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AMA submission: draft Strategic Directions for Australian Maternity Services

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Thank you for the opportunity to comment on this current version of the 'strategic directions' document.

The AMA continues to have concerns about aspects of this document. These concerns have also been directly communicated to the Department of Health by Associate Professor Gino Pecoraro, the AMA's representative on the Advisory Group, and are shared by other members of this group.

Comments are detailed below.

Page 3

The term 'women' or 'women is inclusive of the woman's baby or babies, partner, family and community.

This 'definition' lacks acknowledgement of the baby's welfare as a separate entity. While a baby may lack 'personhood' under the law, the baby should be considered in any pregnancy care situation. Additional text should be included: 'Under this definition, the baby is not treated as a separate entity and its welfare is considered only so far as how it affects the mother'.

… including their social circumstances (including experience of family violence), cultural and religious background, disability, sexual orientation and the gender with which they identify.

A woman's medical condition is a key factor that should be included given obesity, advancing age and multiple co-morbidities is increasing. Additional text should state: 'as well as any co-existing medical comorbidities or conditions that may affect the care of women'.

This document is structured around the four values – respect, access, choice and safety.

The value, 'safety', should be listed first.

This document covers the maternity care of women in the perinatal period (from conception until 12 months after the pregnancy or birth).

This definition is incorrect. Medical dictionaries define 'perinatal' as 28 days post partum.

While it acknowledges the importance of several related issues (i.e. Medicare Benefits Schedule items, workforce issues, cost of private health insurance), these are the subject of other processes.

Funding and rebates from both government and private health insurers was considered a serious issue by the Advisory Group. Additional text should be included: 'While it acknowledges the importance of several related issues (i.e. the lack of adequate government and private health insurer funding, Medicare Benefits Schedule items, workforce issues, etc), these are the subject of other processes.

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… aims to ensure that Australian maternity services are equitable, culturally safe, woman-centred, informed and evidence-based.

Safety should be listed first whenever these values are listed, and 'safety' should include physical safety.

Page 5

Respect women's choices, experiences and outcomes and use woman-reported data to inform quality improvement in maternity care.

The text should be reworded to clarify that woman-reported data should form at least part of the data used to inform quality improvement in maternity care.

Page 7

Women should be supported in their choice of carer.

It should be clarified here that to best support women in their choices for maternity care, that indemnity must be available for care providers to protect them if a woman's choice is not what the carer has recommended. This enables women to play a role in accepting responsibility for their choices and ensures that a woman would not be denied a type of care because a care provider fears litigation.

Funding models to support access to continuity of care models in all areas are developed.

Text should be added acknowledging that government and private health insurer rebates must be indexed to allow women's choices for continuity of care models to be affordable.

Page 9

The Pregnancy, Birth and Baby website is updated to include current information with input from health professionals and women.

Funding for maintenance of the website and a moderator to ensure that all affected groups agree on the validity of the information, is crucial. Text should be added noting that 'this will require ongoing funding to maintain the website's currency, including a moderator to keep abreast of research and ensure all stakeholders agree on the validity of published information.

Jurisdictions have processes and communication pathways to support health professionals and women to maintain a care partnership when women decline recommended care.

As per previous comments, care providers must be supported with indemnity cover so that a woman is not denied care because a care provider fears litigation.

Page 14

Provide access to the Practice Nurse Incentive Program for midwives.

The text should be amended to state that the program should also be available to obstetricians in order to incentivise obstetricians employing midwives in their practices.

Page 15

Caesarean section: Surgical removal of the baby from the uterus, which may be planned or due to complications in labour or birth.

This definition should be replaced by: 'A surgical procedure during which the baby is delivered through an abdominal incision, rather than through the vagina'.

Elective caesarean: Planned surgical removal of the baby before labour commences.

This definition should be replaced by: 'The planned delivery of a baby by a surgical procedure where birth is through an abdominal incision rather than through the vagina'.

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Perinatal period: The period from conception until 12 months after the pregnancy or birth.

As per previous comments, this definition does not align with the definition in medical dictionaries.

Pre-eclampsia: A condition in pregnancy characterised by high blood pressure, sometimes with fluid retention and proteinuria.

The words ‘characterised by’ should be replaced with ‘associated with’.

Woman or women: The person giving birth. The term is inclusive of the woman’s baby, partner and family. Therefore, the words woman or women include all the women, babies, infants, children, families, carers, groups and/or communities, however they are named.

Concerns about this definition, and the lack of acknowledgement of the baby, have been described above.

JANUARY 2019

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