. These challenges include:

- establishing and sustaining continuity of care and carer models of maternity care
- balancing a woman's preferences within a particular context (i.e. capability of the maternity service) and in keeping with an evidence-informed approach to practice
- the range of models of care and face-to face specialist services available to women in rural and regional areas may vary.

The goals, objectives and actions in this document acknowledge these challenges while presenting opportunities for improving the maternity experience and outcomes for all women, their babies and families.

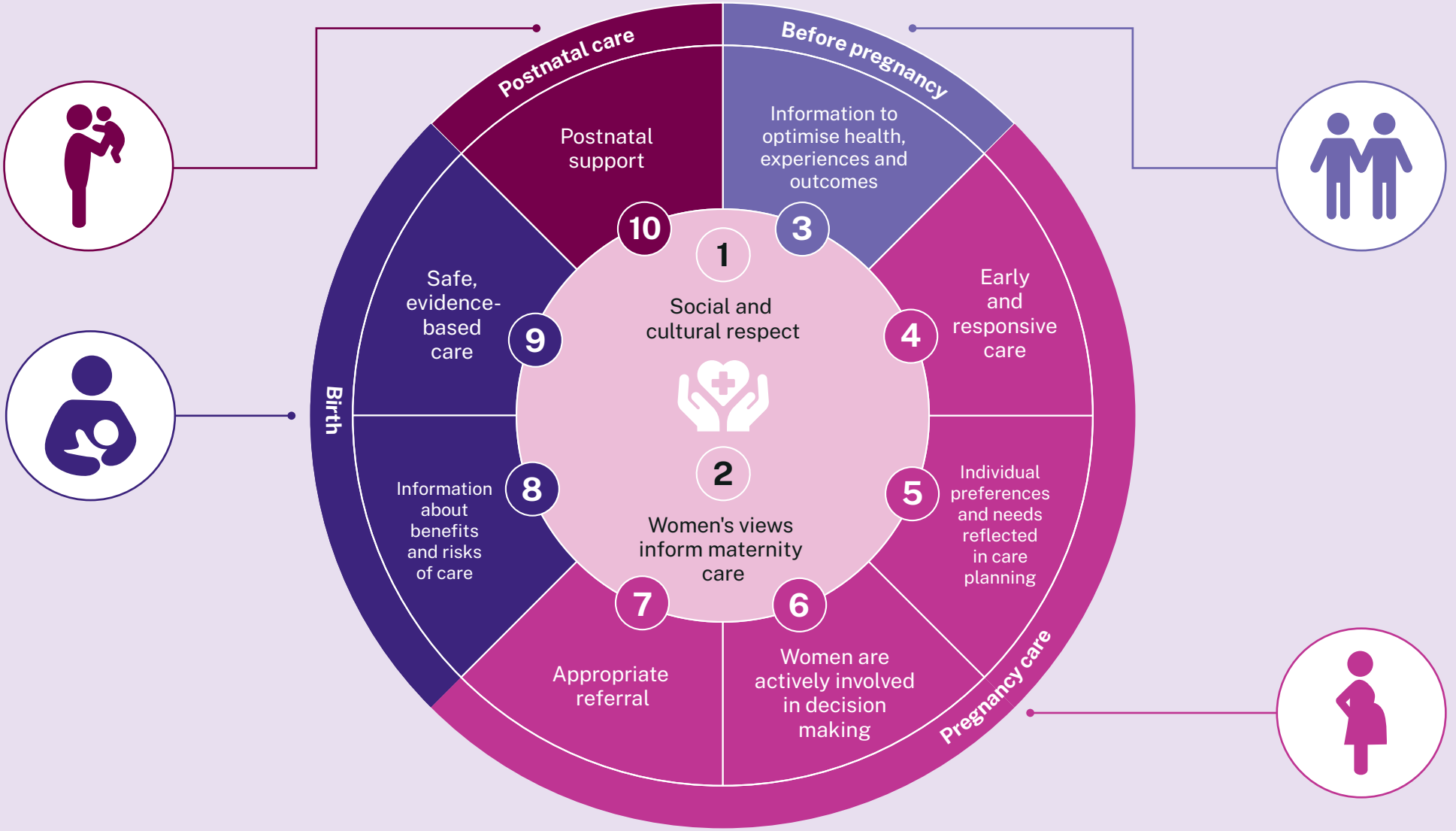
This *Blueprint for Action – Maternity Care in NSW* is guided by the National *Woman centred care: Strategic directions for Australian maternity services* and the *NSW Future Health: Guiding the next decade of care in NSW 2022-2032*. The *Blueprint for Action – Maternity Care in NSW* aligns with the goals and strategies of the NSW Health *First 2000 Days Framework*, *First 2000 Days Implementation Strategy 2020-2025* and the *NSW Closing the Gap Implementation Plan 2022-2024*.

The NSW Ministry of Health will collaborate with key stakeholders to develop an implementation plan which will set out the short, medium and long-term priorities and further guide decisions on actions required to further strengthen maternity care.

Together, we can improve the experiences and health and wellbeing outcomes for women and their partners who access maternity care and give the very best start to life for all babies in NSW.

Vision

All women in NSW receive respectful, evidence-based and equitable maternity care that improves their experiences and health and wellbeing outcomes.



Blueprint for action – at a glance

Goal	Objectives
Respectful and inclusive care	
1. Women receive maternity care that is socially and culturally respectful	**1.1** Women's culture, beliefs and experiences are respected and acknowledged. **1.2** Culturally and psychologically safe evidence-based models of care are developed and supported in partnership with: • women with lived experience of trauma • Aboriginal women and communities • women from culturally and linguistically diverse backgrounds and their communities, including refugee communities • women with disability • Lesbian, gay, bisexual, trans and gender diverse, intersex and queer (LGBTIQ+).
2. The outcomes that matter to women, and their experiences, actively inform their maternity care and future service improvements	**2.1** Patient-reported measures are used to understand the experiences and health and wellbeing outcomes that matter to women. **2.2** Patient-reported measures (including experiences and health and wellbeing outcomes) are used to measure success and inform quality improvement and maternity care service development.
Before pregnancy	
 **3. Women have enough information before conception to optimise their health, pregnancy experiences and outcomes**	**3.1** Information about how to optimise health before conception is evidence-based, easily accessible and understood. **3.2** Women are connected to accessible preparation for pregnancy education. **3.3** Women have access to clinical review before pregnancy when necessary.

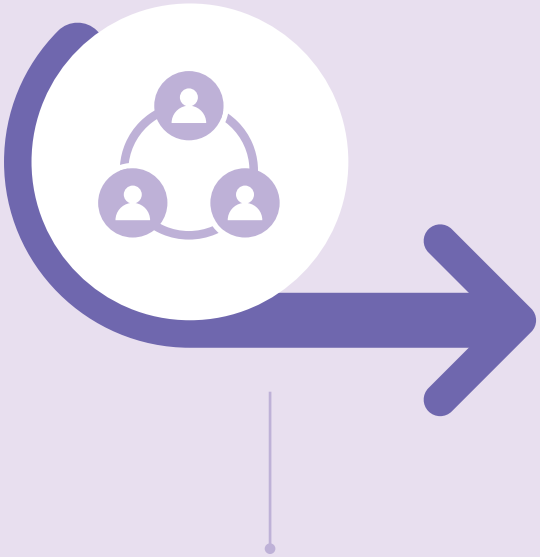
Goal	Objectives
Pregnancy care	
 **4. Women are connected to information and care early in pregnancy**	**4.1** Women are connected to accessible antenatal education that includes psychological preparation for parenthood and breastfeeding. **4.2** Every woman has a known GP, and access to a known midwife and/or obstetrician/GP obstetrician with uninterrupted channels of communication between all care providers. **4.3** Parents have greater confidence in making evidence-based decisions about their child's health and development.
5. Antenatal care reflects the individual preferences and needs of women, babies and families	**5.1** Antenatal care is redesigned in order to eliminate duplication and waste and to leverage off available technologies. **5.2** Antenatal care is scheduled based on the individual woman's needs and preferences. **5.3** Women's partners and/or support people are engaged early in the antenatal period to establish communication and promote partnership in the planning of care. **5.4** Women are supported when adverse pregnancy outcomes occur or when they experience perinatal loss.
6. Women are offered different care options, are actively involved in decision-making about their care and their choices are respected	**6.1** A range of continuity of care models for maternity care, including all risk midwifery models and culturally safe continuity of care models for Aboriginal women, are available. **6.2** Up-to-date information about the full range of local maternity services is publicly available. **6.3** Women are supported to make informed decisions about their care and their choices and preferences are respected. **6.4** Women and health professionals maintain a supportive care partnership when women decline recommended care.
7. Women with additional needs are connected to appropriate services	**7.1** Women with additional needs are identified early and referred to appropriate services to ensure access to specialist care when needed.

Goal	Objectives
Birth	
 **8. Women are informed of the possible outcomes of all aspects of care during labour and birth**	**8.1** Women are provided with complete, timely, unbiased and tailored information about the possible health outcomes associated with interventions during labour and birth. **8.2** Maternity staff and women understand the requirements for valid consent for birth related tests, procedures and interventions.
9. Women receive safe, high quality, evidence-based care that is appropriate to their individual needs and expectations	**9.1** Women and health professionals are supported by evidence-based decision-making tools. **9.2** All interventions are only conducted after: • there is evidence of health benefits associated with the intervention and this has been discussed with the woman • evidence-based decision-making tools are used as appropriate • preferences are recorded • valid consent is given.
Postnatal care	
 **10. Women are connected to the care and support they need after birth**	**10.1** A postnatal debrief with a health professional is an integral part of the care of all women. **10.2** Women are provided with individualised postnatal care. **10.3** Postnatal care is strengthened through co-design with women to ensure linkages into appropriate pathways to meet their long term health and wellbeing needs. **10.4** Women have access to postnatal education that includes information about early parenting and breastfeeding. **10.5** Parents have greater confidence in making evidence-based decisions about their child's health and development. **10.6** Accessible supportive care is offered to women, their partners and families who experience early pregnancy loss, stillbirth, neonatal death or whose babies have major congenital anomalies or long-term morbidity.

What do we mean by connecting, listening and responding?

The process of developing the Blueprint for Action is described in its title.

It has involved connecting with and listening to women and care providers and responding by ensuring that the Blueprint for Action is consistent with what we have been told. The title also describes how we want to move forward to strengthen maternity care in NSW.



Connecting

Each woman is given individualised information about maternity care and supported to access culturally safe and responsive care with the care provider of her choice. Her care is underpinned by respectful communication, and collaboration among health professionals.

Listening

Maternity care health professionals listen and respect the woman's views, experiences and preferences.

Responding

Health professionals support each woman to make evidence-based and informed decisions and choices about her care that reflect her physical, emotional, psychosocial, spiritual and cultural needs.

Experiences and outcomes of NSW maternity care – a snapshot

In 2020

26.2%
of pregnant women were **over 35 years old**
(up from 23.7% in 2016 and 18.1% in 2001).

37.9%
were mothers **born outside of Australia**
(37.9% in 2016 and up from 26.9% in 2001).

69.1%
of **babies were fully breastfed** at the time of **discharge from hospital**
(down from 74.9% in 2016).

7.3%
of **babies were born prematurely**
(7.3% in 2016 and 7.2% in 2001).

81%
of **Aboriginal women** felt they were **'always' treated with respect** and dignity during **labour** and **birth**.

41.7%
of **Aboriginal** or **Torres Strait Islander mothers** reported **smoking** at some time during **pregnancy**
(41.3% in 2016 and down from 59% in 2001),

compared with **7.0%** of **non Aboriginal** or **Torres Strait Islander** mothers
(6.9% in 2016 and down from 16.0% in 2001).

41.1%
of mothers were **overweight or obese**
(up from 39.6% in 2016).

13.9%
were pregnant women with **gestational diabetes**
(up from 12.6% in 2016 and 3.8% in 2001).

10.9%
of **Aboriginal** or **Torres Strait Islander babies born** to **Aboriginal mothers** were **low birth weight**
(10.8% in 2016 and down from 13.5% in 2001),

while only **6.4%** of **babies born** to **non Aboriginal or Torres Strait Islander mothers** were **low birth weight**
(up from 6.2% in 2016).

94%
of **women rated** their care during **labour** and **birth** as **very good** or **good**.

perinatal mortality rate was
9.1 per
1,000 births
(up from 7.5% in 2016 but down from 9.2% in 2001).

80%
of pregnant women started **antenatal care at less than 14 weeks**
(up from 67.8% in 2016).

Source:

- Centre for Epidemiology and Evidence. New South Wales Mothers and Babies 2020. Sydney: NSW Ministry of Health, 2021. https://www.health.nsw.gov.au/hsnsw/Pages/mothers-and-babies-reports.aspx
- Centre for Epidemiology and Research, NSW Department of Health. New South Wales Mothers and Babies 2001. NSW Public Health Bull 2002; 13(S-4)
- Maternity care, results from the 2019 survey. Sydney: Bureau of Health Information 2020. https://www.bhi.nsw.gov.au/BHI_reports/patient_survey_results/maternity_care_survey_2019.

Strengthening NSW maternity care

What is the focus of this Blueprint for Action?

The focus of the Blueprint for Action is on woman and family-centred care when planning a pregnancy, during pregnancy, birth, the postnatal period and transition to the community.

This Blueprint for Action recognises that the majority of women in NSW give birth in hospitals or birth centres (95%) and of these 79% give birth in a public hospital.[2] While matters regarding private obstetric care, private midwifery care, private health insurance, Medical Benefits Schedule items and broader workforce issues influence the provision of maternity care, they are subject to other processes and are beyond the scope of this Blueprint for Action.

How was this Blueprint for Action developed?

This Blueprint for Action is the result of consultation with consumers, health professionals and key stakeholders in maternity care in NSW.

- In 2018, NSW Health ran an online consumer survey to learn about the aspects of maternity care that are important to women and their partners and received almost 18,000 responses. A second online survey for partners of pregnant women and new mothers in 2019 received more than 700 responses.
- In 2019, workshops with health professionals and consumers were held across NSW to gain an understanding of how the Blueprint for Action can support high quality maternity care.
- In 2020, the draft Blueprint for Action was released for public consultation to ensure that all aspects of maternity care important to consumers were covered and that health professionals and organisations agreed with the proposed actions.
- In 2022, the draft Blueprint for Action was recirculated to key stakeholders for consultation following a pause on the development of the policy due to the COVID-19 response.

To inform the development of this Blueprint for Action a literature review was conducted with a focus on a life-course approach.[5] Based on the evidence, a set of 10 goals for high-quality maternity care were drafted and refined through a process of consultation led by the NSW Ministry of Health, noting that respectful and inclusive care underpins this Blueprint for Action.

A Reference Group provided oversight of the Blueprint for Action's development. This Reference Group included maternity service managers and senior clinicians nominated by local health districts (obstetrics, midwifery and social work), consumers, general practitioners (GPs) and representatives from Aboriginal and culturally and linguistically diverse communities.

This Blueprint for Action is based on the understanding that:

- pregnancy and birth are normal physiological experiences, women are experts in their lives and maternity care providers are expert in care provision
- pregnancy, birth and parenthood are life-changing in physical, emotional, social and psychological ways
- maternity care is inclusive of the diverse experiences of women, including their social circumstances (including experience of interpersonal violence), cultural and religious background, health, disability, sexual orientation and the gender with which they identify.

From: Woman-centred care: Strategic directions for Australian maternity services[3]

"Women want accessible choices such as midwife-led models of care, home birth, water birth, vaginal birth after caesarean, etc., particularly for rural and regional areas."

— Consumer survey respondent

Who is this Blueprint for Action for?

The NSW Health system will be responsible for implementing the maternity care goals outlined in this Blueprint for Action. The service scope of this Blueprint for Action includes:

- publicly funded maternity care across NSW encompassing preconception, antenatal, birth and postnatal care
- hospital and community-based services
- universal and targeted services, including Aboriginal Maternal and Infant Health Services (AMIHS).

Intersections with other care providers including GPs, GP obstetricians, private obstetricians and privately practicing midwives are acknowledged. As well as services complementing maternity care such as, perinatal mental health and child and family health services.

The target audience comprises management and leadership of public maternity services at all levels within districts. The Blueprint for Action will provide a guide to shape the expectations of care for both:

- health professionals involved in maternity care
- women and families.

Respectful and inclusive care

Goal 1: Women receive maternity care that is socially and culturally respectful

Aim:

To promote engagement in care and positive experiences for all women through provision of maternity care that is inclusive and genuinely respectful of women and their families.

Rationale

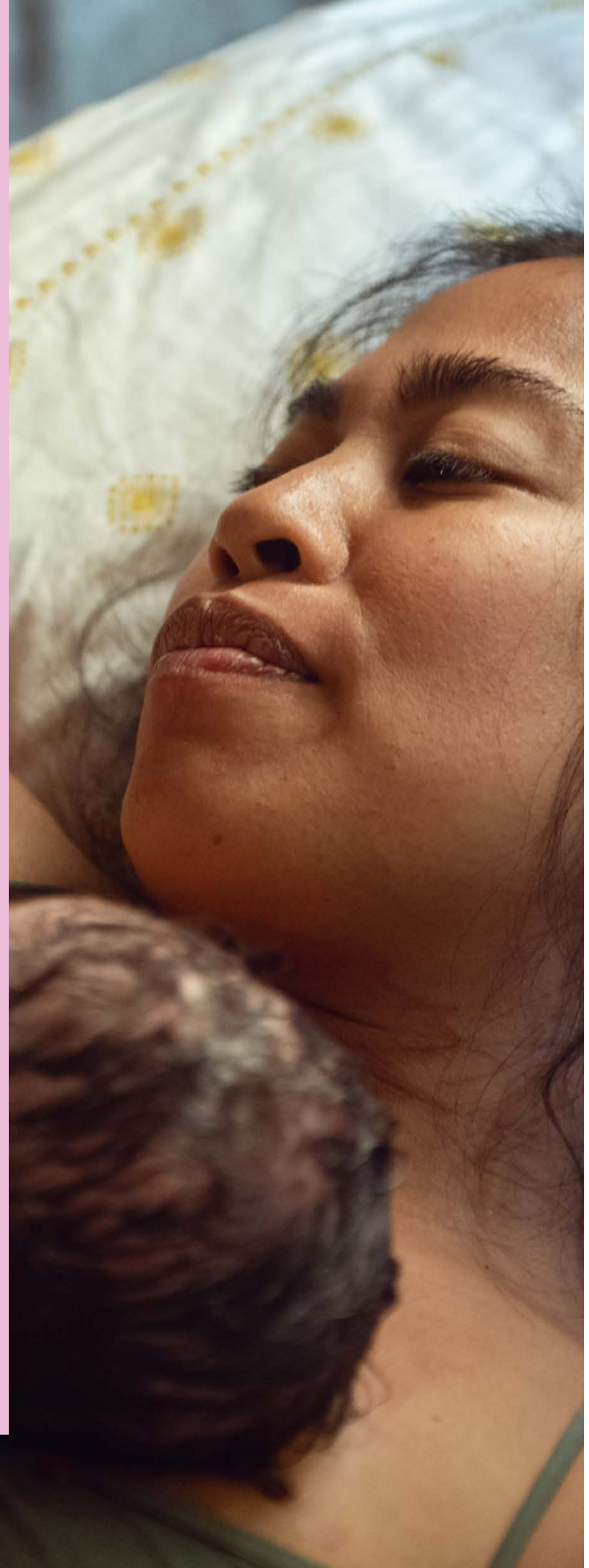
- All women have a right to woman-centred maternity care that respects their individual needs and is provided with consideration to culture, religious beliefs and right to privacy.
- Specific approaches that have been found to improve engagement and the experience of maternity care for Aboriginal women include:
  - targeted programs that provide holistic, flexible and mobile support that includes Aboriginal team members[6,7,8]
  - programs that have effective collaboration, consultation and referral pathways with Aboriginal Community Controlled Health Services, and include community development and health promotion activities[9]
  - continuity of care from a midwife and Aboriginal health worker[9] for example AMIHS
  - involving Aboriginal grandmothers[10]
  - taking a 'yarning' approach to health promotion[10]
  - home visits[9]
  - reminders about, and transport to, antenatal appointments.[9]
- Among women from refugee backgrounds, continuity of care facilitated the development of trusting relationships and resulted in less time conferring with an interpreter over historic events, leaving longer to discuss current concerns.[11]
- A review of lesbian, gay, bisexual, trans and gender diverse, intersex and queer (LGBTIQ+) couples' experiences of maternity care found that they wish to be treated no differently to other parents but with special recognition of their diverse family constellation.[12]
- A review of the state of maternity care for women with disabilities suggested that better psychological and physical outcomes may be achieved through access to midwifery models of care, with the woman being an active participant in her health care.[13]
- Ensuring that the workforce reflects the diversity of the population accessing care and continued workforce training in cultural awareness and sensitivity has the potential to improve workplace culture and respect overall.
- Through the consultations:
  - Aboriginal women spoke strongly about the need for respect and understanding of each woman's individual cultural and social context as this has a profound impact on their experience
  - women from culturally and linguistically diverse backgrounds spoke about maternity staff not always acknowledging and respecting their cultural context and pre-migration experiences
  - respondents raised the need for respect for lesbian, gay, bisexual, trans and gender diverse, intersex and queer (LGBTIQ+) parents, different family structures, young parents, women with disability and women experiencing interpersonal violence.

Objectives and actions

Objective	Action
1.1 **Women's culture, beliefs and experiences are respected and acknowledged**	Ensure that maternity care providers have the awareness, skills and experience to provide holistic, non-prejudicial care that is free from racism and discrimination. Support maternity care providers to adopt the principles of woman-centred and culturally safe care as outlined in the Australian Department of Health *Clinical Practice Guidelines: Pregnancy Care*[14] with particular emphasis on: • Aboriginal women • migrant and refugee women • women with serious mental health disorders • adolescent women • women in rural and remote settings. Support maternity care providers to adopt the standards in *Culturally Responsive Clinical Practice: Working with People from Migrant and Refugee Backgrounds: Competency Standards Framework for Clinicians*[15] *January 2019.*

"There were complications, which I didn't understand... people were having conversations around me, not with me."

— Aboriginal focus group participant



Objectives and actions

Objective	Action
1.2 Culturally and psychologically safe evidence-based models of care are developed and supported in partnership with: • women with lived experience of trauma • Aboriginal women and communities • women from culturally and linguistically diverse backgrounds and their communities, including refugee communities • women with disability • LGBTIQ+ communities	Ensure that maternity care providers are educated in, and practice culturally and psychologically safe and trauma-informed care. Ensure that language services and bilingual and bicultural workers are accessible, and translated information is available. Provide individualised support and services to women who need to spend time away from their communities during the perinatal period. Provide maternity consumer resources in user-friendly, inclusive formats.

"Respect and acknowledgement of the mother's body and autonomy over her body during and after labour is important."

— Consumer survey respondent

"I want to see our culture acknowledged and them to understand it is important. I want my 'differences' to be respected."

— Aboriginal focus group participant

Bourke Health Service

Culturally safe and appropriate antenatal and postnatal care is provided in Bourke through the Aboriginal Maternal and Infant Health Service, Midwifery Antenatal and Postnatal Program and the outreach Obstetric Antenatal Clinic. These programs are flexible and focus on the individual woman and her family to meet her identified needs from a multidisciplinary team, with Aboriginal Health Workers/Practitioners the cultural lead.

Connection to country is key to the success of the programs in Bourke. It includes a step down postnatal maternity service, discharge on country, taking the placenta home for burial, welcome baby to country and community ceremony, yarning circles, smoking ceremonies and Marang Dhali.

The aim of these initiatives is to provide antenatal and postnatal care for women and their families on country. Virtual consultation and support is provided by the obstetrician at the birthing site. To ensure a smooth transition for birth, Aboriginal liaison officers and maternity staff are linked with the women during the antenatal period. These initiatives strengthen connection to country and supports a culturally safe maternity service.

Goal 2: The outcomes that matter to women, and their experiences, actively inform their maternity care and future service improvements

Aim:

To support the provision of value-based maternity care, centred on what matters most to women and their families.

Rationale

- Patient-reported outcome and experience measures have benefits at the individual, service and system levels.
- Through the consultations, we learnt that:
  - women want to be involved in decisions related to their care
  - statistics on hospital rates of intervention during birth should be reported in a way that is easy to access and understand
  - feedback should be used to inform maternity service improvements
  - women should be offered the opportunity to be involved in maternity care service development.

Objectives and actions

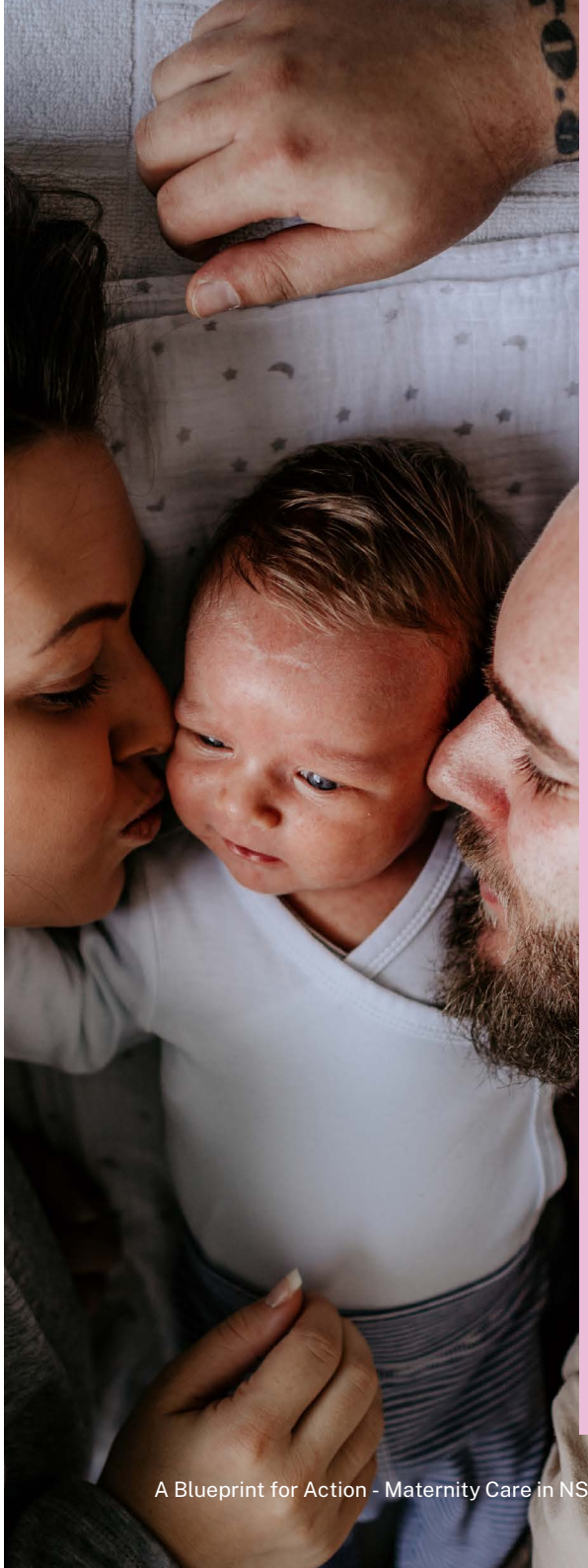
Objective	Action
2.1 Patient-reported measures are used to understand the experiences and health and wellbeing outcomes that matter to women	Promote shared decision making and individualised care planning by utilising women's self-reported experiences and health and wellbeing outcomes.
2.2 Patient-reported measures (including experiences and health and wellbeing outcomes) are used to measure success and inform quality improvement and maternity care service development	Collect and action women's self-reported experience and health and wellbeing outcome measures as a core part of quality assessment and evaluation of maternity services.
	Include women with lived experience in maternity service monitoring and planning and committees.

"I was treated like a number, I didn't feel listened to and my choices were not respected."

— Consumer survey respondent

"It is important to use our feedback as a way to inform changes to practice and further training."

— Consumer survey respondent



Leeton Midwifery Group Practice

Consumer demand for continuation of birthing services at Leeton led to the establishment of a midwifery group practice in November 2017. Leeton Council was instrumental in pursuing the birthing service following community outcry.

Consumers, including an Aboriginal representative, were members of the midwifery group practice steering committee, they provided diversity to the membership and were able to share insights of local family's experiences.

The midwifery group practice has demonstrated that continuity of care offers safe and supportive care through the birthing continuum for rural women. Women are surveyed at the conclusion of their service and this informs ongoing service improvements and maternity service planning.

Before pregnancy

Goal 3: Women have enough information before conception to optimise their health, pregnancy experiences and outcomes

Aim:

To raise awareness about the importance of optimal health and wellbeing before and during pregnancy and support women to promote the health and development of their future children.

Rationale

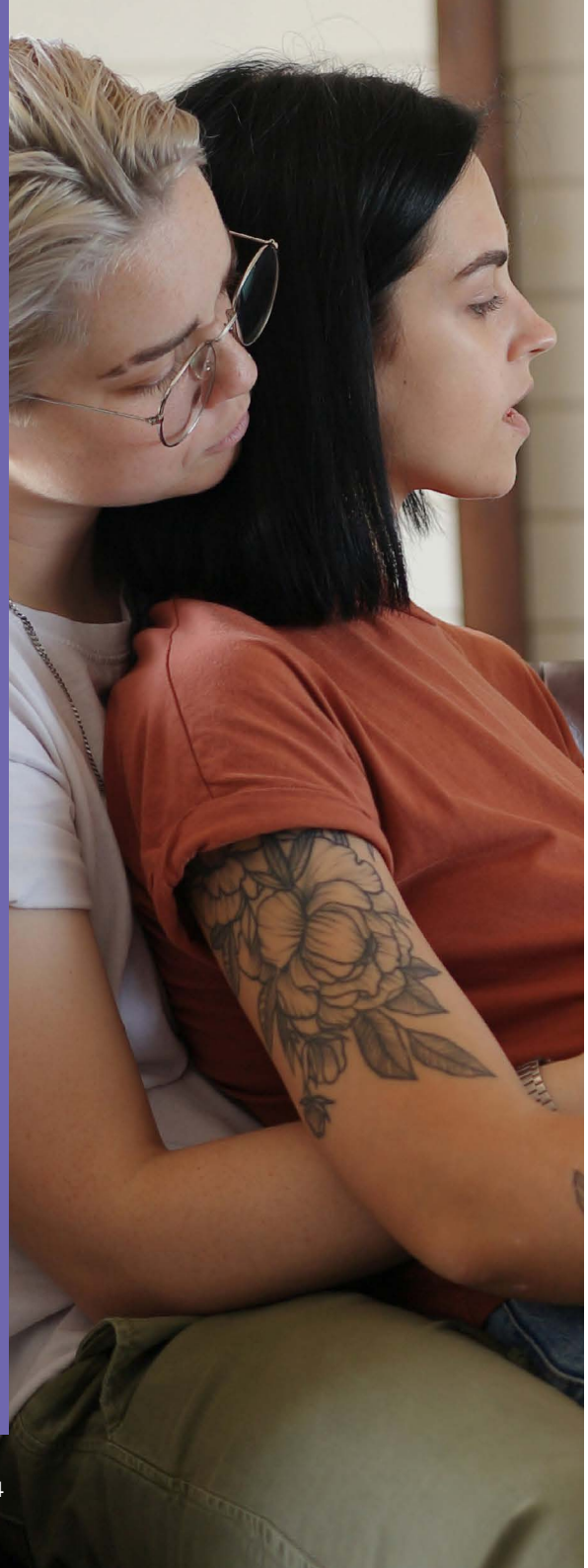
- Preconception care has been shown to improve pregnancy and child health outcomes.[6,16]
- The rate of women attending general practice in the previous 12 months (87%)[17] and the high proportion of unplanned pregnancies (~50%) underpin the role of general practice in preconception care.
- Through the consultations, we learnt that women want more information about family relationships, managing existing health conditions, pelvic floor exercises and emotional wellbeing in early parenthood.

"Consistent information and advice provided by health care providers is so important."

— Consumer survey respondent

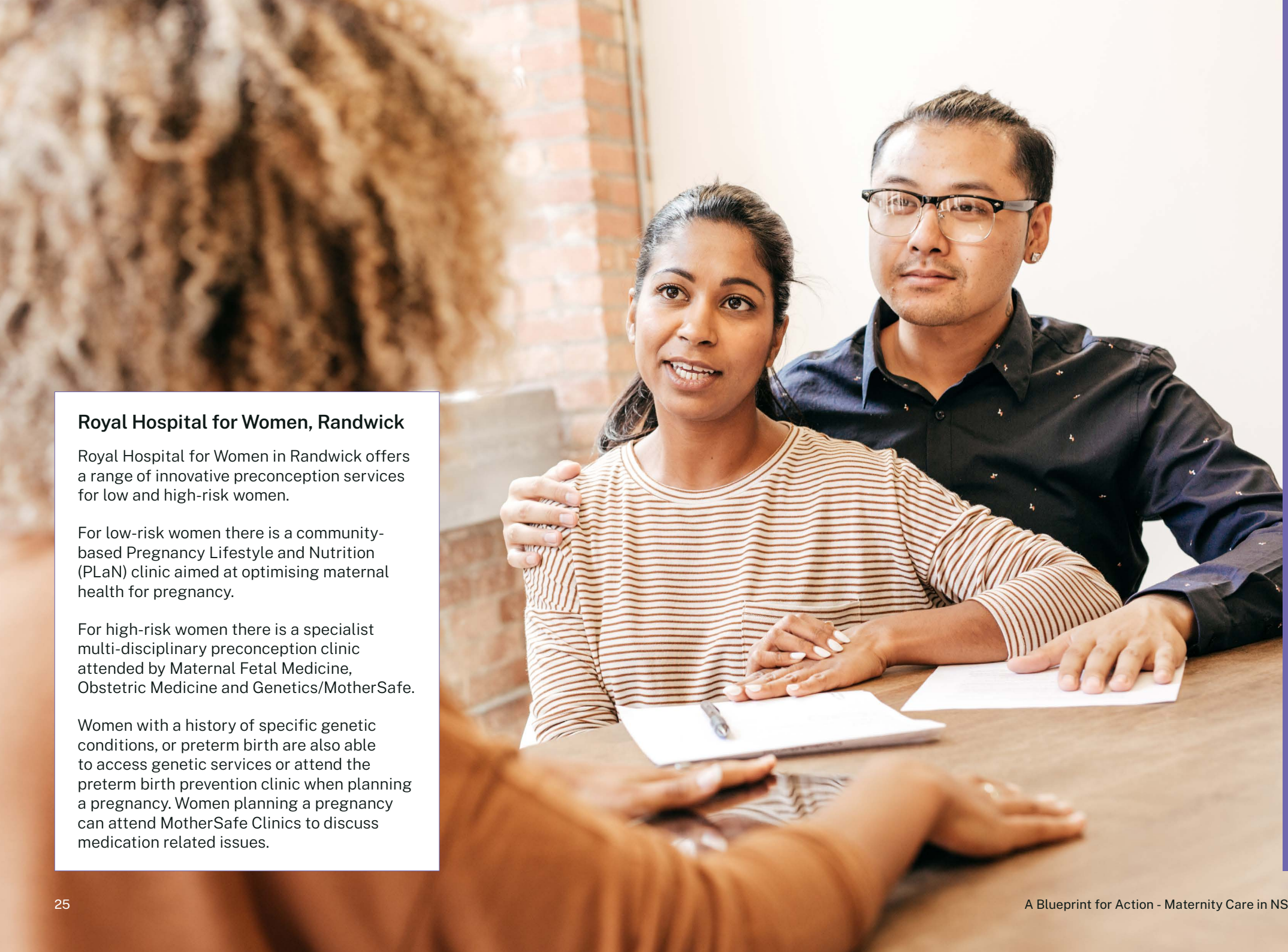
"Speak to both parents, this allows the partner to feel included."

— Partners survey respondent



Objectives and actions

Objective	Action
3.1 **Information about how to optimise health before conception is evidence-based, easily accessible and understood**	Develop, provide and maintain access to information on publicly available NSW Health websites including: • physical activity, weight and nutrition (including folic acid and iodine intake), pelvic floor exercises • smoking, alcohol consumption, substance use • mental health and emotional wellbeing, family relationships and social support • managing existing health conditions (including pre-existing diabetes) • screening and diagnostic testing including genetic screening.
3.2 **Women are connected to accessible preparation for pregnancy education**	Develop and make available online preparation for pregnancy education in a user-friendly format.
3.3 **Women have access to clinical review before pregnancy when necessary**	Develop and strengthen referral pathways between GPs and hospital maternity services.



Royal Hospital for Women, Randwick

Royal Hospital for Women in Randwick offers a range of innovative preconception services for low and high-risk women.

For low-risk women there is a community-based Pregnancy Lifestyle and Nutrition (PLaN) clinic aimed at optimising maternal health for pregnancy.

For high-risk women there is a specialist multi-disciplinary preconception clinic attended by Maternal Fetal Medicine, Obstetric Medicine and Genetics/MotherSafe.

Women with a history of specific genetic conditions, or preterm birth are also able to access genetic services or attend the preterm birth prevention clinic when planning a pregnancy. Women planning a pregnancy can attend MotherSafe Clinics to discuss medication related issues.

Pregnancy care

Goal 4: Women are connected to information and care early in pregnancy

Aim:

To ensure all women receive information and have access to care in line with guidelines, including a comprehensive antenatal assessment early in pregnancy.

Rationale

- Effective models of maternity care have a focus on the individual woman's needs and preferences, collaboration and continuity of care.[15] Collaboration among maternity care providers improves communication and outcomes and is essential to continuity of care and carer.[18]
- The first 2000 days from conception to age 5 years is a critical time for the physical, cognitive, social and emotional health of the infant.[19] Evidence shows that access to high-quality antenatal care and interventions is linked to a range of better outcomes for children across their lives.
- Antenatal education reduces anxiety about birth and increases use of coping strategies, partner involvement and childbirth self-efficacy.[15] Psychological preparation for parenthood has a positive effect on women's mental health postnatally.[15]
- From the consultations, we learnt that women would like:
  - earlier antenatal care
  - accessible antenatal education that covers options for labour and birth, health benefits and risks for different modes of birth, preparation for early parenthood (including breastfeeding, sleep and settling the baby and strategies to support parental mental health and emotional wellbeing)
  - non-gender specific antenatal education for partners.

"My midwife would come out and see me whenever I wanted her to. She would answer my phone calls and answer any of my questions that I had to ask. She was a really great support."

— Aboriginal Focus group

Objectives and actions

Objective	Action
4.1 Women are connected to accessible antenatal education that includes psychological preparation for parenthood and breastfeeding	Develop and make available antenatal education covering topics related to pregnancy, birth and postnatal care in a user-friendly format including information about: • different models of maternity care • the possible outcomes of aspects of care during pregnancy, labour and birth • recovery after birth • strategies to support parental mental health and emotional wellbeing • breastfeeding • infant behaviours including sleep.
4.2 Every woman has a known GP, and access to a known midwife and/or obstetrician/ GP obstetrician with uninterrupted channels of communication between all care providers	Develop and strengthen pathways for early access to antenatal assessment in consultation with the woman's GP.
	Develop and document processes to promote collaboration between a woman's GP, midwife and/or obstetrician/GP obstetrician including establishing effective communication channels.
	Develop processes that ensure women experience a seamless transition between her GP, maternity care providers, child and family health and other postnatal services.
4.3 Parents have greater confidence in making evidence-based decisions about their child's health and development	Ensure parents understand: • the importance of the First 2000 Days during pregnancy • the importance of health and developmental screening from birth • how their child's health and development needs can be supported by GPs and child and family health services.

Goal 5: Antenatal care reflects the individual preferences and needs of women, babies and families

Aim:

To ensure that women, babies and families receive appropriate individualised clinical care, support and follow-up.

Rationale

- Considerations in scheduling antenatal care include any existing conditions that may affect pregnancy or the woman's health and social and emotional wellbeing, whether this is the first or a subsequent pregnancy and the woman's preferences for how antenatal care is provided.[15]
- From the consultations, we learnt that women would like improved access to antenatal care (particularly in rural areas) and longer appointments, including outside of standard working hours to provide flexibility for partners and working women.

> "So you're not going through all your story all over again wondering if it's going to be somebody that judges you or doesn't listen to you or has a particular agenda. You just know they know who I am."
>
> **— Young mothers group**

Objectives and actions

Objective	Action
5.1 Antenatal care is redesigned in order to eliminate duplication and waste and to leverage off available technologies	Mapping of antenatal care services to identify where duplication and waste of services are occurring.
	Explore the role of virtual care and different ways of delivering care.
	Consider the role of non-invasive prenatal testing and other first trimester screening in determining individual care needs.
5.2 Antenatal care is scheduled based on the individual woman's needs and preferences	Through an antenatal care redesign process: • explore and address barriers in accessing antenatal care • develop and make available guidance outlining the number, timing and content of antenatal appointments (relevant to different options of care) that can be tailored and provided to women early in pregnancy.
	Early in antenatal care and in partnership with women, develop a plan for care during pregnancy, birth and the postnatal period that: • reflects their broader health needs • identifies and stratifies potential for complications • is kept up to date.
5.3 Women's partners and/or support people are engaged early in the antenatal period to establish communication and promote partnership in the planning of care	Explore and implement innovative options for delivering effective and responsive maternity care that meets the needs of the community (e.g. Saturday morning midwifery clinics so partners and/or support people can attend).
5.4 Women are supported when adverse pregnancy outcomes occur or when they experience perinatal loss	Ensure that clear follow-up care and cultural protocols and care pathways are followed for women who experience adverse pregnancy outcomes or a perinatal loss.

Midwifery Continuity of care

"Midwife-led continuity models provide care from the same midwife or team of midwives during the pregnancy, birth and the early parenting period, and many women value this. These midwives also involve other care-providers if they are needed..." Women with low-risk pregnancies who receive midwife-led continuity of care are less likely to experience preterm birth or stillbirth or to have an epidural, episiotomy, or instrumental birth and more likely to have a spontaneous vaginal birth. In addition, women are more likely to be cared for in labour by midwives they already knew.

— Cochrane Library[4]

Goal 6: Women are offered different care options during pregnancy, are actively involved in decision-making about their care and their choices are respected

Aim:

To ensure that women and families are given evidence-based information in an appropriate format to enable them to make decisions about their maternity care and that they have access to continuity of carer.

Rationale

- National guidelines state that women should have access to antenatal care close to their home.[15] The WHO recommends midwife-led continuity of care as a health system intervention to improve the uptake and quality of antenatal care.[20] The Australian Preterm Birth Prevention Alliance calls on jurisdictional health departments and healthcare providers to increase women's access to midwifery continuity of care models, particularly in vulnerable groups, as a major public health strategy to safely reduce the rising rate of preterm birth in Australia.[21]
- Encouraging women to play a central decision-making role about their own care is embedded within the broader concept of trust in women as collaborative health care partners.[22] An indicator of this trust is the adoption of maternal-held antenatal care records. This practice improves a woman's sense of control and the availability of antenatal records, but evidence of additional effects such as health behaviours (smoking and breastfeeding), women's satisfaction and clinical outcomes is limited.[23]
- Decision-making by women and their partners should be supported by appropriate information in a format suitable to their needs. In a statewide survey of women who gave birth in NSW public hospitals, most women said health professionals 'always' explained things in a way they could understand during antenatal care (86%).[24]
- Through the consultations, we learnt that parents would like information about local maternity care services, including eligibility criteria for different services (e.g. through a website) and self-referral to services. They are strongly supportive of access to midwifery continuity of care models provided through midwifery group practice (MGP), caseload midwifery or private midwives, including for women with high-risk pregnancies. They also strongly support the availability of birth centres, water immersion during labour and access to publicly funded home birth.
- Health professionals need to be respectful of women's choices and provide family-centred care. Advice from different health professionals is not always consistent and some parents felt they were not given full or balanced information about proposed interventions.

Objectives and actions

Objective	Action
6.1 **A range of continuity of care models for maternity care, including all-risk midwifery models and culturally safe continuity of care models for Aboriginal women, are available**	Develop and support evidence-based models of care and pathways where: • continuity of care models are available for all women, particularly for women with vulnerabilities • every Aboriginal woman is offered a culturally safe continuity of care model, with access to Aboriginal health professionals when available • every woman has a known GP, and access to a known midwife and/or obstetrician/GP obstetrician • care coordination and communication pathways are established irrespective of the model of care.
	Refocus the entry criteria for continuity of care models where clear health benefits have been demonstrated.
	Ensure models of care are described and outcomes reported.

"It was a very important experience, particularly as a woman. This is my country. I'm birthing on country and would prefer to birth out of the walls of the hospital."

— Aboriginal consultation

Objectives and actions

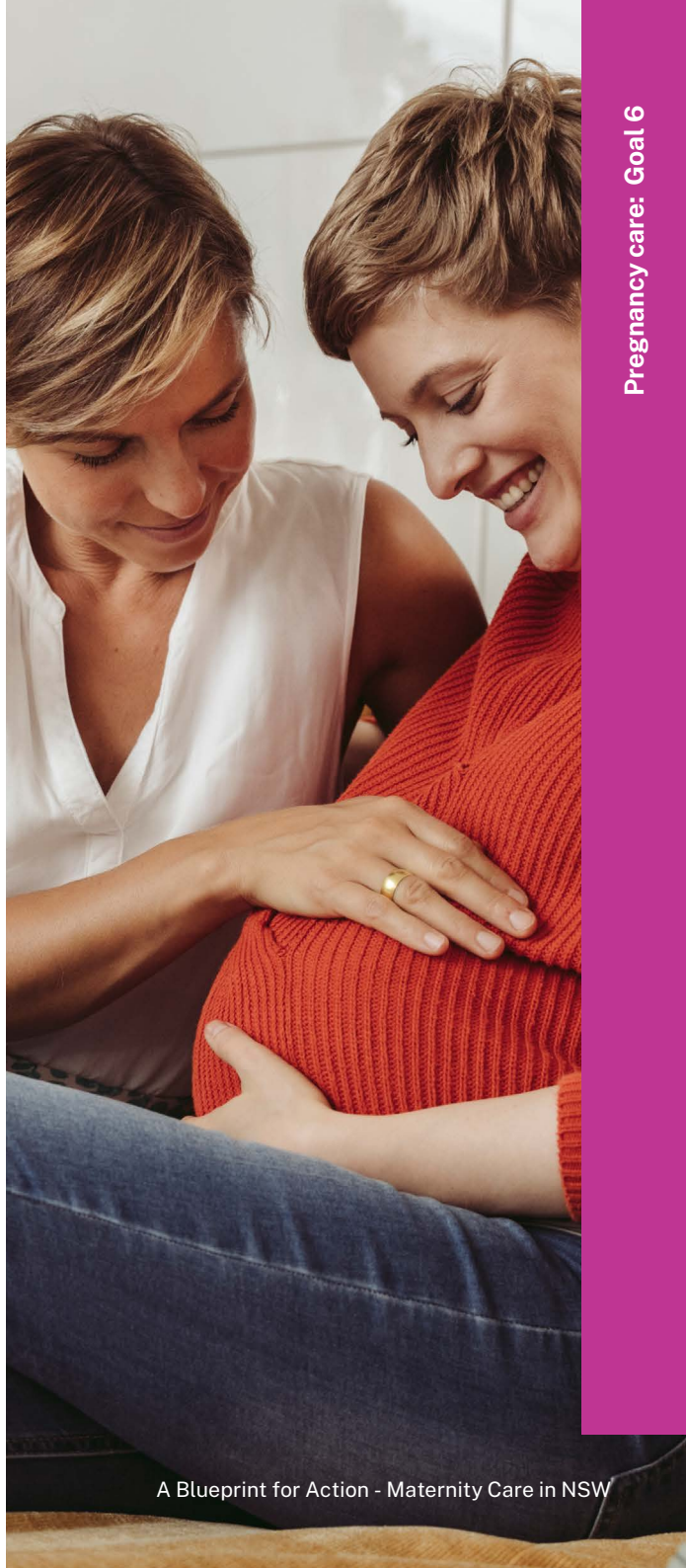
Objective	Action
6.2 **Up-to-date information about the full range of local maternity services is publicly available**	Develop and keep current information about locally available maternity services and models of care on public websites.
	Strengthen partnerships to ensure GPs have access to information about the full range of locally available maternity services.
6.3 **Women are supported to make informed decisions about their care and their choices and preferences are respected**	Ensure that comprehensive care planning explores the woman's preferences, and her choices and decisions are respected, communicated and documented. This includes obtaining valid consent when required.
6.4 **Women and health professionals maintain a supportive care partnership when women decline recommended care**	Develop and make available guidance for health professionals for when women decline recommended care.

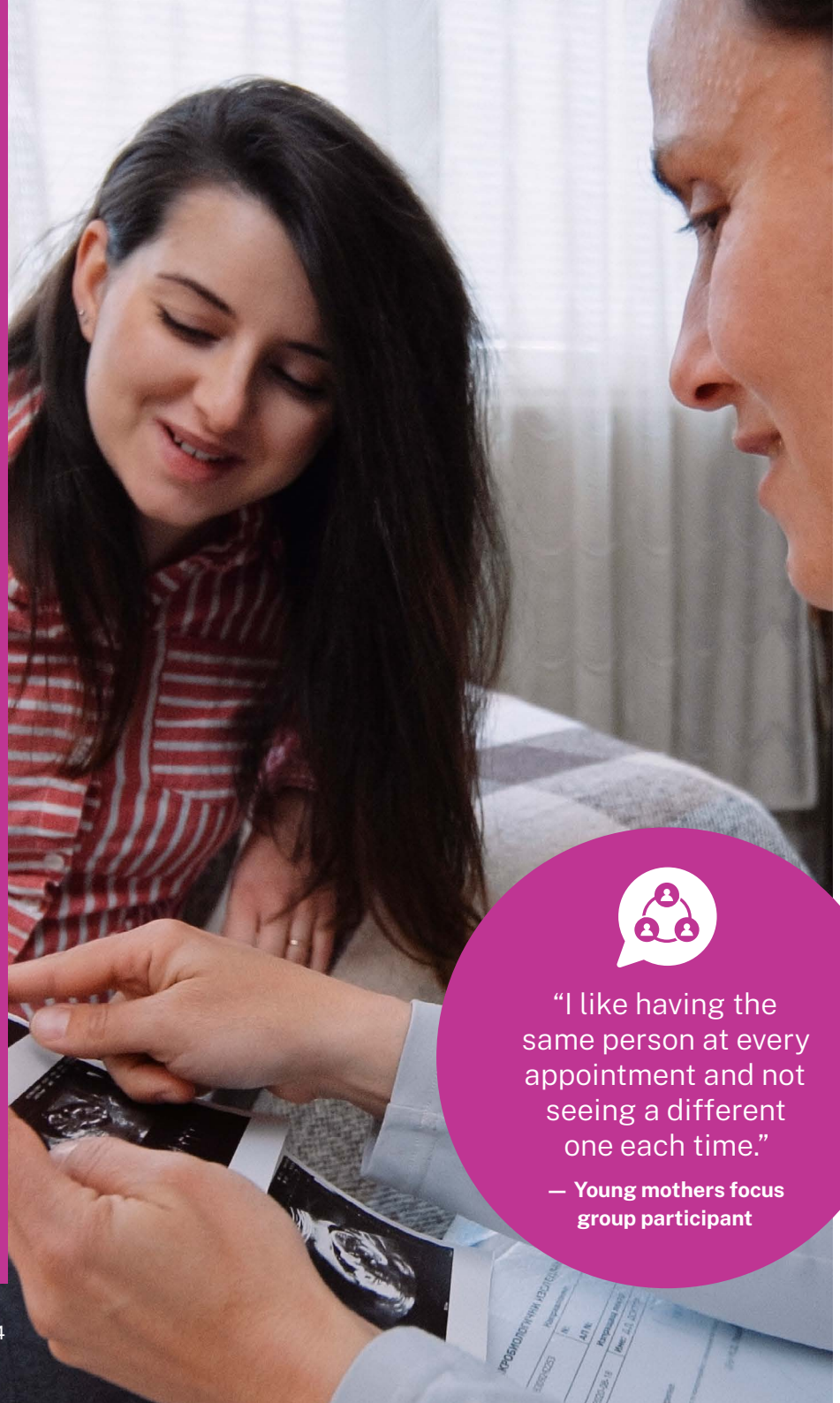
"Women should receive individualised care and support from someone who becomes familiar with each family and builds up trust to provide effective support and delivery of information to new parents during this vulnerable time."

— Partner survey respondent

"Listen to the mother/ parents to be. Offer them options but respect their final decisions!"

— Partner survey respondent





"I like having the same person at every appointment and not seeing a different one each time."

— Young mothers focus group participant

Goal 7: Women with additional needs during pregnancy are connected to appropriate services

Aim:

To optimise social and health outcomes, and connections to services for vulnerable women and their families.

Rationale

- Physical, mental and emotional health and a range of social factors can impact on the health of the woman and her baby during pregnancy. Early identification of women who are experiencing vulnerability is important to enable timely access to specialist services and support. Psychosocial screening and assessment through the SAFE START program helps to identify the services that are likely to best meet the needs of women experiencing these factors. Appropriate services might include women's health, mental health, community and family health, interpersonal violence and housing services.
- Through the consultations, we learnt that there is a need to raise awareness about anxiety and depression during pregnancy as well as in the postnatal period and for increased screening and follow-up. This is especially important for women who experience a complicated birth, multiple or preterm birth, a baby with a disability or complications or the loss of a baby (including in early pregnancy). The mental health of partners should also be taken into consideration. The importance of mental health services, including mother-baby mental health units and community-based mental health support was also raised.

Objectives and actions

Objective	Action
7.1 Women with additional needs are identified early and referred to services to ensure access to specialist care when needed	Ensure that women and health professionals are aware of the importance of early identification of additional needs (physical, emotional and social) during pregnancy.
	Develop and strengthen referral and follow-up protocols between professionals and across organisations such as: • healthy behavioural support services (e.g. NSW Get Healthy in Pregnancy service) • perinatal and infant mental health services • chronic disease services • women's health physiotherapy • lactation support services • oral health services • alcohol and other drug services.

"Because the baby is breech you can't have birth at home, birthing centre or anything and nobody actually explained to me what the breech was and what it meant for the birth."

— Multicultural focus group participant

"I craved a firm connection and routine to help anchor me during the appointments, but every fortnight brought new faces, new protocols, and new problems. And then, finally, it was suggested I meet Amanda.

I cannot begin to describe what a relief it was to be looked after by Amanda. This woman literally took me by the hand and guided me through my last months in the system; she walked me to various departments when I didn't know the way, wrangled diabetes and mental health nurses on my behalf, advocated for me, made me laugh. I was so guilty and ashamed at taking her time away from someone else who "deserved" it. She completely changed my experience; I had a name, a face I knew, a mobile number to call or text, an address to email. I wish every first-time mother, mother experiencing anxiety or depression, mother with new or pre-existing medical condition, heck EVERYONE could have an Amanda."

— **From a first-time mother with gestational diabetes mellitus and severe antenatal depression:** RPA Women and Babies

Birth

Goal 8: Women are informed of the possible outcomes of all aspects of care during labour and birth

Aim:

To ensure that women receive evidence-based, tailored information when planning for birth so women can make an informed decision about care that is based on personal circumstances.

Rationale

- Informed decision-making is central to woman-centred health care and is a two-way communication process between a woman and one or more health professionals. Informed decision-making reflects the ethical principle that a woman has the right to decide what is appropriate for her, taking into account her personal circumstances, beliefs and priorities. This includes the right to accept or to decline the offer of certain health care and to change that decision. For a woman to exercise choice, she requires information about possible outcomes that is relevant to her circumstances. Information should be provided in a format that the woman finds acceptable and can understand.[15]
- Through the consultations, we learnt that concerns relevant to labour and birth included choice about who was in the birthing room, pain relief, support for partners and availability of water birthing and delayed cord clamping. Partners expressed the desire to be able to stay at the hospital to support the woman and baby after the birth and were concerned about women being separated from the baby and/or partner after a caesarean section or when admission to a neonatal intensive care unit was required.
- It is essential that women and their partners and/or support people are given information about how the birth is likely to proceed (e.g. stages of labour or process of procedures) and advice on how the birth is progressing, that birth plans are respected and any changes to the plan discussed with the woman and her partner and/or support people.

"Listen to the mothers, they know their bodies best. Not every labour is "textbook". Listen to the fathers, they know their partners best."

— Partner quote

What do women say is most important to them during labour and birth?

Objectives and actions

Objective	Action
8.1 Women are provided with complete, timely, unbiased and tailored information about the possible health outcomes associated with labour and birth, including interventions	Ensure that health professionals are trained and confident in communicating with women about the possible health outcomes associated with interventions.
	Develop and make available tailored consumer information about care during labour and birth, including possible health outcomes of interventions.
8.2 Maternity staff, women and/or support people understand the requirements for valid consent for birth related tests, procedures and interventions	Develop and make available comprehensive guidance for valid consent for labour and birth interventions as per the NSW Health Consent to Medical and Healthcare Treatment Manual.[25]

"Women need a detailed explanation about the different ways to birth and the pros and cons of all of these."

— Consumer survey respondent

Goal 9: Women receive safe, high quality, evidence-based care that is appropriate to their individual needs and expectations

Aim:

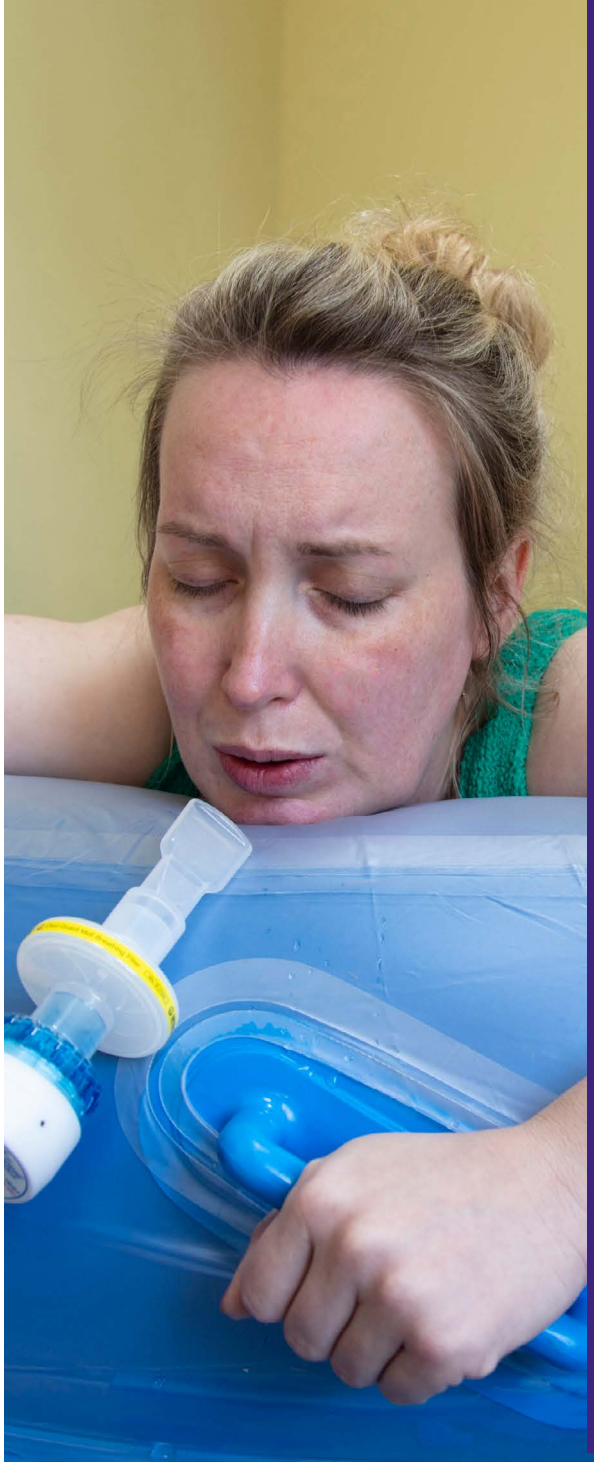
To ensure that women receive evidence-based, high-quality and safe care when planning for and giving birth and to minimise intervention in birth.

Rationale

- Birth is a natural process in life. Vaginal birth is the most common mode of birth in NSW and for most women is the most clinically appropriate and safe option. In some circumstances, intervention (such as induction of labour, use of forceps or vacuum extraction, or caesarean section) may be required. The safety of an intervention depends on gestational age and the balance of risks and benefits to the mother and baby:
  - Women expect health professionals to provide care in line with available evidence. Women want to be assured that they will receive high-quality and safe care when planning for and giving birth. Rates of intervention during labour and birth are perceived to be high, and there is strong support for minimising intervention during labour and birth.
  - Some women commented through the consultations that the rates of intervention need to be reduced while others wanted easier access to elective caesarean section. Women who had experienced a caesarean section stressed the importance of skin-to-skin contact with the baby immediately after the birth and having their baby and partner with them while in recovery. Women thought that the option of vaginal birth after a previous caesarean section and vaginal breech birth should be supported.
  - The evidence of the effectiveness of decision aids is well-established. Decision aids can be a useful and well accepted addition to the process of shared decision-making between women and their healthcare professionals and can result in significant reductions in decisional conflict and increases in knowledge.[26] Shared decision making is dependent on a two-way dialogue between the woman and healthcare professional, with decisions made and agreed upon in partnership. It is therefore vital that decision aids are used correctly by health professionals.

Objectives and actions

Objective	Action
9.1 Women and health professionals are supported by evidence-based decision-making tools.	Make evidence-based decision-making tools available.
9.2 Interventions are only conducted after: • there is evidence of health benefits associated with the intervention and this has been discussed with the woman • evidence-based decision-making tools are used as appropriate • preferences are recorded • valid consent is given (refer to 8.1 and 8.2)	Identify, report on and improve variation in outcomes and practice in maternity healthcare settings.



"They welcomed you. You could feel okay about anything. I was very thankful to go through the midwife group the second time, and having the same person who I checked up with every single time and was at the birth."

— Young mothers group

Royal North Shore Hospital

"Pregnancy and infancy are ideal times for families to be engaged in a range of professional support services. At Royal North Shore Hospital, a multidisciplinary and multi-agency system of family focused health care for pregnant women and families has been developed. Women with complex care needs and vulnerabilities are identified early in pregnancy. We endeavour to provide wraparound care. The service utilises processes such as multidisciplinary team meetings and Pregnancy Family Conferencing to ensure that women's care needs are considered holistically. Continuity of care is a key feature and women are connected in a timely manner with other support services such as Social Work, Perinatal Infant Mental Health, Domestic Violence services, and Substance Use in Pregnancy and Parenting Service. A team who are relevant to the wellbeing of the woman and her family meet and collaboratively develop and document a highly specific and unique plan exclusively with the woman and her family's individual needs as the focus for pregnancy, birth, postnatal and early childhood periods."

Postnatal care

Goal 10: Women are connected to the care and support they need after birth

Aim:

To provide appropriate support for all women and families during the postnatal period to promote optimal lifelong health and wellbeing outcomes.

Rationale

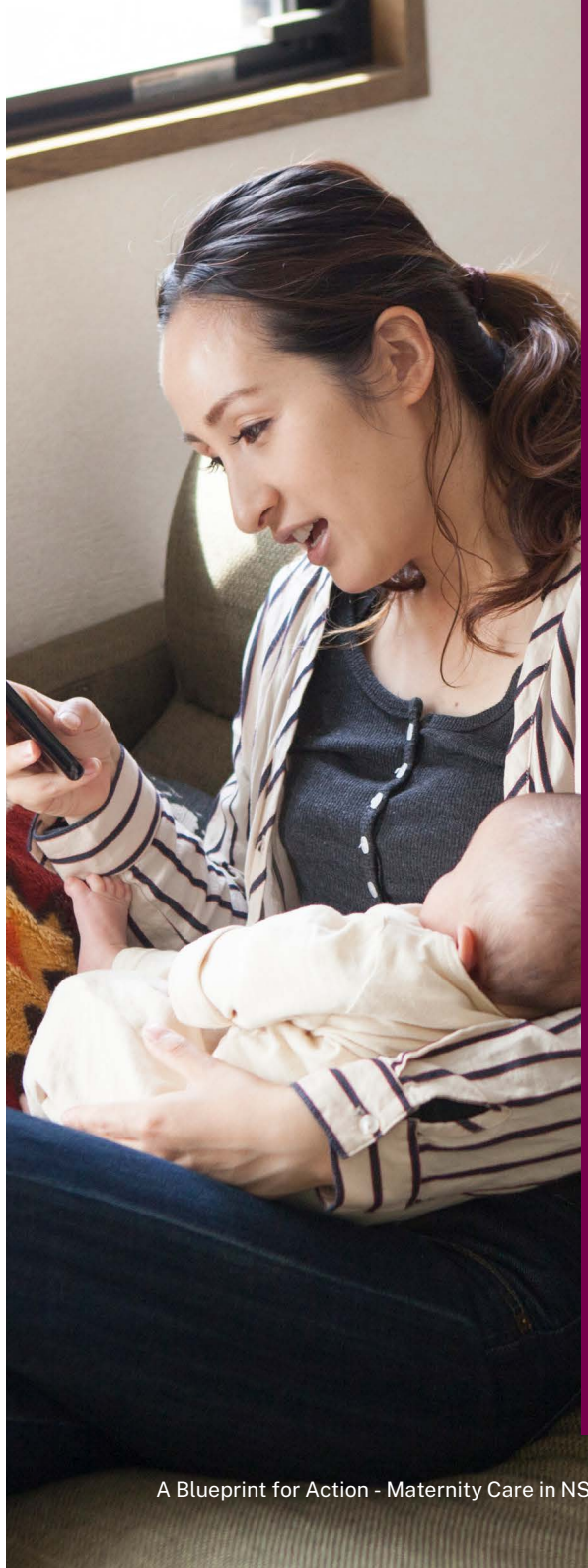
- While many women transition through the postnatal period uneventfully, others develop health issues that may persist for some time after the birth (e.g. tiredness, backache, headaches, perineal and caesarean wound pain, breast engorgement, sore nipples, mastitis, prolonged bleeding and urinary tract infections).[27] Postnatal depression and anxiety are also common and are often associated with physical and relationship problems.[28]
- Infants may experience problems such as dehydration, feeding difficulties and hospital readmission in the early days following discharge. Prolonged crying is one of the most common reasons for seeking medical care during this period with unsettled behaviour being associated with high health service use.[27]
- Through the consultations, we learnt that women value:
  - privacy (e.g. single rooms), facilities for partners to stay with women, links between the maternity ward and baby in neonatal intensive care, care of birth injuries and debriefing after a complicated birth
  - support in hospital to establish and continue breastfeeding, including advice from lactation consultants, advice on infant formula feeding for women who are unable or choose not to breastfeed and respect for choices about infant feeding
  - discharge information about postnatal services in the community, pain relief and specific information for partners about supporting mother and baby and recognising symptoms of mental health problems
  - home visits in the early postnatal period for follow-up care to support recovery and to receive advice on newborn care including feeding, reflux, sleep and settling
  - postnatal support for partners, including for mental health issues
  - follow-up support for women, their partners and families who have experienced pregnancy or newborn loss, sensitive spaces to care for a stillborn baby, training for health professionals in providing sensitive care following the loss of a baby and additional support in subsequent pregnancies (including after miscarriage).

Objectives and actions

Objective	Action
10.1 A postnatal debrief with a health professional is an integral part of the care of all women	Ensure that all women are offered a postnatal debriefing opportunity prior to transition to care in the community.
	Develop and make available guidance to support maternity health professionals to effectively undertake postnatal debriefing.
10.2 Women are provided with individualised postnatal care	Where care requirements allow, ensure women and babies are kept together wherever possible in the postnatal period in hospital.
	Provide women with tailored, individualised support to adjust to parenthood in the postnatal period in areas such as: • recovery following the birth • breastfeeding or infant formula feeding for women who are unable or choose not to breastfeed • infant behaviours including sleep and signs of illness • emotional health and wellbeing • family planning and contraception.
10.3 Postnatal care is strengthened through co-design with women to ensure linkages into appropriate pathways to meet their long term health and wellbeing needs	Through a co-design process, develop and make available guidance to effectively communicate information about the woman and her baby's specific needs and actively transferring care to: • child and family health services • her GP.
	Establish clear referral protocols and communication pathways into follow up services as required such as: • lactation support services • women's health physiotherapy • healthy behavioural support services (e.g. NSW Get Healthy service) • oral health services • perinatal and infant mental health services • residential parenting services • chronic disease services • alcohol and other drug services.

Objectives and actions

Objective	Action
10.4 Women have access to postnatal education that includes information about early parenting and breastfeeding	Develop and make available postnatal education in a user-friendly format.
10.5 Parents have greater confidence in making evidence-based decisions about their child's health and development	Provide parents with evidence-based options for action to promote better health and development outcomes for their child based on First 2000 Days evidence.
10.6 Accessible supportive care is offered to women who experience early pregnancy loss, stillbirth, neonatal death or whose babies have major congenital anomalies or long-term morbidity	Develop and strengthen clear and culturally appropriate referral protocols and communication pathways for parents who have experienced a bereavement or an adverse outcome with GPs, bereavement support services and other community organisations or support groups as appropriate.
	Provide training to health professionals who support women affected by the loss of a baby.



The Chasing Butterflies project

The Chasing Butterflies project in Hunter New England Local Health District successfully doubled the engagement of vulnerable families for 6–8-week infant health checks over a twelve-month period.

Maternity care providers, child health nurses and consumers worked together to support vulnerable women's transition to child and family health care. The contribution of consumers was powerful in the change process; one consumer agreed to participate in the project after making a complaint regarding her universal health home visit.

The project combined a joint seamless approach to health care provision between maternity and child health services through an increased focus on relationships, additional home visits, structured clinical handover, antenatal meet and greets, development of a specific welcome client brochure, and targeted trauma-informed education for staff.

"Post pregnancy care I found to be non existent after leaving the hospital. I was totally unprepared for how I would feel and how my body would feel after pregnancy. I had to google a lot after I came home. The resources just weren't there."

— Consumer survey respondent

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NSW Ministry of Health
1 Reserve Road
St Leonards NSW 2065

T: (02) 9391 9000
W: www.health.nsw.gov.au

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