Australian Psychological Society
Believe in Change

Australian Health Ministers' Advisory Council (AHMAC)

Consultation on the Strategic Directions for Australian Maternity Services

November 2018

Dr Louise Roufeil FAPS
Chief of Policy
l.roufeil@psychology.org.au

Emma Sampson
Policy Officer
e.sampson@psychology.org.au

Level 13, 257 Collins Street
Melbourne VIC 3000
PO Box 38
Flinders Lane VIC 8009
T: (03) 8662 3300
F: (03) 9663 6177
psychology.org.au

Overview

The Australian Psychological Society (APS) welcomes the opportunity to make a submission to the second stage of consultations by the Australian Health Ministers' Advisory Council (AHMAC) on the National Strategic Directions for Australian Maternity Services. The APS is the largest professional organisation for psychology in Australia representing about 24,000 members, of whom a significant portion deliver evidence based psychological services to consumers, including women in the perinatal period.

This response addresses the issues raised in the second-round consultations; however, we also refer the AHMAC to the first submission by the APS in which we highlighted the strengths and weaknesses of the current maternity services system as identified by our members, including the APS Perinatal and Infant Psychology Interest Group (P&IPIG).

The APS acknowledges that conception heralds a period of enormous psychological change for women and their families, and the perinatal period brings many gains but also losses. It follows that during this period a woman is particularly vulnerable to developing mental health difficulties[1]. Mental health difficulties may be pre-existing, arise antenatally or emerge following birth. There is a personal cost associated with untreated mental health issues for women, but there are also costs borne by infants, families, communities and governments.

This submission is structured to respond to the strategic directions outlined in the Strategic Directions for Australian Maternity Services Consultation Paper number 2.

Strategic Directions for Australian Maternity Services

The APS supports the values and principles outlined in the Strategic Directions for Australian Maternity Services Consultation Paper. The values including respect, access, choice and safety are evidence based and align with psychological best practice.

Based on our original submission, the APS recommends further attention to the following in the strategic directions outlined in the plan:

- That maternity models of care are women-centred and meet the health and wellbeing needs of women, their babies and families and protect and respect women's human rights throughout their contact with maternity services, regardless of personal, cultural, ability, sexuality or geographic context
- Mental and physical health and wellbeing of women, their babies and families should be at the core of the maternity service system
- Perinatal and maternal morbidity and mortality indicators should be measured and reported
- Continuity of care (and carer) during the perinatal period should underpin the maternity services system
- Safety not only relates to individual women feeling safe but to patient outcomes being measured and reported at a broader maternity services/national level

[1] For example, see Brockington, I., Butterworth, R., & Glangeaud-Freudenthal, N. (2017). An international position paper on mother-infant (perinatal) mental health, with guidelines for clinical practice. *Archives of Women's Mental Health, 20*:113-120.

- Long term public health impacts, such as maternal wellbeing, anxiety, depression, suicidality, maternal poverty, breastfeeding and birth rates, should be measured.

1. Respect

1.1 Respectful, holistic care

The APS supports the principle that women's human rights be protected and respected through all their interactions with maternity services, regardless of their personal, cultural, ability, sexuality or geographic context. The APS supports the adoption of the Respectful Maternity Care (RMC) Charter to protect and uphold women's universal childbearing rights.

We recommend that this strategic direction be supported by funding an independent and national body to develop strategies to uphold the Respectful Maternity Care Charter. These strategies could include educating the maternity services sector and broader community regarding the RMC Charter and investigating concerns about potential breaches of the RMC Charter by healthcare institutions in order to inform quality improvements in maternity care.

1.2 Collaboration between health professionals

The APS recommends that women have access to multidisciplinary approaches to care, which includes mental health services. This includes a range of services that are coordinated and work collaboratively to support women and their families.

The APS supports a joint statement committing all health professionals to working together for the benefit of women and their babies and would welcome the opportunity to be part of this joint statement, and associated mechanisms for implementation.

Beyond a statement however, we acknowledge that different funding models, a history steeped in the medical model of birth and care of newborns and differences in the power ascribed to different health professions and professionals impacts on the ways services are set up, prioritised and ultimately directly impact on the delivery of care for women and their families.

In particular, we recommend a more explicit statement about the need for mental health and wellbeing care at the postnatal stage to be included in collaborative care arrangements.

There is very little coordination for example, with post-hospital services like maternal and child health, family support services and mental health supports. Public sector psychologist roles were lost with the National Perinatal Depression Initiative (NPDI) funding cuts in 2015. In the private sector, Medicare supports these services during the perinatal period (Pregnancy Support Item), which is accompanied by training and a clear referral pathway via general practitioners (GPs). This initiative provides three non-directive, shorter sessions, but this option is not well known and thus is infrequently accessed.

It is recommended that more attention is given to better coordination between post-natal supports for new mothers and their families as well as strengthening the holistic care women provide during this stage. Maternal Child and Health services should be provided to all Australian women, as they are in Victoria and be better connected to hospital maternity services. Psychologists as well as community organisations have a role to play here and

could be identified in the strategy more explicitly as key to supporting new parents.

2. Access

2.1 Improving access to continuity of care

Continuity of care is associated with better physical and emotional health outcomes for mothers, improved health outcomes for babies and higher maternal satisfaction.

The core principle of continuity of care is fundamental to effective mental health care and should apply to all maternity care and service provision in the perinatal period.

Many hospitals, however, do not provide a 'team' or 'caseload' approach to maternal care meaning that most women see a different midwife or obstetrician at each visit during their pregnancy. This can contribute to mental health issues by raising anxiety levels as women are not afforded the opportunity to build a trusting relationship with a care provider.

Currently, there are also limited linkages and referral pathways between hospital maternity services and post-hospital services such as maternal and child health and mental health supports such as community-based psychologists.

In practice, this means that women with or at risk of mental health difficulties fall through the gaps and are not referred for mental health support. Young mothers, women in domestic violence situations, migrants or other vulnerable women may also have their mental health needs overlooked.

The APS supports the World Health Organisation's (WHO) recommendation for midwife-led continuity of care and supports the strategic direction to expand models of care that promote continuity of carer for women.

2.2. Improving access to maternity care

The APS supports both strategic directions for improving access to maternity care: for women to have access to maternity care as close as possible to their home and the improvement of care in the postnatal period.

Many hospitals discharge mothers within 24 to 48 hours of giving birth, with some discharging in as little as 4-6 hours. Early discharge often places stress on families, impacts on the health and wellbeing of mothers and their babies, increases the workload of maternal and child health nurses, and affects breastfeeding rates. Early discharge can have a negative impact on parents' mental health if they do not feel supported and confident in basic baby care tasks such as feeding. Women without family support are particularly vulnerable.

The APS also recognises the need for better access to maternity services by marginalised groups such as families with a disability and those who identify as Lesbian, Gay, Bisexual, Transgender, Queer or Intersex (LGBTQI+). For example, LGBTQI+ people may conceive children in many different ways that are more likely to involve Assisted Reproductive Technologies. Pregnancy loss in particular is therefore likely to affect a diverse range of LGBT people. Currently, most support services about pregnancy loss target heterosexual couples, even if this is mostly implicit. The APS has developed a suite of resources on LGBTIQ+ parenting and families for further information on these concerns (see www.psychology.org.au).

We recommend that a strategic direction on access to maternity services by marginalised

groups be included under 'improving access to maternity services'.

2.3 Improving access to mental health support

While the strategy identifies mental health as a priority area to address within maternity services, the APS believes that the strategy could be strengthened to highlight the mental health difficulties faced by women and their families during this period and including a commitment to resourcing and supporting better mental health support.

Mental health considerations need to be embedded throughout the maternity and perinatal service system. Mental health and wellbeing should not be treated as an optional extra or a last resort at a time of crisis, but as part of a preventive strategy that enhances the wellbeing and outcomes for mothers, babies and families.

In particular, there is emerging evidence to suggest that along with perinatal depression and anxiety, trauma (including PTSD) resulting from the type of care and/or mothers birth experience is a significant risk for women. Birth is increasingly *not* an overwhelmingly positive experience for all but a small number of women.

Early discharge from hospital post birth, the increase in social isolation faced by new mothers, and increased risk of intimate partner violence during this stage further compounds these risk of poor mental health outcomes. A social determinants of health approach or frame would strengthen the strategy by acknowledging determinants of care go beyond individual factors and are influenced by broader social, economic and systemic variables.

The original submission by the APS highlighted the lack of access to and provision of mental health supports and services. Very few psychologists are employed within Australian maternity hospitals, despite the evidence for the importance of assisting women in the perinatal period with mental health difficulties, and more generally in their adjustment to parenting. This is especially the case with women who experience anxiety, depression or have had a previous traumatic birth, including still birth or premature baby. Access to psychological services via the Medicare system is also insufficient to meet women's needs in the perinatal period, can be unaffordable, and is poorly linked in to maternity services.

The APS supports the development of a Perinatal Mental Health Plan and linkages to the Australian Governments' Women's Health Strategy currently being developed.

3. Choice

The APS supports both strategic directions that relate to improving choice for women by improving quality information and providing evidence based information to support women's informed choice.

We recognise, however, that key to women realising their right to choose is that there is a range of best practice options available to them. This requires a commitment to increase the availability of services as well as to providing impartial, evidence based information to women for them to be able to make informed choices.

A social determinants of health approach to maternity services, which considers the influence of broader societal, economic and political factors on women's choices is an important approach to adopt to recognise the enablers (and limitations) for women to

exercise the choices available to them.

4. Safety

4.1 Supporting cultural safety

As identified in our original submission, Aboriginal and Torres Strait Islander women have been displaced as the experts in their birthing experiences through tradition, culture and experience, to being passive recipients of medicalised and institutionalised pregnancy care.

It is recommended that the government promote and implement the following initiatives within the Perinatal Clinical Practice Guidelines:

- Involve an Aboriginal and Torres Strait Islander health worker, Aboriginal and Torres Strait Islander liaison officer or interpreter in the maternal health care team to ensure culturally appropriate care
- Ensure cultural competence training for all health professionals involved in maternity services
- Collaboratively develop and implement specific birth, parenting and young mother programs
- Where possible, provide services in a setting that is comfortable for the woman (e.g. outreach, birthing on country, settings where Aboriginal and Torres Strait Islander staff are employed) and acknowledge the role of traditional healers
- Provide perinatal mental health care to Aboriginal and Torres Strait Islander women and their families that is in line with the Perinatal Clinical Practice Guidelines
- Develop career pathways for Aboriginal and Torres Strait Islander staff within maternity systems.

Similarly, the maternity service system needs to provide culturally competent care, work with community cultural organisations to ensure the system is responsive to women from all backgrounds, and ensure interpreters are funded and provided throughout the system. For example, interpreter services for culturally and linguistically diverse (CALD) clients seeing psychologists are not currently funded under Translating and Interpreting Service (TIS), so providing funded interpreters would make psychological support much more accessible for CALD clients in the perinatal period.

The APS therefore supports the strategic directions outlined in the 'Safety' section of the strategy and recommends attending to the above-mentioned points to ensure culturally safe and response maternity care is achieved in partnership with affected communities.

4.3 Supporting safety and quality in maternity care

Concerns have been raised regarding the absence of an independent evaluation of the National Maternity Services Plan to inform development of the National Strategic Approach to Maternity Services. Significant improvements will need to be made to governance within the health sector, and maternity services in particular, to support the capacity of the Australian Government to independently monitor and measure the implementation of the National Strategic Approach to Maternity Services commitments.

The APS recommends the following to ensure an accountable and transparent maternity services system that is high quality, evidence based and better meets the needs of women

and their families:

- The establishment of measurable targets for increasing women's access to continuity of carer services, and access to psychological support and services.
- A more targeted approach to ensuring the maternity services workforce is equipped with the skills required to support the mental health and wellbeing of all women and their families in the perinatal period.
- Strengthening the routine incorporation of consumer feedback about maternity experiences to ensure a more women-centred system.
- Improvements in training to better manage the psychological issues arising from miscarriage, stillbirth, neonatal death, and termination, especially after a diagnosis of abnormality in the developing foetus. The sensitivities experienced by parents in these situations need to be better acknowledged and their psychological needs attended to more comprehensively (e.g., see Sands Australia Bereavement Care Guidelines, in press).
- The needs of families with premature and sick newborns is also an area where psychological and mental health supports for families require additional resources and investment.
- Review discharge policies in all public hospitals with a view to ensuring that women receive postnatal support, integrated with mental health support, both in the hospital and in the community.

Conclusion

An accessible, high quality and safe maternity service system should have maternal (and infant) health and wellbeing at its core.

The APS believes that the Maternity Services Strategy could be strengthened to highlight the mental health difficulties faced by women and their families during this period and include an explicit commitment to resourcing and supporting better mental health support throughout the system.

We urge the AHMAC to consider adopting a social determinants of health approach to maternity services, to better acknowledge and respond to the influence of broader societal, economic and political factors on women and their babies.

Recommendations have been made regarding the independent monitoring and measurement of the implementation of the National Strategic Approach to Maternity Services commitments to ensure an accountable and transparent maternity services system that is high quality, evidence based and better meets the needs of women and their families.

The APS supports a joint statement committing all health professionals to working together for the benefit of women and their babies and would welcome the opportunity to be part of this joint statement, and associated mechanisms for implementation.