HEALTH CONSUMERS' COUNCIL
YOUR VOICE ON HEALTH

Consultation Survey

Developing a National Strategic Approach to Maternity Services (NSAMS)

Presented by Health Consumers' Council (WA) Inc.
Perth Community Consultation Feedback Session
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Introduction

The Health Consumers Council (WA) Inc (HCC) is an independent, not for profit organisation passionate about ensuring the consumer is at the heart of our state's health care system. We were aware of the National Strategic Approach to Maternity Services (NSAMS) and noted feedback from maternity consumer social media sites about the difficulties in being able to respond to the survey or attend forums to provide feedback as a consumer.

We therefore developed a survey which mirrored the NSAMS survey with slightly more consumer friendly language. We created a separate Facebook Page - @maternityconsultation - and posted the survey. In 72 hours we had 100 followers. We received further feedback from women that the survey was still difficult to respond to and we therefore sought feedback on questions and then posted these individually to more easily capture consumer views. The survey and Facebook questions were posted over the period 26th May to 1st June. 33 survey responses and many more Facebook comments were collected. Given the short timeframe, these responses are largely provided in their raw state, collated in this report and presented to the NSAMS team at the Perth Consultation on June 6th

The purpose of the consultation and report is to ensure the project is informed by consumers' views and wishes.

I'm a consumer and tried to answer these questions but found them very focused on health professionals. The language and terminology didn't relate to me as a consumer. I've had a baby (public hospital, good experience) and want more children but I only know what I know - and didn't feel I could assist by answering these questions. I work in strategy and innovation (in higher education) so understand your challenge but I'm sorry - I haven't filled this out. Good luck.

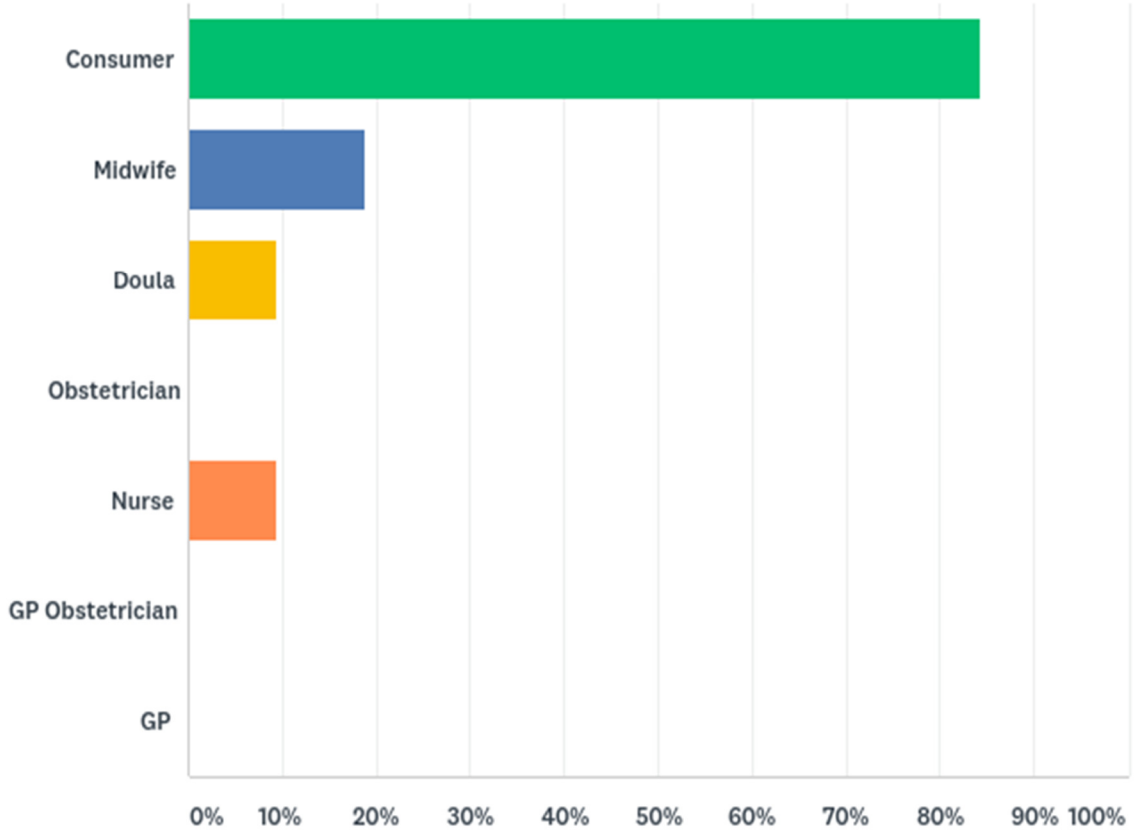
Why are all the questions open ended?

Who wrote this survey and why was it so hard to find the link on the FB page and why have I only seen it today after being sent it by a student midwife - should be more widely circulated!!

Contents

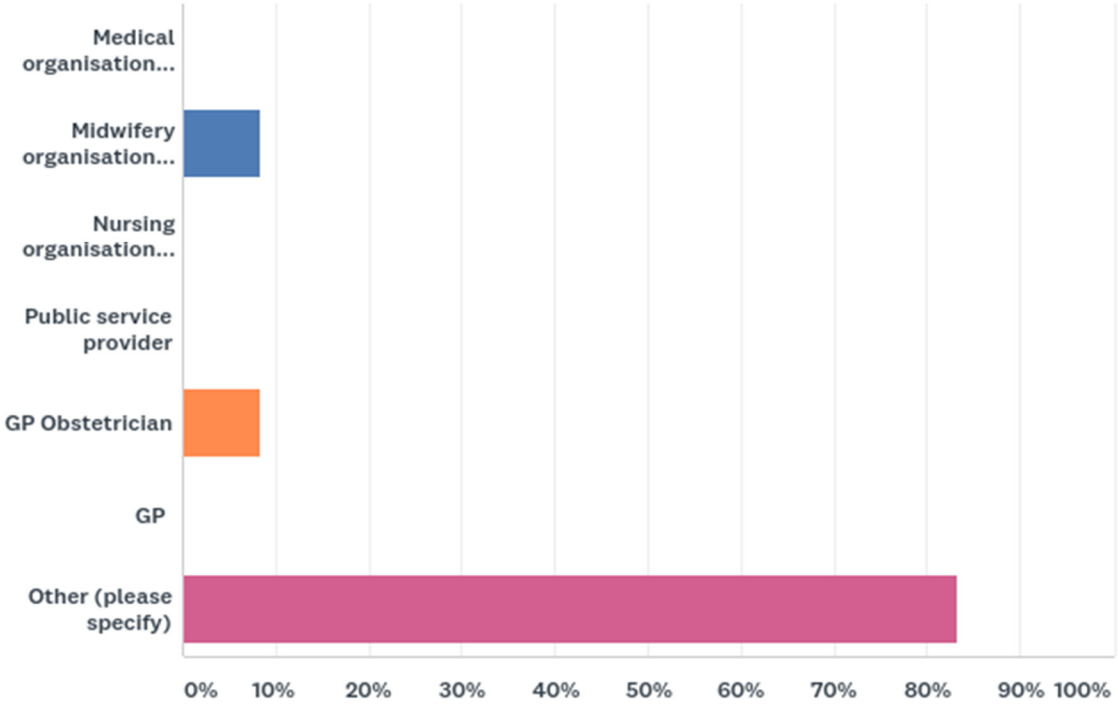
Survey

Q.1 If you are an individual please tell us who you are?



ANSWER CHOICES	RESPONSES	
Consumer	84.38%	27
Midwife	18.75%	6
Doula	9.38%	3
Obstetrician	0.00%	0
Nurse	9.38%	3
GP Obstetrician	0.00%	0
GP	0.00%	0
Total Respondents: 32		

Q2. If you are responding on behalf of an organization please tell us who you are?



ANSWER CHOICES	RESPONSES	
Medical organisation / college	0.00%	0
Midwifery organisation / college	8.33%	1
Nursing organisation / College	0.00%	0
Public service provider	0.00%	0
GP Obstetrician	8.33%	1
GP	0.00%	0
Other (please specify)	83.33%	10
Total Respondents: 12		

Other (please specify)

- Patient
- I'm a consumer
- None of the above
- not consumer: woman
- mother
- Maternity unit manager
- Myself and general community
- Myself

Note that most did not respond to this question as it was not relevant to them. It could be seem to imply that this survey was mainly for health professionals.

Q.3 What outcome should be a priority for the National Strategic Approach to Maternity Services? (NSAMS)

- The number one priority for the NSAMS should be advocating for the federal and state governments to properly fund Mother Baby Units nation-wide so that all Australian mothers suffering psychological distress in the perinatal period have access to the same world-class intervention and treatment. Access to these units should be universal and free. Currently, only women living in certain states or those with private insurance can access an MBU.
- Continuity of care, access to unbiased information, resources to have birthing options supported.
- Clear, concise, information about all services for consumers.
- Continuity of care National and consistent approach to maternity care
- Support new mothers Better information and access to services
- Safeguard the ability and the right to choose healthcare providers including independent midwives. Enforce best practice procedures in hospitals over accepted practice. Have a system that is accountable. Capture feedback from consumers.
- Woman-led maternity services as opposed doctor/medical/intervention based (give women choice after education). Removal of "compulsory" services (egg. scans, blood glucose test) and move toward more education based, mother-led decision making. Make mid-wife led maternity services more accessible. Support continuity of care midwifery/obstetrics.
- Home birth available and accessible for all who choose.
- Making the best possible delivery for everyone and as safe as can be which it is already
- To improve maternity care for women and babies so that care is safe and respectful and women's needs and desires are, where safely possible, met across all models of care
- positive birth & pregnancy experience for baby and mother
- The welfare and care of the women and babies.
- Everyone gets ultrasound for -dating scan, 12 week scan and 20 week scan free not just health care card and pension card holders. Also Obgyn appointments should be kept below $100 for each appointment no matter if you are public or private
- Empowerment of mothers in being able to make educated decisions about their healthcare options
- Less hospital time and more successful home management
- Maternal mental health - obstetric violence, disregard to the AMA and rights of a pregnant women by means of coercion and scare mongering.
- Continuity of care for all women. Equity in services for all women regardless of provider or place of birth.
- Healthy babies, healthy mothers

- Easier access to home birth & continuity care options for all-risk mums. Insurance for independent midwives.
- Women centered care! Continuity of caregivers
- Change!
- Access to alternative antenatal care and birthing spaces when no medical needs exist, and access to medical care when needed. Midwifery led services more accessible.
- Uniform standards of best practice across Australia
- Reducing the barriers to independent midwives, namely the insurance battles and legal requirement to have two midwives present for a homebirth.
- Morale among staff and the impact this has on providing effective and optimal care to women and their families
- Continuity of midwifery carer for all women, regardless of risk
- Firstly to look at other studies and reports and act on the good advice therein Secondly greater access to personalized care and quality midwifery services with emphasis on patient satisfaction and their safety - rather than obsession with caesarean rates or mode of delivery
- Don’t focus on arbitrary targets
- Connected services and reduced fees
- To fix the public independent insurance issues for private practicing midwives.
- Informed choice and greater resources in place to support and educate women in natural birthing and reducing fear around childbirth. Also greater facilities for women around debriefing birth experiences, acceptance of non-failure when interventions are required to prevent mortality and morbidity in pregnancy birth and post-partum
- Continuity of care models
- Continuity of care, individualized support

Q.4 Can you suggest four values that could shape the direction of NSAMS? For example; dignity, respect, care, consent etc.

1	2	3	4
Community	Self Care - Healthy bodies/ strong minds	Open and honest	Universal, affordable care
Consent	Informed	Respect	Trust
Empathy	Respect	Honesty	Nonjudgmental
Informed	Care	Respect	Consent
Support	Inform	Care	Assist
informed consent	freedom of choice	agenda free advice and care	patient interest driven care
Respect for mothers and for their bodies	Informed consent - make knowledge accessible	Empowering women	Continuity of care
Empowerment	Choice	Respect	Care
Care	Respect	Happiness	Forgiveness
Respect	Safety	Best Practice	Care
INFORMED consent	natural capability	autonomous	consumer-driven
Empowerment	Education	Care	Understanding
consent to things like stretch and sweep and how many cm dilated. mothers need to know that this is not necessary	respect to mothers choices	care, everyone must be cared for at the highest standards	dignity, the mother always comes first
Options	Education	Excellence	Safety
Choice	Control	Information	Respect
Informed Consent	Veracity	Compassion	Inclusion
Collaboration	Respect	Consent	Continuity
Knowledge of options	Team approach	Consent	Kindness
Respect	Consent	Empowerment	Empathy
Partnership	Respect	Empowerment	
Safety	Respect	Choice	Compassion
choice	affordability	safety	holistic care
Consent	Informed	Respect	Care
Empower	Educate	Nurture	Respect
Consent	Continuity	Compassion	Empowerment

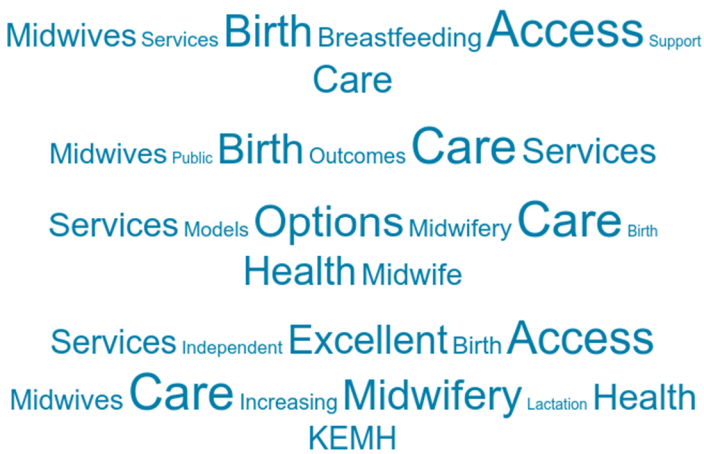
Respectful care	Informed consent and refusal	Inter-professional respect and collaboration	Autonomy
Patient focus	Art of obstetrics	Honesty	Human values over science
Service	Care	Continuity through pregnancy, birth and early childhood	Prevention/early intervention
Consent	Choice	Care	Dignity.
Informative choices	Supporting women in their choices	Open honest friendly all-encompassing approach	Gentleness and respect when care changes due to complications
Holistic	Informed	Choice	Safe
Respect	Education	Consent	Care

Q4 Can you suggest four values that could shape the direction of NSAMS? For example; dignity, respect, care, consent etc.

Q. 5 Please outline four positive aspects of maternity services in Australia; examples may relate to health literacy, access to services, models of maternity care, health care provider morale etc.

Aspect 1	Aspect 2	Aspect 3	Aspect 4
Safety	Free medical care options	Labour and birth education	Access to midwives during and after birth
Home birth	Continuity of care	Access to medical services	Access to information
Health literacy	Access to services	Freedom of choice	High level of care
Ease of access	Maternity options		
Access to information classes during both pre and post birth			
Independent midwives	bias free community resources	free public maternity care	Medicare funded services
Awesome midwives			
Lactation consultancy	Ultrasound	Obstetrics	Midwife
Regulated midwifery for homebirths	Variety of models to choose from	Standard of care by medical providers	Not sure
basic information regarding prenatal health	midwife assisted homebirth programs	.	.
Midwife lead care	Natural birth options	Services available at kind Edward hospital	The birth centre
access to services is getting better, everyone should be appointed a lactation consultant	health care provider, the Drs I have seen are absolutely amazing and go above and beyond		
Excellent free public service for most Australians	Staff that mostly care	Excellent attention paid to health outcomes of the child	Good options of care providers
Midwife led services	Shared care with GP		
Programs such as NBAC at KEMH and CMP which allow continuity of care	Independent midwifery services	The right to a second opinion (it's a fundamental right but I guess it's a positive)	
Growing access and facilitation of waterbirth	Growing number of midwifery group practices in care	Growing continuity in Midwifery led models of care	Access to services in metropolitan areas
Birthing centre KEMH (only experience I had)			
Independent Midwifery	Increasing focus on continuity of care		
Excellent health care professionals			
Midwifery led care	Options	Easy access to services	Dedication

all women can access free services in large cities	excellent health standards	private midwives available for those who can afford them	hardworking midwives, committed to preserving 'normal' birth
Universal access	Supportive	Solution driven	
Option to have shared care with family GP to provide continuity of care throughout prenatal appointments	Increase in public hospitals providing midwife led care models	Public funded homebirth programs	Contribution of Australian government to the Australian breastfeeding association
Continuity of care - MGP and CMP models	Upcoming new midwives who are passionate about physiological and positive birth	Good level of training and staff development	Emergencies training and audits
Increasing numbers of midwifery group practices	Tertiary care when required in major centres		
increasing choice for patients	General practice obstetricians are brilliant and provide holistic safe alternatives	Australia has some of the safest outcomes in world	Collaboration between doctors and midwives and patients is encouraged
Personnel are lovely	Inpatient services are good	Good paediatric care of newborn post birth	Good support for establishing breastfeeding
Excellent choices in the public sector	Striving by Health Professionals to give excellent care in a pressured economic environment	Supporting mothers and midwives in natural birth as much as possible in current climate	Models of care evolving with evidence based knowledge
Technology	Options of care/setting	Choices of delivery	Private hospital support



Q. 6 Please list in order what you consider to be four priorities for maternity services in Australia; for example expansion or particular models of care such as birthing centre suites, greater access to translation services, continuity of care in hospital settings.

Priority 1.

- Access to publicly-funded Mother Baby Units in every state and territory with beds/more beds required in every capital city and regional hub. (See Addendum page 22)
- Continuity of care
- Continuity of care in hospital
- Continuity of care
- Antenatal information and support - eliminating doctor google
- Ensure availability of a variety of models of care including independent midwifery lead care
- Expansion of birthing centre suites
- Better access to home birth
- Upgrade ultrasound
- Continuity of care
- More home birthing services
- Expansion of Birthing centres
- Every Midwife and Dr should be able to say yes to water births no matter what
- Giving women a better understanding of physiological birth- techniques etc.
- Less obstetricians in routine pregnancies
- Addressing the lack of continuity of care is absolutely needed, urgently.
- Provision of continuity of care for all women regardless of model of care
- Midwife model - reduce medicalisation of birth
- Increased continuity of care in all birth settings
- Continuity of care models
- More choice for women.
- More birthing centres close to major maternity hospitals
- Women to have informed choices
- Education for obstetricians and GPs about the safety of homebirth and the risk of unnecessary interventions in labour based on policy
- Development of more birthing centres to facilitate physiological birth and reduce unnecessary intervention
- Continuity of midwifery carer for all women, regardless of risk
- Continuity of care
- eHealth/digital records for better communication between systems NO A4 freaking books that are not portable
- Keeping our private midwives
- Greater finance for maternity services
- Continuity of care models
- Individualised care

Priority 2

- An end to the forcible separation of mothers and babies during a postnatal mental health episode. See priority 1.
- Birthing in an environment of choice
- Improved communication between health services within the community
- Birthing centre suites
- Community programs for new mothers, focused more at the first 6 -8 weeks
- Maintain and protect midwifery skills to reduce unnecessary surgical procedures
- Access to continuity of care models (in any setting)
- Empowerment of women to make informed choices
- Making tests free for illnesses act
- Not feeling like a number / being on a clock
- independent midwife insurance covering homebirth
- Continuity of care out of hospital
- every midwife and Dr should be aiming for vbacs
- Expansion of family birthing centre model to all public maternity hospitals
- More community led midwifery services
- Support for women who have experienced obstetric violence/ birth trauma
- Expansion of low risk models of care - more birth centres
- Antenatal education
- Greater access to education around natural child birth
- Greater choice of care models
- No restrictions in accessing models. E.g. GPO model at Rockingham does not give women any choice of their pregnancy care provider.
- providing an excellent, up to date website with evidence based information for pregnant women and new families
- Universal access to services
- Clarity over insurance for midwives working privately and attending homebirths
- MGP increased over Australia, need continuity of care to become the norm not the expectation - move towards an English or NZ model of care
- Increasing numbers of birth centres
- More support for GP OBS services
- Premium pregnancy parking especially at KEMH for non-metro that book multi checks in one day that take longer than 2hrs
- Expanded birthing Centre options
- Programmes to support staff and regain morale
- Woman choice where/who to birth with
- Continuity of care

Priority 3

- Improved education and training of health professionals around perinatal mental health issues, particularly postnatal psychosis, with a strong focus on the range of services that are available to parents including PANDA.
- Access to unbiased information
- Improved opportunities for midwives (remuneration as well as acknowledgment
- Gestational Diabetes care model overhaul
- Mother care/ craft lessons or classes
- Awareness of alternative models of care to just public or private hospital care
- Removal of "compulsory" tests/scans. Educate and make optional. Particularly as pre-requisite to access to birthing centres.
- Midwifery care at home pre-natal and post-natal
- Hospital care
- Better post-partum support in public hospitals - not being rushed out the door
- informed consent on medical interventions and honest statistics regarding unhindered birth and assisted birth
- Birthing options and education
- every maternity ward needs a nicu
- Better support of women wishing to birth at home
- More information about alternatives to medical interventions
- Models of care which involve continuity and the feeling of humanity for women carrying higher risk pregnancies.
- More opportunities for water immersion for labour in main hospitals
- Post-natal care
- Birth centres in regional areas
- Woman cantered care
- Access to hospital based care antenatally
- better provision of services for rural and remote women where they are
- Follow up post discharge
- Increased coverage and capacity for public funded birthing centres for low risk, natural births and increased coverage of public funded homebirths
- Working on the bullying and hierarchy ideal in maternity care among midwives and health professionals - we need to be with each other in order to be with our women in our care
- Option to birth on country for Aboriginal and Torres Strait Islander women
- Greater financial support for collaborative community models of care
- Family focused care - Room for visitors, play area for children, waiting room for expecting family etc.
- Continuity of care in hospitals.
- More birthing centres for natural birth
- Close multi-disciplinary working
- Availability of choices

Priority 4

- Equal attention given to a mother's physical, mental and emotional well-being throughout the perinatal period.
- Use of language/bedside manner of medical professionals
- Clear and informed communication
- Consumer satisfaction: reduce birth trauma relating to non-consent and abuse of vulnerable consumers
- Not sure
- Access to equipment such as telemetry
- Postpartum support
- under no circumstances should a baby and mother be separated after birth
- Better support of post-natal women - especially first time mothers
- Home visiting service support
- Reduced postnatal ward ratios with babies counting as patients
- Remote pregnancy care
- Increased access to Midwifery care
- More midwifery led care for normal women.
- Improved staff-patient ratios in maternity units, and longer stays for first time mothers when wanted
- Reducing restrictions on water births within hospital setting by relaxing restrictions around their use and increasing training for midwives and the number of birth pools within Australian hospitals and birthing centres.
- Great access to educational resources in antenatal and postnatal period - too many women walking away with limited education due to time constraints, lack of continuity of care or lack of educated staff
- More midwives
- Greater flexibility in community funding models
- Better communication with post birth services for Mums and Bubs - co-locate services with primary schools/playgroups/libraries
- Facilities to educate women around the normality in pregnancy and birth such as booking with the midwife first rather than a medical practitioner
- Resources and staffing

Q. 7 What are four areas you would like to see improved in the provision of maternity care nationally? For example; post-natal support services, involvement in decision making in relation to choice and actions, pregnancy care guidelines, increased midwifery support with case load etc.

Option 1

- Universal access to publicly-funded Mother Baby Units.
- Continuity of care
- All of the above. Post-natal support services
- Reduced maternity care load for more time with clients
- prevention of birth trauma and post-natal PTSD
- Post-natal support services
- Home birth
- Post-natal services
- This survey is crap
- informed medical intervention consent, before labour, with risks and statistics (epidural, induction, CS)
- Increased midwifery support
- after every birth the mother needs to see a lactation consultant and it will be free of charge
- Better education re birthing techniques
- Lactation support especially immediately post-partum
- Midwifery ratios addressed (including the neonate in their ratio!)
- Longer postnatal support at home and in the community
- More prenatal information for choices
- Increased Midwifery care with case load
- Post-natal support especially related to breastfeeding
- Definitely post-natal services.
- better pre-pregnancy education
- Post-natal support services
- Assign private IBCLCs Medicare item numbers for billing to make this valuable service more affordable and accessible to all- the flow on effect from lifting breastfeeding rates will be seen over time to reduce the burden on public health with that cohort of children
- Counting babies as patients in patient load - this would enable us to provide better care to our post-natal mothers and babies as well as important education.
- Increased support for privately practising midwives
- More Australian trained doctors
- Child health check-ups compulsory at 18 months and 3 yrs., not optional. Consequently funding to support health nurses to implement this.
- Post-natal support for mums, bubs, DADS AND extended fam (e.g. vaccination, birth support carers leave)
- Increased midwifery support
- Increased Midwife support with case load!!
- Post-natal support services
- Post-natal support services

Option 2

- National best practice guidelines for the screening, early intervention and treatment of severe perinatal mental illnesses. Current guidelines fail to address these illnesses.
- Postnatal support and services
- Improved communication between post-natal care services
- Clear and consistent post-natal care
- Implement scientifically proven best practice over 'accepted' practice.
- Mother-led decision making based after education (evidence based).
- Midwifery support
- Most women won't actually know how to fill this out
- improvement in homebirth regulation, to allow more women have midwife assisted birth of their choice
- Post-natal care
- every mother should have the opportunity to give birth vaginally no matter the circumstances
- Better support for first time mums (post-natal)
- More home visits for first child
- Home visiting services improved (frequency, more VMS available to give longer time to each client)
- More engagement with women as collaborative partners in their care, greater provision of true informed consent
- More access to midwife led care
- Post-natal support
- Inclusion of babies in patient numbers to increase midwifery support for women
- Lactation consultants.
- more midwifery led services
- Mandatory breastfeeding education for midwives, obstetricians, GPs and CHNs
- Increased funding for continuity of care models
- Postnatal support services
- Greater consultation with current effective services
- Better training for child nurses to detect Post-natal depression (the questionnaires did not work in my case. False negative results returned).
- Plan for peak birth period and ensure regional areas / high birth rate areas have sufficient services for their local population demographics
- Post-natal support
- Recognition of the baby as an individual and counted as a patient number not just a foot note to the care of the mother
- Midwifery staffing
- Birth plan changes during emergency

Option 3

- National funding for dedicated Parent Peer Support Workers who can work alongside health professionals in supporting expectant and new parents.
- Access to unbiased information
- Involvement in decision making in relation to choice, actions and pregnancy care guidelines
- Consistency in care for GD mothers
- Accountability and transparency of practices and procedures to protect consumers' right to choose, consent, and be informed.
- Less intervention, more natural birthing support (e.g. not easy to birth in water in public system).
- Pregnancy guidelines
- Why are all the questions open ended?
- post-natal support doulas, state funded
- More support after the first week at home
- Drs appointments and ultrasounds are to be free of charge
- More support of women wishing to birth at home
- Support with sleeping
- Addressing the unnecessarily increased caesarean rate and lack of access to services that truly support vbac / primary physiological birth
- More breastfeeding support for women across pregnancy care, more Medicare funded breastfeeding centres/lactation consultant services
- Post-natal care
- Involvement in decision making
- More options for antenatal care e.g. more care in community rather than at hospitals
- Consumers of child bearing age on the CAC's of hospitals that have a maternity unit.
- more time - to birth, to adjust to a newborn, for midwives to support and educate
- Increase in home postnatal care to 4-6 weeks
- Development of birth centres
- Longer antenatal appointment times
- Go out and look at what is working and talk to them directly
- Pre-natal care and pre-natal depression screening
- Digital records - like ATO app with cloud data storage, or upload to USB etc. so doctors letters, path/US results, Pt admin data are there in an easy to carry format for the patient
- Breastfeeding support
- A 6 week post-natal visit by the midwife to help pick up on post-natal depression, feeding issues etc.
- Woman choice/say
- Increased midwifery support

Option 4

- Increased funding for national organisations (e.g.: PANDA, Peach Tree, Gidget Foundation) who are supporting new parents through a range of support services.
- Resources to be able to birth in an environment of choice
- Increased midwifery support
- Minimal staff caring for pre and post-natal mother
- Increase government support for midwives
- Less fear mongering as a means to intervene.
- Who wrote this survey and why was it so hard to find the link on the FB page and why have I only seen it today after being sent it by a student midwife - should be more widely circulated!!
- Supporting women's birthing choices. always respecting the right to say no. reporting and acting on fear mongering by care providers
- More involvement in decision making and choices
- every maternity ward to have nicu
- Easy access to lactation consultants
- More at home support
- Women taken under obstetric care with-out the necessity (lack of access to midwifery led care models)
- The adoption of state wide guidelines by all institutions
- Increased access to education for midwives.
- Reverse changes made to the GDM diagnostic guidelines to such low levels (fasting of 5.1), causing significant burden to public health system and stress on expectant mothers
- Increased support for training, grad and all midwives in the workforce - debriefing, support
- Increased availability of childbirth education, it appears to be diminishing rather than increasing at present
- More honesty about limitations of science over humanity
- Education about the importance of milestones for uncovering developmental delays and links to neurodevelopmental disorders such as Autism and ADHD. Then adequate referrals for quick response provision of early interventions.
- Remove or increase the initial consult fee for obstetric care.
- Factual education.
- More holistic education and confidence in the woman's on natural ability to birth
- Pregnancy care guidelines

Q. 8 What strategies can you suggest for rural & remote services, and/or, Aboriginal and Torres Strait Islander women and/or, women from culturally and linguistically diverse backgrounds? For example ongoing community engagement, greater access to services, more attention to culturally competent maternity care, birthing on country.

- As a white woman living in Perth, I do not feel I have the appropriate experience or insight to comment on this.
- Prenatal information and postnatal support
- All of the above mentioned. Inclusivity.
- Increased amount of ATSI care providers
- Greater access to a variety of services so that maternity care choice is not limited due to location or culture.
- All maternity care should be focused on serving the mother, and be sensitive to culture. Women should be able to birth anywhere and according to any traditions. Women need access to midwives who have the ability and support from governing bodies to provide a quality service. Birthing on country is a fabulous idea.
- Birthing on country - make it so
- Wouldn't have a clue
- Again, this is way to open ended. Most lay people won't persist with this survey.
- Home visit midwifes, homebirth services. working in conjunctions with others from respective culture and their values
- More opportunities to birth in a culturally appropriate way. More remote services and culturally sensitive carers.
- Better access to resources. It's not fair that the cities get everything and country families miss out or have to drive for hours to see someone
- Don't know
- Better access for mothers with disabilities
- Support through pregnancy, recognising these women who are at an increased risk early in pregnancy
- More culturally aware practices and training for practitioners. More opportunities for women to birth on country.
- I don't know enough to comment. What do these women say they want?
- Birthing on country. Focus on training for local Aboriginal women to become midwives.
- Birthing on country!! It was awful to see that women in the Kimberley were sent hundreds of kms away from their country and support to birth. It came as no surprise that they didn't feel safe and would leave
- Increased time allowed for patients when having appointments who require a translator. The option of having an ALO available for appointments at the hospital.
- Provision of birth attendants, obstetric registrars and midwives in remote areas, on short contracts as part of their training. Provide purpose built, home-like centres for remote area women who are high risk and need to be near major hospitals for extended periods.
- I'm not sure sorry. I imagine access to services in remote areas will be a challenge for some time. All the above suggestions made good sense.
- Respect for their own birthing cultural practices, education for maternity providers on what these practices might be so they can be honoured and respected.

- Education to staff on culture - education from Indigenous women themselves of their stories, their expectations, what they want from their maternity care providers Resources for birthing on country - low risk care
- Access to culturally competent maternity care Access to continuity of midwifery carer Birthing on country Birth centres developed in consultation with Aboriginal and Torres Strait Islander people, for Aboriginal and Torres Strait Islander people
- Fine the way it is They are a tiny minority Concentrate on larger population As well as English lessons for all immigrants
- Simplify all "health literacy" to a birth-pathway concept- where at this point on the path we check for x. If y, this happens, if x, this happens. Have support for encouraging healthy pregnancy - no alcohol, stop smoking, vaccinate accessible and free. Involve community matriarchs, Mother's and young women to ensure services are accessible and responsive to community needs. Have birth services in communities or as close as possible. Upskill local providers in recognising birth emergency situations and have action plans in place for rapid response and if necessary, evacuation to higher level care. Certainly ongoing community engagement and greater support for rural midwives for the logistics of their work as well as more midwives in rural care
- Greater access to services
- Greater access to services, translators, staff availability and culturally competent inclusive care

Q. 9 Do you have any suggestions for how success can be measured? Feedback forms, online support groups, actively promotion of consumer events to provide discussion forums.

- Success will be measured when parents living in every state and territory can access publicly-funded Mother Baby Units. (see Addendum page 22) I also believe consumer engagement and a range of avenues can provide good feedback. A reduction in the maternal suicide rate and domestic violence in the perinatal period would also be useful indicators for success.
- Survey before (what a mothers expectations are) and after birth (what the experience was) The number of positive birth outcomes and how improvements can be made from the survey.
- All of the above.
- Customer satisfaction survey or discussion
- One example of a fantastic program is the trimester club program run out of Joondalup health campus - Private. It provides expecting mothers all around the same gestation a group and midwife to discuss what to expect leading up during and after the birth of their first child.
- Independent follow up with all consumers to gain unfiltered feedback on experiences with maternity services received periodically over a span of time post-natally.
- This is difficult. I would say take up of women using alternative services as it is biased toward obstetrics and traditional hospital setting. Questionnaire from child health nurse. Need to provide feedback after some time has passed since birth. Compare statistics to other countries who do this well.
- No

- Nope
- For real, this survey is shite
- discussion, feedback forms, employ experienced diverse women
- Survey expecting mothers and ask them about their pregnancy journey from before conception to six months post-natal.
- Online support groups as some people like to remain anonymous
- Don’t know
- Surveys such as this
- Qualitative survey with quantitative component via email, distribution via social media platforms
- 3 and 6 month follow up of parents with a 2 year follow up also.
- Staff satisfaction often reflects what is happening in the unit. Targeted consumer feedback face to face. More presence on social media.
- Feedback forms or one-to-one interviews.
- Short survey on discharge from hospital or equivalent.
- Good question, I’m not sure to be honest. Feedback forms or questionnaire to be answered at 32 weeks and postnatal could be useful
- Midwife and community circles - discussion of the issues that are most important for those "on the ground" Feedback surveys Consumer feedback forms - online and in hospitals
- Active promotion of community events
- Look at longitudinal outcomes Don’t just do surveys about birth - look at long term
- More children with developmental delays would be helped before school so success could be measured by higher referrals in the under 4's for services, and less referrals by kindy and pre-primary teachers. Data and statistics.
- Partner DoH, research, community groups (e.g. Playgroups, cultural groups) for greater consideration of services, gaps in services and how they can be improved. Much can be gleaned in a qualitative sense from online social media chatter (Facebook has better content) that easily inform research. Include arts and education in health messaging - e.g. put it to artist groups that x/y/z is needed and get creative ideas. Create health/science resource packages for teachers to use and available as online learning/video library for parents etc. to watch instead of weeks of birthing classes. Offer FREE baby first aid, red flags (early signs of unwell baby and when to take to GP/ED) and resuscitation classes to get parents in and taking about their birth experiences in the system. Partner with Playgroup Aus, WACSSO, Ngala, Relationships Australia etc. to get feedback on services. Many families experience separation/custody issues in first years post birth so a greater awareness of this and couples support during this time could save marriages and reduce the burden of the family court.
- All those suggested and a visit by the midwife at 6 weeks to include a debrief and completion of coherent questionnaire
- Easily accessible consumers feedback forms
- Post-natal meetings/midwifery surveys feedback forms

Addendum – Publicly Funded Mother Baby Units

This comment was sent to the Health Consumers Council after the report was first published. The comment specifically addresses this paragraph of page 21 of the Consultation document:

"The number of publicly funded mother-baby unit beds providing care seven days a week for women with a severe postnatal episode is currently 4 each in New South Wales and Queensland, 6 in SA, 16 in WA, 18 in Victoria, with none in the ACT, NT or Tasmania. These units are all in metropolitan areas. There are 15 mother-baby unit beds in Victoria that provide care from Monday to Friday in regional areas. There are mother-baby units providing psychiatric care in private hospitals in New South Wales, Victoria, Queensland, the ACT and Tasmania."

There are currently NO public Mother Baby Unit beds in New South Wales. The four beds are in the planning phase only and there has be no information as to when this unit will open. This is crucially important as ONE THIRD of ALL Australian babies are born in NSW. NSW is literally 10+ years behind WA and Victoria when it comes to perinatal mental health when it should, in fact, be leading the way. It should also be pointed out that four beds for a state the size of NSW is basically tokenistic.

From SBS *The Feed*

Although not relevant to WA, this feedback is included in this report the interests of highlighting this very important area of perinatal mental health, and responding to feedback from women.

Facebook Questions

Did you find the NSAMS survey easy to understand?

- I'm a consumer and tried to answer these questions but found them very focused on health professionals. The language and terminology didn't relate to me as a consumer. I've had a baby (public hospital, good experience) and want more children but I only know what I know - and didn't feel I could assist by answering these questions. I work in strategy and innovation (in higher education) so understand your challenge but I'm sorry- I haven't filled this out. Good luck.
- If I were a consumer with little knowledge of the health system, I would have found it very difficult.

Do you know how to become involved in the consultation process?

- I'd like to contribute my voice specifically around the issue of perinatal mental health. How can I best very involved?

Did you have a birth plan and was it respected?

- Yes first time at KEMH birthing centre midwives were excellent. Second time independent midwife at home which was even more amazing
- KEMH Clinics and general maternity ward did not want a bar of my birth preferences list. And blatantly lied to my face about aspects of it
- Yes, and it was adhered to even when I forgot about it!!! KEMH Birthing centre were amazing

What would a birthing suite look like to you?

- No equipment visible - this includes the resus cot. Room to move whether it is from bed (double bed) to bath to fitball to mat on the floor. Access to an ensuite with a shower. A couch. A hanging rope.

What questions do you think would be beneficial in the consultation process?

- Were your antenatal appointments in an appropriate location? Do you feel there was adequate privacy during these appointments to discuss issues or questions? How long did you wait for each appointment?
- Do you feel satisfied with the postnatal care you received? Was it enough?
- What did you find the most difficult post-natally?
- Did you have enough support?
- Did you have ready access to a lactation consultant? If not, was this something you wished was available? What else?
- Did you feel your birth wishes were respected and every effort made to implement them? Do you feel you were treated with respect and compassion, with your dignity maintained during labour? Where you educated on your options during labour and birth? Were you consulted with in regards to all decisions made during pregnancy, labour and postpartum - and believe you were in control of what happened to you and your baby? Were you

advocated for the midwives who looked after you? Did you see the same midwife throughout your pregnancy, do you think this would have made a difference to your overall experience?

When you arrived at birthing centre / hospital did you have an Ob / Midwife that you knew?

- Nope. Kalgoorlie hospital all strangers until just before birth. 2nd: KEMH general maternity ward. No. I went through clinics and never saw the same midwife or Dr more than once. Thankfully then opted to hire My Midwives Perth and when I went into labour didn't have to interact with any hospital staff at all.
- Nope... so after the first I had homebirths.
- Yes! I had beautiful continuity through the FBC model of care. Even when my birthing journey was transferred to the main hospital for a scheduled induction, having my midwife accompany me and be present for the birth was absolutely critical in my experience (which ultimately ended in emergency caesarean section).
- Yes! KEMH (Perth) birthing centre is awesome for this :)
- Yes even though I was public KEMH, I had amazing midwife from My Midwives Perth stand by me the entire time.

How did your birth experience contribute to your post-natal well-being? Did anyone ask you after giving birth how you were feeling or if you would like to talk to someone?

- Very unpleasant hospital experience was totally ignored and dismissed by hospital staff when I sort out help. Second birth experience with independent midwife was excellent. Post-natal recovery has been remarkably better, mentally and physically.
- With the birth of my first child in hospital, I felt very under supported in hospital, overwhelmed by the intensity of my first birth and anxious with a new baby. I found it difficult to be left alone with this new being without my husband by my side overnight. For the birth of my second child, I employed a privately practising midwife and had a domino birth at the FBC. My postnatal experience was drastically different. I went home within four hours to my own bed with my husband by my side. My midwife, this midwife I had developed a relationship with during my pregnancy, provided care for me in my home - until 6 weeks after the birth. I didn't need to explain anything to her about my pregnancy and birth, she was there, she knew. It was easy and natural to debrief with her. I felt very nurtured and cared for - and peaceful.

How do you cope with the long nights? What sort of support network does a new mother need? What about a mother with other young children?

- I'm currently 32weeks pregnant with my second and can only imagine the level of extra support I am going to need trying to wrangle a 2 and a half year old on top of a newborn! I remember distinctly following my first birth that the feeling of isolation can be SOOO heavy! I think community is so crucial for new mums, to feel that they aren't alone and

others are having the same sleepless nights, feeding difficulties, doubts and worries. Services like the ABA helpline were invaluable to me, as were Ngala. I think our standard postnatal care of women is so short and superficial compared with the emphasis we place on antenatal and birth care. I think we can do so much more in the postnatal space. More training for child health nurses in maternal emotional health and well-being, more networks for women to connect with like-minded mamma's over some much needed caffeine!

Did your partner feel confident in the information and communication they received during the birth? Were they made to feel involved able to support your wishes?

- Yes, my partner was as involved as I wanted him to be. He was given all the information he asked for and was confident in the approach my Independent Midwife took with my care. After a traumatic first birth, in which he was left feeling extremely fearful for my overall health and wellbeing, I believe that he gained confidence in our choice to choose an Independent Midwife.
- Yes absolutely but we did our own birth education as well as independent midwife for baby 2 and education through KEMH birth centre for baby 1 was excellent

Did hospital staff discuss with you how an induction might go, what procedures might be involved, or how long it might take? Were you told that inductions are not always successful and can sometimes lead to other interventions?

- I was told of the risks associated with induction, but not in detail. I didn't realise I would be "on the clock", that after 12 hours, my care providers would look for a reason to give me a CS. My care providers were aware of my preference for no pain relief, but they didn't tell me that induced labour can sometimes be more painful, and continue to increase the dosage of pitocin. Most importantly, however, they didn't tell me that it was THEIR policy to induce at 40+3, and that I had the right to refuse induction
- I knew induction was on the cards. I was told I would be induced via a Cook's catheter. Without discussion, one of the many people I saw decided to use the prostaglandin gel, which I was ok with. What was not mentioned was that any form of induction would mean constant CTG monitoring (I thought a Doppler might do the job) during my labour, ruling out a number of preferred pain relief options for me. I had to do my own research on what could happen with a failed induction. There were simply too many people involved in my care. On the whole, I am lucky I had a smooth labour and birth, but the lack of communication and continuity has definitely left me feeling frustrated