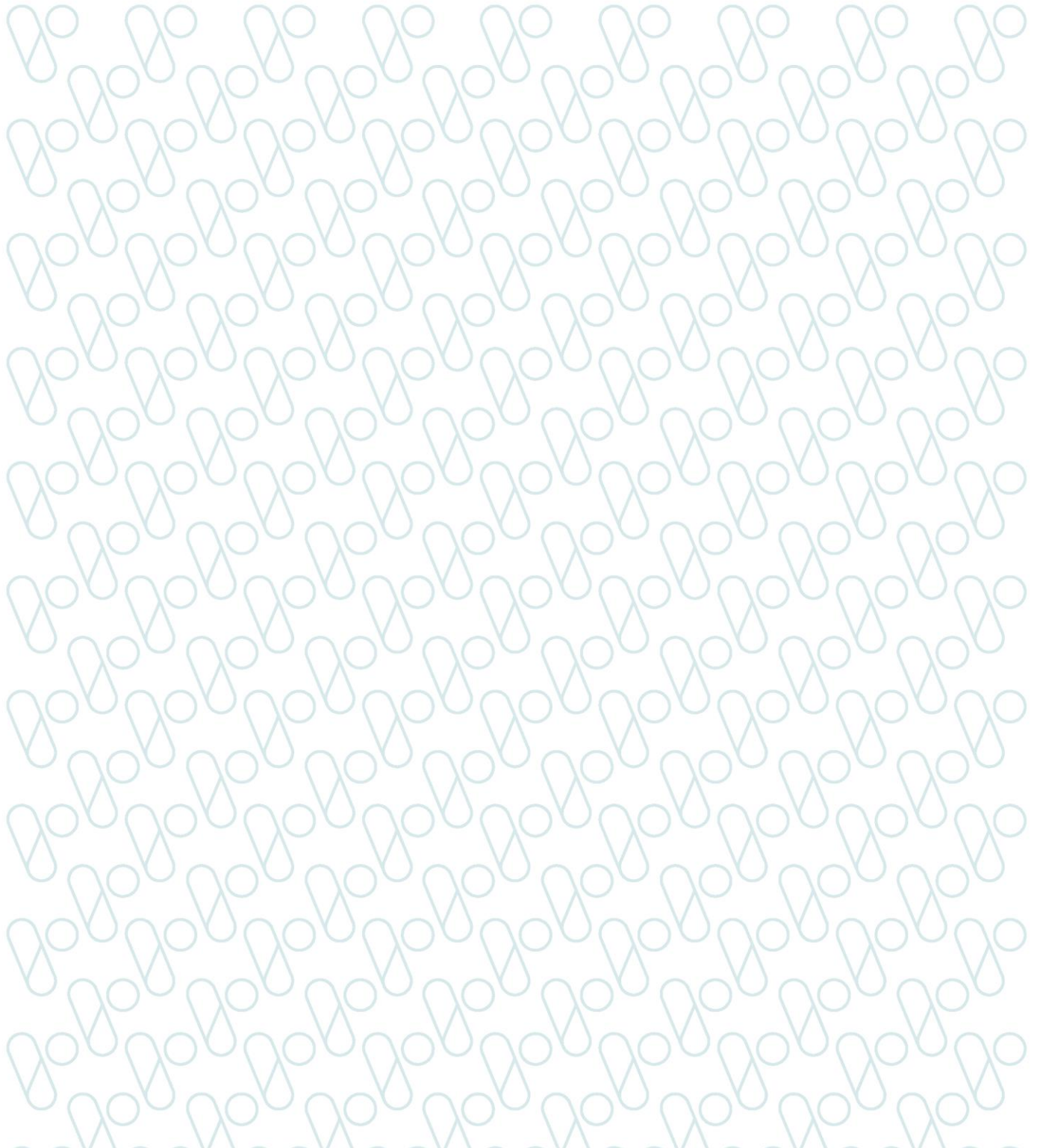




# Maternity and newborn services user guide



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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. 'Indigenous' or 'Koori/Koorie' is retained when part of the title of a report, program or quotation.

ISBN 978-1-76069-724-2 (pdf/online/MS word)

Available at [www.safercare.vic.gov.au](http://www.safercare.vic.gov.au)



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# Contents

<b>About this guide</b>	<b>3</b>
<b>Introduction to Victoria's maternity and newborn healthcare system</b>	<b>4</b>
<b>1. Clinical governance for maternity and newborn services</b>	<b>6</b>
<b>Compliance obligations</b>	<b>6</b>
<b>Performance monitoring</b>	<b>7</b>
<b>Reporting requirements</b>	<b>7</b>
<b>Accessing performance data</b>	<b>9</b>
<b>Quality improvement</b>	<b>11</b>
<b>Service planning and strategic advice</b>	<b>11</b>
<b>Strategic advice for maternity services</b>	<b>15</b>
<b>2. Leadership and culture in maternity and newborn services</b>	<b>16</b>
<b>Leadership development</b>	<b>16</b>
<b>Health services boards</b>	<b>16</b>
<b>Creating a safe, positive and fair workforce culture</b>	<b>16</b>
<b>3. Partnering with women and their families</b>	<b>19</b>
<b>Principles for delivering woman and family centred care</b>	<b>19</b>
<b>Cultural safety</b>	<b>20</b>
<b>Provision of language services to women with low English proficiency</b>	<b>22</b>
<b>Health literacy and communication</b>	<b>23</b>
<b>Measuring the experience of women and their families</b>	<b>23</b>
<b>Complaints process</b>	<b>24</b>
<b>4. The maternity and newborn workforce</b>	<b>26</b>
<b>Registration standards, codes and credentialing</b>	<b>26</b>
<b>Professional development and competency</b>	<b>29</b>
<b>Education and training</b>	<b>30</b>
<b>Staff recruitment and development</b>	<b>35</b>

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<b>5. Risk management for maternity and newborn services</b>	<b>36</b>
<b>Clinical risk management and Incident identification</b>	<b>36</b>
<b>Open disclosure</b>	<b>37</b>
<b>Preliminary review</b>	<b>38</b>
<b>Analysis</b>	<b>38</b>
<b>Recommendations and improvements</b>	<b>38</b>
<b>Sharing and learning</b>	<b>39</b>
<b>6. Maternity and newborn clinical practice</b>	<b>40</b>
<b>Evidenced-based clinical guidelines</b>	<b>40</b>
<b>Periconception care and early pregnancy management</b>	<b>43</b>
<b>Family violence</b>	<b>43</b>
<b>Pregnancy loss and bereavement care</b>	<b>44</b>
<b>Reducing stillbirths in Victoria</b>	<b>45</b>
<b>Consultation and referral pathways</b>	<b>46</b>
<b>Peer review process</b>	<b>48</b>
<b>Postnatal care</b>	<b>50</b>
<b>Abbreviations</b>	<b>54</b>
<b>Acknowledgements</b>	<b>57</b>
<b>References</b>	<b>58</b>

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# About this guide

This guide has been developed to help Victorian maternity and newborn services understand their unique role and requirements in providing safe, high-quality healthcare. It can be used by anyone who provides care or services for Victorian women and babies – including health service board members, executives, clinicians, and administration and support service staff.

## How to use this guide

Please use this resource to guide best practice across the spectrum of maternity and newborn care, from periconception (up to three months prior to and immediately following conception) up to six weeks following birth.

This guide is designed to be used by maternity and newborn services to complement the [Victorian clinical governance framework](#) (Safer Care Victoria, 2017)<sup>1</sup>. It provides a comprehensive list of service specific tools, resources and reports to help services meet the quality and safety requirements in the following domains:

1. Clinical governance
2. Leadership and culture
3. Consumer partnerships
4. Workforce
5. Risk management
6. Clinical practice

### This is a living document

We will update this guide regularly, so please be sure to access the latest version. To provide feedback on this guide, please email [maternityclinicalnetwork@safercare.vic.gov.au](mailto:maternityclinicalnetwork@safercare.vic.gov.au)

Maternity and newborn care should be provided in accordance with the following statewide and national frameworks, standards and guidelines:

- [Australian College of Midwives \(ACM\) National Midwifery Guidelines for Consultation and Referral](#)<sup>2</sup>
- [Australian National Breastfeeding Strategy: 2017 and beyond](#)<sup>3</sup>
- [Capability framework for Victorian maternity and newborn services](#)<sup>4</sup>
- [Department of Health and Human Services policy and funding guidelines \(published annually\)](#)<sup>5</sup>
- [National Perinatal Mental Health Clinical Practice Guideline](#)<sup>6</sup>
- [National Safety and Quality Health Service Standards](#)<sup>7</sup>
- [National Strategic Approach to Maternity Services \(NSAMS\)](#)<sup>8</sup>
- [Nursing and Midwifery Board of Australia \(NMBA\) Midwife Standards for Practice](#)<sup>9</sup>
- [Royal Australian and New Zealand College of Obstetricians and Gynaecologists \(RANZCOG\) Standards of maternity care](#)<sup>10</sup>
- [Victorian Clinical governance framework](#)


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# Introduction to Victoria's maternity and newborn healthcare system

Victoria has 54 public hospitals and 17 private hospitals providing planned maternity and newborn services across the state. Covering metropolitan, regional and rural areas – and with the support of emergency retrieval and referral services – they birth more than 75,000 babies every year.

Victoria has a tiered maternity and newborn service system with six levels of maternity and newborn care across both the public and private services. The *Capability framework for Victorian maternity and newborn services* (Department of Health and Human Services 2018) delineates the role of maternity and newborn services and defines the minimum standards required to deliver different levels of care. There are six levels of care, which can be grouped as:

- Levels 1 - 2 provide care to women with low or normal risk pregnancies and births.
- Levels 3 - 4 provide care to women with medium risk pregnancies and births with moderate complications.
- Levels 5 – 6 provide care to women with complex pregnancies and births requiring neonatal intensive care.

Victoria has six regional networks (see [regional map](#) ) with the large regional and metropolitan health services providing leadership within the regions as well as operating as specialist referral centres.

This operating model emphasises collaboration and coordination of care between maternity and newborn services to make sure women and their babies receive the right level of care, and as much as possible, at a place that is most convenient to the woman. The focus is on establishing consistent escalation, advice referral pathways, risk management and information sharing within a regional context.

At a systems level, the **Department of Health and Human Services** (the Department), **Safer Care Victoria** (SCV) and the **Victorian Agency for Health Information** (VAHI) work together to support Victorian maternity services provide care that is high quality, delivered in partnership with consumers and is based on the best evidence available.

SCV's **Maternity and Newborn Clinical Network** (MNCN) provides quality and safety leadership and drives improvement in the maternity and newborn sector. It comprises health professionals, academics, maternity and newborn service representatives and consumers. The network is also guided by the [Targeting Zero report](#)<sup>11</sup>, which provides insight into the issues and challenges of the maternity and newborn system and outlines strategies for service improvement and sustainability.

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## Principles of maternity care

**Woman-centred** – Women and their families, support networks and communities are at the heart of maternity services and are empowered to make informed choices regarding their care.

**Culturally safe** – Maternity services reflect an understanding of the diversity between and within cultures, supporting a woman's well-being, and meets the needs of the woman, her partner and/or support network including her community.

**Safe, high-quality maternity care** – Maternity services across the care continuum are safe and provide high-quality care to a mother and baby, promoting a healthy lifestyle and responding to a woman's health needs.

**Access** – All women, including Aboriginal and/or Torres Strait Islander women, culturally and linguistically diverse women, women living in socioeconomically disadvantaged communities and rural and remote women and their families, have access to high-quality, safe, evidence-based maternity care.

**Equity** – Recognising that many of the determinants of health lie outside the health system, health and maternity services work with other sectors and communities to address inequality in maternity outcomes.

**Collaboration** – Through collaboration and partnership between women, care providers and health services, all women have access to a seamless service across the maternity continuum with defined transition points when required to transfer care between care providers and health services.

**Sustainable** – Services achieve the desired maternity care outcomes with the most cost-effective use of resources, while improving the capacity of the system to sustain workforce and infrastructure, to innovate and to respond to emerging needs.

Based on quality of care principles developed by the World Health Organization (WHO)<sup>12</sup>

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# 1. Clinical governance for maternity and newborn services

Clinical governance for maternity and newborn services is the integrated systems, processes, leadership and culture that are at the core of providing safe, effective, accountable and woman and family centred care underpinned by continuous improvement.

## COMPLIANCE OBLIGATIONS

### National Safety and Quality Health Service (NSQHS) Standards

The **clinical governance standard** requires health services to have systems in place to ensure quality and safety of healthcare and continuous improvement. It outlines the importance of governance, leadership, culture, patient safety systems, clinical performance and the patient care environment in delivering high-quality care.

In conjunction with the Partnering with Consumers Standard, this standard sets the overarching requirements for the effective implementation of all other quality and safety standards.

Organisations will be assessed against the new standards from **January 2019**.



[Download a factsheet on the standards at safetyandquality.gov.au](https://www.safetyandquality.gov.au)

### Victorian clinical governance framework

The Victorian clinical governance framework provides best practice guidance to health services to implement the systems and processes needed for delivering effective, safe and person-centered healthcare for Victorians.

All health services are expected to continuously monitor and evaluate compliance with the framework across the five key domains:

- leadership and culture
- consumer partnerships
- clinical practice
- workforce
- risk management.



[Download the framework at bettersaferecare.vic.gov.au](https://www.bettersaferecare.vic.gov.au)

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## PERFORMANCE MONITORING

The Victorian health services performance monitoring framework outlines how the Government oversees the performance of Victorian health services.



[Read the performance monitoring framework](#)

The annual Statement of Priorities contains public health service agreements with the Minister for Health on key performance expectations, targets and funding for the financial year.



[Read the Statement of Priorities](#)

## REPORTING REQUIREMENTS

### Mandatory reporting of perinatal data

Health services are legally obliged to provide information on all maternal, perinatal, infant and child deaths and severe acute maternal morbidity within **28 days** to the Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM).

CCOPMM collects obstetric and paediatric mortality and morbidity data and uses this to regularly report on the health of mothers and babies. They also review all cases of maternal, perinatal and paediatric mortality and severe acute maternal morbidity (SAMM).

### Analysing all maternal deaths, stillbirths, and child deaths

CCOPMM considers, investigates and reports on obstetric and paediatric mortality and morbidity, as well as related matters referred by the Minister for Health or the Department of Health and Human Services.

CCOPMM collects health and personal information so it can conduct study, research and analysis into the incidence and causes of maternal deaths, stillbirths, and the deaths of children under 18 in Victoria.

### Monitoring perinatal health trends

CCOPMM manages the Victorian Perinatal Data Collection (VPDC), a population-based surveillance system that collects and analyses detailed information relating to every birth in Victoria. This comprehensive information on the health of mothers and babies is further utilised to understand and contribute to improving maternal and neonatal health.

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## Helping health services and practitioners improve

CCOPMM makes recommendations to help health services and practitioners improve clinical practice and systems of care, using its annual report titled Victoria's Mothers, Babies and Children to detail the CCOPMM activities, recommendations and research.

It also directly advises the Minister for Health and SCV on strategies to improve systems performance and avoid preventable deaths.



[Notify CCOPMM at bettersafecare.vic.gov.au/ccopmm](https://bettersafecare.vic.gov.au/ccopmm)



[Download CCOPMM reports](#)

## Victorian quality account

Health services must publish an annual quality account, providing publicly accessible information on the quality of its health and safety. These aim to build community understanding of quality systems, processes and outcomes.

As part of this, maternity and newborn services report against at least two performance indicators – selected where performance is poor or has declined. The report should include information about desired outcomes and planned action.



[Download the Victorian quality account guidelines](#)

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## ACCESSING PERFORMANCE DATA

### The Victorian maternity dashboard

Maternity services are required to collect, monitor and analyse data on safety and effectiveness of clinical care and to evaluate quality improvement initiatives.

The **Victorian maternity dashboard** provides a reporting tool with **26 key quality and safety indicators** (listed in the Victorian maternity dashboard user guide below) so that health services can see variation from their expected outcomes on a weekly or monthly basis. Regular analysis of this data will help identify variation in clinical practice, drive optimal performance and patient safety improvement.

#### To effectively implement a maternity dashboard, it is recommended:

- Maternity services have a clearly defined data management process with dedicated resources and appropriately trained data managers.
- Data managers and clinicians collaborate to ensure clinically informed content.
- Managers and clinicians are trained in data integrity and interpretation.
- Regular analysis of the data is undertaken with at least monthly review and reporting.
- Data is shared with staff for the purposes of accountability and improvement.
- The data is utilised to plan and prioritise clinician-led quality improvement activities, with support from managers, clinical leaders and the executive team.



[Download the Victorian maternity dashboard user guide](#)



[Watch a webinar](#)

### Electronic records management

Health services may use or share a maternity **electronic medical records** (eMR) solution to support routine reporting to the Department.

When selecting an eMR system, please consider:

- Is the system able to extract legislated data?
- Does the system have a dashboard that allows services to monitor their performance and effectively guide quality improvements?
- Is adequate technical support provided to ensure data integrity and sustainability?

## Performance reports

A range of performance reports are produced by SCV, the Department and VAHI to provide greater transparency and better understanding of health service performance (see Table 1).

**Table 1: Health service performance reports**

Report	Description	Frequency
<b>Monitor</b>	Performance against the measures agreed in the Statement of Priorities to show health service CEOs how the health service is tracking.	Monthly Quarterly to health service boards Annual to CEOs and boards
<b>Program report for integrated service monitoring (PRISM)</b>	A broad set of measures on health service activity and performance. It supports monitoring by providing further context and allows health services to benchmark against similar health services.	Quarterly to CEOs and boards Annually
<b>Board quality and safety report</b>	Quality and safety performance measures, including how their results compare with similar health services.	Quarterly to boards
<b>Inspire</b>	Information for clinicians on the performance of their health service against key measures that impact safety, quality and performance. This report includes a number of perinatal service indicators.	Quarterly
<b>Victorian perinatal services performance indicators (PSPi)</b>	Ten quality and safety indicators of perinatal care. The data spans the antenatal, intrapartum and postnatal periods and allows individual hospitals to compare results with, and monitor variation from, peer services.	Annually
<b>Victoria's mothers, babies and children report</b>	Obstetric and paediatric mortality and morbidity including recommendations to help health services and practitioners improve clinical practice and systems of care.	Annually

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## QUALITY IMPROVEMENT

Quality improvement (QI) is a systematic approach using specific techniques to make healthcare safer, more effective, patient-centred, timely, efficient and equitable. It is an important aspect of maternity and newborn care to achieve desired health outcomes for mothers and babies that are based on evidence and consistent with current professional knowledge.

There are a number of resources and initiatives available to participate in quality improvement activities. Below are some that are available to get involved in.

- **Victorian Patient Safety Program:** A four-year strategic partnership between SCV and the Institute for Healthcare Improvement (IHI). The aim of this voluntary program is to equip the sector with the right skills, training and support to lead quality improvement initiatives within their service.



[Find out more about the Victorian Patient Safety Program](#)



[Access resources and find out more about IHI](#)

- **SCV Academy:** Commencing with an eight-week training program, SCV Academy members are appointed as a sessional employee with SCV for a three-year period, working with SCV approximately one day per week. Members work with SCV to conduct complex safety reviews and support health services in learning from serious incidents as well as advise, mentor and train health services in review skills.
- **Clinical fellows program:** A tailored 12-month learning program to deliver priority projects in healthcare improvement and learn valuable skills in project management, change management and leadership. Updates on all these programs will be made via the SCV newsletter.



[Sign up to the SCV newsletter](#)



[Access information and resources at Better Care Victoria](#)

## SERVICE PLANNING AND STRATEGIC ADVICE

### Capability framework for Victorian maternity and newborn services

Maternity and newborn capability levels are determined by the Department in partnership with health services. The capability levels are published annually on the Department website.



[Read the Capability framework for Victorian maternity and newborn services](#)



[View the Victorian maternity and newborn capability levels on the Department website](#)

### Future planning for rural maternity services

The Australian Rural Birth Index (ARBI) toolkit is a specific maternity service planning tool. It can help identify the optimal level of service in a rural community.



[Download the ARBI toolkit](#)

### Maternity models of care

Providing more maternity care options for women and supporting maternity models that enhance continuity of care are key priorities for maternity service planning and improvement. Maternity services should provide models of care that respond to the preferences and care needs of their local communities where possible.

Collaborative and integrated care with other local providers of maternity care, such as general practitioners, provide a convenient model of care for women wanting to be cared for close to home where the woman and baby have been assessed as appropriate for this model.

Work has been undertaken at the national level to develop a standard nomenclature for maternity models of care as described in the table below (**see Table 2**):

**Table 2: Models of maternity care<sup>13</sup>**

Major model category	Description
<b>Public hospital maternity care</b>	Antenatal care is provided in hospital outpatient clinics (either onsite or outreach) by midwives and/or doctors. Care can also be provided by a multidisciplinary team. Intrapartum and postnatal care is provided in a hospital by midwives and doctors in collaboration. Postnatal care may continue in the home or community by hospital midwives.
<b>Public hospital high-risk maternity care</b>	Antenatal care is provided to women with medically high-risk or complex pregnancies by maternity care providers (specialist obstetricians and/or maternal-fetal medicine subspecialists in collaboration with midwives) with an interest in high-risk maternity care in a public hospital. Intrapartum and postnatal care is provided by hospital doctors and midwives. Postnatal care may continue in the home or community by hospital midwives.
<b>Team midwifery care</b>	Antenatal, intrapartum and postnatal care is provided by a small team of rostered midwives (no more than eight) in collaboration with doctors in the event of identified risk factors. Intrapartum care is usually provided in a hospital or birth centre. Postnatal care may continue in the home or community by the team midwives.
<b>Midwifery group practice case load care</b>	Antenatal, intrapartum and postnatal care is provided within a publicly-funded caseload model by a known primary midwife, with secondary backup midwife/midwives providing cover and assistance in collaboration with doctors in the event of identified risk factors. Antenatal care and postnatal care are usually provided in the hospital, community or home with intrapartum care in a hospital, birth centre or home.
<b>General practitioner obstetrician care</b>	Antenatal care provided by a GP obstetrician. Intrapartum care is provided in either a private or public hospital by the GP obstetrician and hospital midwives in collaboration. Postnatal care is usually provided in the hospital by the GP obstetrician and hospital midwives and may continue in the home or community.
<b>Shared care</b>	Antenatal care is provided by a community maternity service provider (doctor and/or midwife) in collaboration with hospital medical and/or midwifery staff under an established agreement and can occur both in the community and in hospital outpatient clinics. Intrapartum and early postnatal care usually take place in the hospital by hospital midwives and doctors, often in conjunction with the community doctor or midwife (particularly in rural settings).
<b>Combined care</b>	Antenatal care provided by a private maternity service provider (doctor and/or midwife) in the community. Intrapartum and early postnatal care is provided in a public hospital by hospital midwives and doctors. Postnatal care may continue in the home or community by hospital midwives.
<b>Private obstetrician (specialist) care</b>	Antenatal care provided by a private specialist obstetrician. Intrapartum care is provided in either a private or public hospital by the private specialist obstetrician and hospital midwives in collaboration. Postnatal care is usually provided in the hospital by the private specialist obstetrician and hospital midwives and may continue in the home, hotel or hostel.

Major model category	Description
<b>Private midwifery care</b>	Antenatal, intrapartum and postnatal care is provided by a private midwife or group of midwives in collaboration with doctors in the event of identified risk factors. Antenatal, intrapartum and postnatal care could be provided in a range of locations including the home.
<b>Private obstetrician and privately practicing midwife joint care*</b>	Antenatal, intrapartum and postnatal care is provided by a privately practicing obstetrician and midwife from the same collaborative private practice. Intrapartum care is usually provided in either a private or public hospital by the privately practicing midwife and/or private specialist obstetrician in collaboration with hospital midwifery staff. Postnatal care is usually provided in the hospital and may continue in the home, hotel or hostel by the privately practicing midwife.
<b>Remote area maternity care</b>	Antenatal and postnatal care is provided in remote communities by a remote area midwife (or a remote area nurse) or group of midwives, sometimes in collaboration with a remote area nurse and/or doctor. Antenatal care may also be provided via telehealth or fly-in-fly-out clinicians in an outreach setting. Intrapartum and early postnatal care is provided in a regional or metropolitan hospital (involving temporary relocation prior to labour) by hospital midwives and doctors.

\*Endorsed midwives have completed additional training and authorisation requirements to be recognised by the Nursing and Midwifery Board of Australia. They are authorised to access the Medicare Benefits Schedule and Pharmaceutical Benefits Scheme when practising within a collaborative arrangement with a health service or a doctor.

## Midwifery models of care

There is strong evidence to demonstrate clinical outcomes and satisfaction levels are improved for women and their babies when their maternity care is provided by a known midwife in collaboration with other maternity care providers such as obstetricians, neonatologists and general practitioners.<sup>14,15</sup> Known as **midwifery continuity of care (MCoC)**, these models of care mean that women see the same midwife or small team of midwives throughout their care.

Maternity services **are encouraged** to develop and implement midwifery continuity of care (MCoC) models, such as caseload midwifery, midwifery group practice, collaborative models with privately practising midwives (PPMs) and publicly-funded homebirth models, as much as possible.



[Find out more about implementing a public homebirth program](#)



[Find out more about implementing collaborative arrangements with eligible midwives](#)



[Download the ACM Implementing visiting access for Medicare eligible midwives](#)



[Download the ACM Continuity of care handbook](#)

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### Shared care model

Shared maternity care is a model of care in which a woman is cared for by both hospital staff and a community-based general practitioner (GP) and/or midwife affiliate (**see definition in Table 2**). Shared maternity care aims to provide a community-based, holistic, safe and culturally appropriate model of care for women. It is suitable for women who are triaged as low risk, and in some instances moderate risk where deemed appropriate by an obstetrician with a management plan in place.

The shared maternity care model operates under an established agreement between the shared care affiliate and the maternity service. Maternity services providing this model of care are responsible for ensuring that the necessary clinical governance processes are in place, such as ensuring the community-based affiliate is appropriately trained and credentialed.

### STRATEGIC ADVICE FOR MATERNITY SERVICES

Once developed, the National Strategic Approach to Maternity Services (NSAMS) will provide the overarching frameworks for system and service planning in maternity care.



[Get the latest at health.gov.au/maternity](https://health.gov.au/maternity)

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## 2. Leadership and culture in maternity and newborn services

Visible, accountable and purposeful leadership at all levels of a maternity and newborn service is required to cultivate an inclusive and just culture that will make engagement a reality. Engaged staff and consumers who actively participate in organisational strategy, planning and delivery are the origins of quality.

### LEADERSHIP DEVELOPMENT

Developing leadership capability is fundamental to effective clinical governance and a safety culture. Leadership programs and quality improvement needs to engage and empower all members of the maternity service. To have the greatest impact, leadership teams need to foster a culture of continuous improvement and innovation.

SCV's Leadership and learning action plan provides information on the approach to the provision of leadership development to the Victorian health sector including leadership support, development experiences and opportunities.



[More information on leadership programs and resources](#)



[Sign up to the SCV newsletter to receive updates](#)

### HEALTH SERVICES BOARDS

Ultimately the board of a health service is accountable for the corporate and clinical governance systems including compliance (with codes, regulations and standards) and oversight of operational and financial performance of their maternity and newborn services.

The Department provides a dedicated support program to develop board and leadership capability including education and resources available on their website to support boards and their members.



[Find out more at health.vic.gov.au](http://health.vic.gov.au)



[Access the Directors' toolkit](#)

### CREATING A SAFE, POSITIVE AND FAIR WORKFORCE CULTURE

High-quality maternity care is dependent on having a happy, healthy workforce and a safe workplace culture. A safe culture is when there is a shared commitment to safety at all levels of a health service, from the clinical workforce to executive management.

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## Occupational health and safety

Maternity and newborn services are accountable for fostering a safe, positive workplace culture by looking after the health and well-being of their workers and addressing issues such as bullying and harassment.

The *Occupational Health and Safety Act 2004* and the Occupational Health and Safety Regulations 2007 outline the key legislative and administrative measures required by workplaces to ensure the safety of staff and provide a useful foundation for guiding policy and procedures. Measures include identifying hazards and risks, implementing controls to reduce or mitigate these risks by regularly evaluating their effectiveness and adjusting the controls as required.

Maternity services are also required to report staff incidents to WorkSafe Victoria.



[View the legalisation and find out how to report a staff incident at worksafe.vic.gov.au](https://www.worksafe.vic.gov.au)

## Addressing occupational violence and aggression

Occupational violence and aggression is a key risk for the healthcare sector including maternity services. The **Reducing occupational violence in Victorian hospitals (2016) strategy** aims to increase awareness of the issue, build the capability of the sector and improve the environment to better prevent and respond to occupational violence.

There are a range of resources available to assist maternity services address occupational violence such as an online occupational violence training including a post-incident support training package for managers.

Health services are expected to have implemented the **Framework for preventing and managing occupational violence and aggression (2017)** to ensure there is a minimum standard and consistent organisational response to preventing occupational violence and aggression.



[Read the strategy](#)



[Access the framework](#)



[Access resources and training packages](#)

## Bullying and harassment

The **Bullying and Harassment in Healthcare Advisory Group** make several recommendations to assist health services prevent, respond to and manage incidents of inappropriate behavior – including bullying, harassment and discrimination – in the health sector. These include raising awareness of the issue, building the knowledge, skill and competency to respond, and building the capability to act appropriately to prevent and manage incidents.

Maternity services can access further information and resources on how to address bullying and harassment on the Department website below.



[Find out more at Health.vic.gov.au](https://www.health.vic.gov.au)



[Read the final report of the Bullying and Harassment in Healthcare Advisory Group](#)

## Cultural safety in the workplace

The **Aboriginal and Torres Strait Cultural Safety Framework** aims to reduce racism and discrimination by improving cultural safety for Aboriginal employees in the Department and for all Aboriginal people accessing and working in health, human and community services.

The framework includes practical implementation tools to guide organisations to embed cultural safety into everyday work practices.

The framework's four domains for action are:

- Creating culturally safe workforce
- Creating culturally safe organisations
- Ensuring Aboriginal self-determination
- Leadership and accountability.



[For more information about cultural safety in the workforce including the framework](#)

### Other useful resources

- [Australian Human Rights Commission What is bullying? factsheet](#)
- [Examples of initiatives to boost staff morale and well-being at The Happy People program](#)
- [24/7 national support service for nurses & midwives providing access to confidential advice and referral](#)
- [DHHS occupational violence resources including the organisational framework, code grey standards, training principles, security and weapons guidance as well as post-incident support tools](#)

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## 3. Partnering with women and their families

All women and babies have the right to access safe, effective, woman and family-centred care as close to home as is practically possible. Better access, experience and outcomes are a key priority for Victoria's maternity and newborn system.

To better understand the factors influencing women's overall experiences in maternity services, watch a short video of two women who tell their story of their recent maternity experiences.



[Watch a short video](#)

### PRINCIPLES FOR DELIVERING WOMAN AND FAMILY CENTRED CARE

#### Partnering in healthcare framework

The Partnering in healthcare framework is a SCV initiative that looks at ways to better involve women and their families in their care.



[Find out more about the Partnering in healthcare framework](#)

The framework describes five domains based on areas of continuing challenges and opportunities for progressing a 'partnering in healthcare' approach in maternity settings.

#### 1. Personalised and holistic care

Maternity and newborn services should be tailored to the needs of the individual and their families. A holistic approach recognises that the woman is part of a much broader physical, social, cultural and linguistic system.

#### 2. Working together

Women and their families should be involved in designing their care. Working together includes:

- collaboration and engagement among women, families and clinicians
- team support for a more coordinated healthcare delivery system
- continuity between and within services
- shared knowledge, learning and experience
- shared responsibility
- transparency of health information across systems.

#### 3. Shared decision making

Women should have access to all the information required to make decisions about their care. Shared decision making between the woman and the clinician ensures women are empowered to make decisions about their care according to what is important to them.

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#### 4. Equity and inclusion

Equity in healthcare means that **all** women and their families receive safe, effective, person centered care based on their individual physical, social, cultural and linguistic needs. Inclusion ensures that the diverse needs of our maternity and newborn population are met and that all groups and communities are represented in the planning, delivery and evaluation of their care.

Cultural responsiveness goes beyond cultural awareness and sensitivity to how care is provided in a safe, meaningful way to the woman and their family. Cultural safety training (see link below) allows health professionals to examine how their own culture and cultural values impact on the care of patients while building the skills and knowledge to provide culturally safe care. Access to language services for women of low English proficiency is essential for providing safe, effective and culturally responsive care (see page 22).

#### 5. Effective communication

Effective communication is conducted in a way that is respectful, caring and considerate of the woman and her needs.

Features of effective communication with women:

- Open disclosure
- Seeking feedback about women's experiences and what response is needed
- Active listening
- Providing health information in different formats and languages
- Opportunities to use health information and services
- Developing communication skills and capabilities of health professionals

### CULTURAL SAFETY

Cultural safety can be defined as an environment that is safe for women and their families where there is no assault, challenge, or denial of their identity and experience. Cultural safety calls for authentic, equal partnerships between the caregiver and those receiving care.



[Find out more on the Victorian Department of Health website](#)

### Aboriginal and Torres Strait Islander families

In relation to Aboriginal and Torres Strait Islander health, cultural safety provides a model of practice based on dialogue, power sharing and negotiation, and the acknowledgement of white privilege<sup>16</sup>.

Maternity services can provide culturally responsive and safe care to all Aboriginal women and their families by:

- **Providing cultural safety education and training all staff**

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Cultural safety training aims to improve the quality of services delivered by healthcare providers by raising awareness about cultural beliefs and practices that differ from their own. Training provides practical tips and skills to improve practice and behavior to ensure that Aboriginal people feel safe. Participants learn how to strengthen relationships with Aboriginal people, communities and organisations so that access and outcomes are improved.

The Royal Women's Hospital Maternity Services Education Program (MSEP) in partnership with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and Paediatric Infant Perinatal Emergency Retrieval (PIPER) deliver the **Cultural Safety in Maternity and Newborn Emergencies** (CS in MANE) training to level 2-4 maternity services throughout Victoria.

VACCHO also provides cultural safety training that is available to all **Victorian Public Sector and Services**.



[Koori Maternity Services Education Programs](#)



[Access VACCHO's cultural safety training in Aboriginal Health](#)

- **Identifying Aboriginal women and their families**

The Royal Women's Aboriginal newborn identification project recommends asking these questions:

- Are you of Aboriginal and/or Torres Strait Islander origin?
- Is your baby of Aboriginal and/or Torres Strait Islander origin?



[Access resources from the Aboriginal newborn identification project](#)

- **Referring Aboriginal women and their families to culturally appropriate support services within the health service**

Victoria's 14 Koori Maternity Services provide culturally safe, flexible and holistic care to Aboriginal women, babies and their families. Koori Maternity Services and public hospitals operate with formal partnerships and agreed referral pathways for the provision of high-quality and safe antenatal, intrapartum and postnatal care for Aboriginal women and their babies.

Partnering with the local Koori Maternity Service and/or Aboriginal Hospital Liaison Officer (AHLO)/ Aboriginal Health Worker (AHW) when providing maternity care to Aboriginal families can help build trusting relationships with women and improve attendance and participation in their care. The Koori Maternity Services guidelines: Delivering culturally responsive and high-quality care (March 2017) establish the program objectives and requirements for service delivery.

All maternity services are also encouraged to consider how the guidelines' principles can be incorporated into their maternity service models.



[Find the closest Koori Maternity Service](#)



[Download the Koori Maternity Services guidelines](#)

## PROVISION OF LANGUAGE SERVICES TO WOMEN WITH LOW ENGLISH PROFICIENCY

All women who are not proficient in English have the right to an accredited interpreter that is socially/culturally acceptable to the woman for communication needs when receiving healthcare. Research shows improved outcomes and reduced incidence of adverse outcomes for women who have low English proficiency when professional interpreters are used.<sup>17,18</sup>

Interpreting and translating services are required to enable women to make informed decisions about their pregnancy and birth choices. Partners, family and friends are less able to convey complex medical information in an accurate way. Female interpreters should be used where preferred by the woman, however their availability may be limited.



[Access the Language services policy and guidelines](#)



[Read about the Bridging the Gap program](#)

## National Association of Accreditation for Translators and Interpreters (NAATI)

Healthcare interpreters accredited by NAATI have been assessed as having a high level of technical competence in both English and one or more other languages. They are also bound by a code of ethics including strict confidentiality.



[Find a certified translator or interpreter](#)

## Health Translations

The Health Translations website provides easy-to-find translated health information for working with culturally and linguistically diverse communities.



[Access translated resources on pregnancy and postnatal care](#)

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## HEALTH LITERACY AND COMMUNICATION

Women and their families have better health outcomes when they are actively involved in decisions about their healthcare. Access to good health information helps involve women and their families in decisions about their care. Information should be provided in a way that is accessible, easy to understand and act upon.

### Maternity health records

Women should have access to information about their health and the health of their baby/s.

With the **National My Health Record** in place and early development of a **National Digital Pregnancy Health Record** underway, maternity services should consider changes to recording and sharing maternity information in the future.



[Visit My Health Record](#)

### Pregnancy, Birth and Baby website and helpline

The Australian Government funds Pregnancy, Birth and Baby, a free 24 hour/seven days a week national helpline, video and website service. It provides women, partners and their families access to information, and support in relation to pregnancy, birth and the first five years of a baby's life.

Counsellors are also available via the helpline from 7am to 12pm daily, free of charge, to offer non-judgmental, confidential support.



Refer women and their families to the helpline: 1800 882 4361



[Visit the website at pregnancybirthbaby.org.au](http://pregnancybirthbaby.org.au)

### Better Health Channel

The Better Health Channel has information about having a baby in Victoria, designed to improve health literacy in the maternity population.



[Visit betterhealth.vic.gov.au](http://betterhealth.vic.gov.au)

## MEASURING THE EXPERIENCE OF WOMEN AND THEIR FAMILIES

Measuring consumer-reported experience and outcomes allows health services to monitor and evaluate how well they are meeting the consumer's needs. Maternity services can seek feedback from women and their families through surveys, interviews or focus groups. Clear channels for providing feedback should be communicated to the woman and her family.

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Women with low English proficiency, including people of refugee background, should be included as much as possible inpatient experience surveys or other sources of feedback to ensure their voices are included in the design and evaluation of maternity care.

### **Victorian healthcare experience survey (VHES)**

The Victorian healthcare experience survey (VHES) collects, analyses and reports experiences of people attending Victoria's public healthcare services. The survey features a specialised questionnaire on the experience of maternity consumers who received antenatal, labour, birth and postnatal care at a Victorian public hospital.

Services are required to publicly report their health experience score and include information about action taken in response to a Victorian health experience survey outcome. Small rural health services that do not receive a Victorian health experience survey report should provide information about action taken to improve patient experience.



[Find out more at results.vhes.com.au](https://results.vhes.com.au)

### **COMPLAINTS PROCESS**

Maternity services should have a transparent, formal process for dealing with complaints from women and their families. Complaints should be responded to compassionately, competently and in a timely fashion. Feedback should be provided to all parties about the action resulting from their input.

Any issues arising from complaints should be analysed, reported and used to improve care and services in the future.

### **Victorian Health Complaints Commissioner**


The Victorian Health Complaints Commissioner provides an independent and impartial complaints resolution service to the public and health services. They can also provide a service to investigate matters and review complaints data to help health service providers improve the quality of their service.



[Visit the Victorian Health Complaints Commissioner website](https://www.vhcc.vic.gov.au)

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## Other useful resources

- [The Australian Charter of Healthcare Rights](#) 
- [ACSQHC resources for patient and consumer centred care](#) 
- [National Aboriginal and Torres Strait Islander Health Plan 2013-2023](#) 
- [Australian Commission on Safety and Quality in Health Care report on health literacy](#) 
- [Recommended actions from the Victorian Consultation on Health Literacy](#) 

## 4. The maternity and newborn workforce

The workforce of a maternity service includes all the people working for or on behalf of the service including consumers, healthcare professionals, clinical leaders and managers, the executive team, health service boards, chief executive officers (CEOs), and ancillary staff.

The clinical workforce of a maternity service includes midwives, obstetricians, GP obstetricians, general practitioners (GPs), paediatricians, anaesthetists and allied health.

The roles and responsibilities of each workforce member should be clearly communicated and documented to the individual and wider team. Health services must have a clear process for ensuring all registration and credentialing requirements are fulfilled for each position and all members of the organisation are active in their professional development.

### REGISTRATION STANDARDS, CODES AND CREDENTIALING

#### National registration standards

Health practitioners and their employers must be aware of their **obligations under national law**, including reporting requirements and registration standards.

- Make mandatory notifications to prevent the risk of the public from harm.
- Individuals must inform both the Australian Health Practitioner Regulation Agency (AHPRA) and their employer(s) if a legal or regulatory entity has imposed restrictions on their practice.
- Ensure completion of the required amount of continuous professional development (CPD) relevant to the context of practice and keep records documenting this.
- Ensure practice is appropriately covered by professional indemnity insurance.
- Individuals to inform both AHPRA and employers of charges, pleas and convictions relating to criminal offences.
- Ensure practice abides by mandatory reporting requirements; legislative requirement imposed to protect at risk groups such as the aged, children and young people.



[National legislation](#)



[Registration standards for nurses and midwives](#)



[Registration standards for medical practitioners](#)



[Guidelines for mandatory notifications - nurses and midwives](#)



[Guidelines for mandatory notifications - medical practitioners](#)

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## Standards of care

Professional standards of care help health practitioner groups maintain safe and clinically competent practice. They also allow employers and consumers to know the expectations around providing safe and competent professional care.



[Read the nursing and midwifery standards of practice](#)



[Download obstetrician and gynaecologist maternity care standards](#)



[Download Good medical practice: a code of conduct for doctors in Australia](#)

## Credentialing and scope of practice for health practitioners

Credentialing is the formal process of verifying the qualifications and experience of health practitioners. Credentialing ensures health practitioners have the skills and experience to provide safe, optimal care within a defined scope of practice.

All health services should have a **credentialing and scope of clinical practice committee** (or equivalent) to oversee the credentialing process. Boards, Director of Medical Services and members of the committee (or equivalent) should be aware of their specific obligations. It is also recommended that consumers are involved in the credentialing and scope of clinical practice committee.

## Credentialing and scope of practice for senior medical practitioners

To ensure medical practitioners are appropriately qualified, registered and experienced, the Credentialing and scope of practice for senior medical practitioners policy outlines the obligations of senior medical practitioners to disclose personal, legal or professional impediments or conditions, and maintain professional standards. The policy also outlines the obligations of boards and senior health leaders to ensure the medical practitioners they appoint are qualified, competent, fit and operating within their scope of clinical practice and the requirements for regular review.

For private hospitals it is recommended the policy is implemented at the end of each practitioner's current credentialing period, so that within five years all practitioners will be on the new three-year cycle.



[Read the policy for credentialing and scope of clinical practice for senior medical practitioners](#)

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## Credentialing and scope of practice for midwives and nurses

Registered nurses and midwives are listed on the AHPRA public register for health practitioners. Employers of nurses and midwives can review the individual health practitioner's registration status, including any notations or endorsements, by accessing the AHPRA public register.



[AHPRA register for health practitioners](#)



[Read the ANMF Credentialing for nurses and midwives position statement](#)

ACM defines the scope of practice requirements for midwives in their college statement, outlining the role and responsibilities of the midwife to assure that their practice aligns with legal and professional requirements.



[ACM Scope of Practice for Midwives](#)

## Credentialing endorsed midwives

Each health service's credentialing committee is responsible for credentialing endorsed midwives seeking to provide private maternity services on their premises. The eligible midwives and collaborative arrangements: An implementation framework for Victorian public health services policy (currently under review) outlines the credentialing process for endorsed (formerly known as eligible) midwives.



[View the credentialing process for endorsed midwives](#)

## Credentialing support across the health system

Level 5 maternity services should play a role in supporting level 1 to 4 maternity services within the region in their credentialing processes for clinical staff providing maternity care, including shared care. This includes facilitating annual competency assessments and review processes for staff providing maternity care.



[Refer to Capability framework for maternity and newborn services](#)

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## PROFESSIONAL DEVELOPMENT AND COMPETENCY

### Continuing professional development

Victorians expect all health practitioners are appropriately trained, qualified and skilled in the care they provide.

Under national law operated by the national boards and AHPRA all registered health practitioners must undertake **continuing professional development (CPD)**. The CPD requirements of each national board are detailed in the registration standards for each profession, published on each board website. These detail the number of credits/points/hours practitioners must spend each year on learning activities.

Access CPD requirements by profession:

- [Nurses and midwives](#) 
- [Medical practitioners](#) 
- [RANZCOG Diplomates, Fellows & subspecialists](#) 
- [Anaesthetists](#) 
- [GP anaesthetists](#) 

### Competency

Competence is defined as the combination of knowledge, skills and attitudes required to provide optimal and safe care according to professional standards.

#### Competence is achieved through:

- regular training and education
- ongoing workplace assessment and review
- recency of practice (within 12 months).

#### Maternity services should:

- Clearly communicate role expectations, responsibilities and standards of performance to staff, teams, and the wider community.
- Ensure all practitioners demonstrate capacity, capability, competence and confidence in key areas, such as fetal surveillance and emergency response.
- Support practitioners to attend recommended training programs.
- Provide tools and resources to monitor and improve individual and team performance.
- Implement mentoring and supervision (formal and informal arrangements).
- Monitor compliance with maternity education requirements.

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### **Practitioners should:**

- Understand role expectations, responsibilities and standards of performance for their positions.
- Attend recommended training programs.
- Demonstrate capacity, capability, competence and confidence in key areas of practice.
- Stay up-to-date with knowledge and skills required for new processes, procedures and technology.

## **EDUCATION AND TRAINING**

### **Mandatory education and training**

All multidisciplinary maternity staff providing birthing services must undertake annual training/education in the following core competency areas:

- Fetal surveillance training including cardiotocograph (CTG) interpretation\*
- Neonatal resuscitation and basic adult life support\*
- Maternity emergency training





\*The Capability framework for Victorian maternity and newborn services outlines the minimum requirements for fetal surveillance and neonatal resuscitation for maternity services according to capability level.

It is recommended that health services and their staff undertake the following:

- Ongoing professional development activities to consolidate and improve skills and knowledge throughout the year.
- Where possible, facilitate group training to enhance team building and response.
- At least annual formal simulation training (such as PROMPT or equivalent (**see table 3**)) should be undertaken and included as a component of annual CPD plans.
- Regular, less formal, on-site emergency simulation training.
- Relevant staff in non-birthing facilities and Ambulance Victoria clinicians attend education and training on the management of imminent birth (**see Table 3**).

The professional colleges also provide education, training and support resources. Table 3 below lists the education and training programs endorsed by the professional colleges.

**Table 3: Training programs endorsed by the professional colleges**

Training program	Description	Click on the below for more information
<b>PRactical Obstetric Multi-Professional Training (PROMPT)</b>	PROMPT is an evidence-based multi-professional training package for obstetric emergencies. It is associated with direct improvements in perinatal outcomes and has been proven to improve knowledge, clinical skills and team working.	<a href="#">PRactical Obstetric Multi-Professional Training (PROMPT)</a> 
<b>Fetal Surveillance Education Program (FSEP)</b>	The Royal College of Australian and New Zealand Obstetricians and Gynaecologists (RANZCOG) FSEP delivers fetal surveillance education and resources to maternity services across Australia based on the Intrapartum Fetal Surveillance Clinical Guideline.  The course offers different modes of learning including the online Fetal Surveillance Education Program (OFSEP), with or without assessments, and a face-to-face training day with assessment.	<a href="#">Fetal Surveillance Education Program (FSEP RANZCOG)</a> 
<b>K2MS™ Perinatal Training Programme (PTP)</b>	The Perinatal Training Programme (PTP) is an interactive computer e-learning tool covering a comprehensive array of topics in fetal monitoring and maternity crisis management.	<a href="#">K2MS™ Perinatal Training Programme (PTP)</a> 
<b>PIPER education</b>	The PIPER neonatal education service, based at the Royal Children’s Hospital, provides leadership and continuing education for healthcare professionals involved in perinatal care including: <ul style="list-style-type: none"> <li>• <a href="#">NeoResus</a>, First Response, Advanced Resuscitation and Facilitator workshops for newborn resuscitation:</li> <li>• The Continuing Education Program in Newborn Nursing Care (CEPNNC).</li> <li>• Outreach education sessions and study days on topics nominated by level 1 or level 2 host hospital staff.</li> <li>• Education sessions for university students undertaking midwifery, neonatal nursing and ambulance paramedic training.</li> <li>• A consultancy service regarding equipment purchase, developing nursing and midwifery policies and formulating nursing and midwifery care standards for level 1 and level 2 hospitals.</li> </ul>	<a href="#">PIPER</a> 

Training program	Description	Click on the below for more information
<b>Basic Skills in Perinatal Mental Health</b>	<p>A free, accredited online training program providing an overview of the perinatal mental health disorders covered in the 2017 COPE Perinatal Mental Health Guideline including perinatal anxiety and depression, postpartum psychosis, and management of borderline personality disorder, schizophrenia and bipolar disorder in the perinatal period.</p> <p>The program covers key guideline recommendations surrounding the screening, assessment, management and treatment of these perinatal mental health disorders.</p>	<a href="#">Basic Skills in Perinatal Mental Health</a>
<b>Maternity Services Education Program (MSEP)</b>	<p>The Women’s Maternity Services Education Program (MSEP) is a statewide clinical education program, delivering multidisciplinary education onsite in Victorian maternity services. MSEP delivers four key programs across Victoria and these include:</p> <p><b>Maternity and Newborn Emergencies (MANE) workshop</b></p> <p>The MANE program is a mandatory two-day program providing specialised maternity emergency education to maternity and newborn clinicians in level 2-4 maternity services throughout Victoria. The program focuses on key components of maternal and newborn emergencies using simulation and hands on clinical workstations. The program is tailored to each organisation’s particular education needs. All level 2-4 maternity services are expected to participate in this program. PIPER neonatal deliver the neonatal emergency portion of the MANE two-day program.</p> <p><b>Maternity update program</b></p> <p>The Maternity Update program is a one-day education program covering updates in antenatal, birth and postnatal care. This program uses clinical theory supported by practical workstations and is designed for staff refresher training or as an introduction to advanced maternity skillsets.</p> <p><b>Koori Maternity Services (KMS) Education Programs</b></p> <p>The Koori Maternity Services Maternity Update Program, and Cultural safety in maternity and newborn emergencies (MANE) program are co-facilitated with VACCHO and focus on improving outcomes and maternity and newborn care for Aboriginal women, babies and families.</p> <p>See also <a href="#">culturally safe care</a> in this guide</p> <p><b>Emergency Birthing for Non-birthing and Level 1 Services Program</b></p> <p>One-day program focused on non-birthing services (level 1). Preparing non-maternity trained and practicing maternity clinicians with the knowledge and skills required to care for women presenting with an imminent birth within their hospital.</p>	<p><a href="#">Maternity and Newborn Emergencies (MANE) workshop</a></p> <p><a href="#">Maternity Update program</a></p> <p><a href="#">Koori Maternity Services Education Program</a></p> <p><a href="#">Cultural safety in maternity and newborn emergencies (MANE) program</a></p> <p><a href="#">Non-birthing services program</a></p>

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## Professional development and competency for the rural workforce

Maintaining breadth and depth of maternity skills can be a challenge for small rural services. Strong consideration should be given to participation in short clinical rotations to larger regional maternity units within a region for upskilling and strengthening relationships.

### Maternity Connect Program (MCP)

The Maternity Connect Program supports midwives and nurses working in rural maternity services to maintain and enhance their skills and competence by facilitating placements in higher acuity services. Western Health operates the program on behalf of the Department.



[Find out more at Western Health](#)

## Incentivising Better Patient Safety program

The Victorian Managed Insurance Authority's (VMIA) Incentivising Better Patient Safety program encourages Victorian maternity services to participate in best practice training programs that improve outcomes for mothers and babies in the birth suite. Public maternity services that train 80 per cent or more of their clinical staff who work in the birth suite (according to specified training criteria) receive a refund on the obstetrics component of their medical indemnity premiums.

Public maternity services in Victoria (capability levels 2 to 6) are eligible to participate in the program. To receive the refund organisations must deliver training in:

- multidisciplinary maternity emergency management
- fetal surveillance
- neonatal resuscitation.



[Download the Incentivising Better Patient Safety Operating Manual](#)



[Email contact@vmia.vic.gov.au](mailto:Email contact@vmia.vic.gov.au)

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### **Best Practice Clinical Learning Environment (BPCLE) Framework**

This framework is a guide for health and human services, in partnership with education providers, to coordinate and deliver high-quality training for learners.

The framework is applicable to:

- students enrolled in entry-level professional courses
- clinical education and training for early-graduates
- postgraduate, vocational and other specialist training
- ongoing professional development of more senior clinical staff (including up-skilling of practitioners returning to work after an extended absence).



[Find out more about the Best Practice Clinical Learning Environment Framework](#)

### **The Victorian Knowledgebank**

The Victorian Knowledgebank is a health and human services workforce information portal. It provides information on the National Clinical Supervision Competency Resource and training and development funds for Victorian public health services.

The training and development grant is allocated to support the development of a high-quality future health workforce for Victoria across three streams of funding:

- professional-entry student placements
- transition-to-practice – early graduate funding (medical PGY1 & PGY2, nursing and midwifery and allied health)
- postgraduate medical and nursing and midwifery funding.

The NMBA provide supervision guidelines for nursing and midwifery on their [website](#) .



[Find out more at The Victorian Knowledgebank](#)



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## STAFF RECRUITMENT AND DEVELOPMENT

Retention and recruitment of maternity staff is an ongoing challenge for maternity services, particularly those in rural or remote areas. Long-term planning is essential to ensure a sustainable maternity workforce and service.

The Department administers programs for new and experienced midwives and nurses working in public maternity services that promote attraction, retention, training and skill development opportunities.

These programs include:

- [Graduate training and development grants](#) 
- [Post graduate training and development grants](#) 
- [Post graduate scholarships](#) 
- [Continuing nursing and midwifery education](#) 

### Rural procedural grants program


Financial support is available to rural and remote GPs and locums who deliver unsupervised anaesthetics, obstetrics, surgery and/or emergency medicine.



[Apply for funding under the Rural Procedural Grants Program](#)

### Staffing requirements

Staffing of nurses and midwives should be in accordance with the *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015* or, in the case of the private sector, the relevant enterprise agreement and statutory requirement.

For minimum requirements on staffing for medical, paediatrics, neonatology, anaesthetics, nursing/midwifery, allied health and other relevant medical specialties according to maternity and newborn capability level, refer to the [Capability framework for Victorian maternity and newborn services](#) .



[Download the Safe Patient Care \(Nurse to Patient and Midwife to Patient Ratios\) Act 2015](#)

For private health establishments, amendments to the Health Service (Health Service Establishments) Regulations 2013, which came into effect 1 July 2018, require proprietors to ensure that a registered midwife with at least three years' relevant clinical experience is present to provide clinical oversight of those health services for the purposes of ensuring the quality and safety of those health services.



[More information on Private Hospitals Regulation 26B](#)

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# 5. Risk management for maternity and newborn services

**Risk management is the design and implementation of a program to identify and avoid or minimise risks to patients, employees, volunteers, visitors and the organisation.<sup>4</sup>**

Maternity and newborn services are required to have an incident management review process consistent with the Victorian health incident management policy (Department of Health 2017) and the Australian Commission on Safety and Quality in Health Care National Clinical Governance Standard. This is to ensure a safe healthcare environment and improved outcomes for Victorian mothers and babies, and the maternity and newborn services workforce.

See [Creating a safe, positive and fair workforce culture](#) in this guide for staff incident reporting processes.



[Download the National Safety and Quality Health Service Standards Guide for Hospitals](#)



[View the Victorian health incident management policy](#)

## CLINICAL RISK MANAGEMENT AND INCIDENT IDENTIFICATION

It is important to recognise when an incident has occurred. An incident is defined as an event or circumstance that could have, or did, lead to unintended and/or unnecessary harm. This will only be achieved in a culture and environment that allows this to happen without fear of retribution, and where incidents (and the reporting of incidents) are an acceptable part of healthcare delivery.

Following identification of an incident or near miss there may need to be immediate action.

These actions may include:

- providing immediate care to individuals involved in the incident (the woman or her baby, staff or visitors)
- making the situation or scene is safe to prevent immediate recurrence of the incident
- notifying the manager in charge of the area where an incident has occurred
- removing malfunctioning equipment or supplies
- gathering basic information about a chain of evidence
- notifying police and security.

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## Sentinel events

Sentinel events are unexpected events that result in death or serious harm to a patient while in the care of a health service. These events are required to be reported to SCV.

Private hospitals must report sentinel events to SCV in accordance with the Health Services (Private Hospitals and Day Procedure Centres) Amendment Regulations 2018.

By sharing serious adverse events, review outcomes and case studies, health services can learn from each other and create safer systems for both clinicians and the women and babies they care for.



[Learn more about sentinel events at bettercare.vic.gov.au](https://bettercare.vic.gov.au)



[Read the most recent sentinel event annual report](#)

## OPEN DISCLOSURE

Open disclosure is the open discussion with the woman and her family when an adverse event has occurred that resulted in harm to her or her baby while receiving healthcare.

The elements of open disclosure are:

- An apology or expression of regret, which should include the words 'I am sorry' or 'we are sorry'.
- A factual explanation of what happened.
- An opportunity for the woman, her family and carers to relate their experience.
- A discussion of the potential consequences of the adverse event.
- An explanation of the steps being taken to manage the adverse event and prevent recurrence.

It is important to note that open disclosure is not a one-way provision of information. Open disclosure is a discussion between two parties and an exchange of information that may take place in several meetings over a period of time.



[View the ACSQHC Open Disclosure Framework](#)

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## PRELIMINARY REVIEW

Preparing to analyse an incident requires a preliminary review to determine the appropriate follow-up actions and whether a system-based incident analysis is needed. If indicated, an incident analysis method, team, and approach are selected and initial information gathering (including interviews) is conducted. The findings, actions and decisions made at this point in the incident management process influence the direction and effectiveness of the analysis process.

### **This step comprises:**

- conducting a preliminary investigation
- selecting an analysis type and method
- identifying the analysis team
- coordinating meetings
- planning and conduct interviews.

## ANALYSIS

Incident analysis is a core component of incident management. It is important to ensure it is thorough, fair, unbiased and the recommended actions provide effective safety solutions. Incident analysis is a structured process focused on system improvement.

### **This step comprises:**

- understanding what happened
- determining how and why it happened
- identifying what can be done to reduce the risk of recurrence and make care safer
- sharing what was learned.

## RECOMMENDATIONS AND IMPROVEMENTS

Following through after completing an incident analysis involves change and improvement. It spans a longer time period and is vital in demonstrating that the incident management process improved quality and safety of care.

### **This step comprises:**

- recommending strategies
- implementing recommended actions
- monitoring and assessing the effectiveness of the recommended actions
- closing off the incident analysis and transition to ongoing operations.

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## SHARING AND LEARNING

Sharing what was learned from incident analysis, both within an organisation and beyond, can make care safer, prevent the recurrence of similar events, and promote trust and healing. Sharing offers a valuable opportunity for identifying ways to improve the systems and processes that support quality and safety outcomes.

### **This step comprises:**

- sharing what was learned internally
- sharing what was learned externally
- reflecting and improving.



[Find out more about clinical risk management](#)

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## 6. Maternity and newborn clinical practice

Clinical practice, for the purposes of this guide, is the care of the mother and baby during pregnancy (antenatal) care, labour and birth (intrapartum) care, and care following birth (postnatal).

### EVIDENCED-BASED CLINICAL GUIDANCE

Evidenced-based clinical guidelines are recommendations to assist healthcare practitioners provide optimal, safe care and to make decisions about appropriate care. Clinical guidelines are intended to guide practice and do not replace or remove clinical judgement or the professional care and duty for each specific woman's case. Clinical care carried out in accordance with clinical guidelines should be provided in the context of local policies, and locally available resources and expertise.

Maternity and newborn services are responsible for ensuring local policies and procedures are:

- easily accessible by staff and women
- kept updated and relevant
- clearly communicated
- adhered to across the maternity and newborn service.

The co-development and maintenance of resources with women at a regional level supports better integration of service provision to meet the needs of local women and facilitate staff working across services.

### Victorian eHandbooks

Victorian eHandbooks provide easy-to-access, consistent, evidenced-based guidance for maternity and newborn care.

The **maternity-e handbook** provides clinical guidance for maternity clinicians caring for women during pregnancy, birth and the postpartum period. The pathways of care quickly acquaint maternity care providers with clinical scenarios and provide consistent and practical advice regarding assessment, management and escalation.



[View the maternity-e handbook](#)

The **neonatal-e handbook** provides a structured approach to the clinical management of conditions regularly encountered by health professionals caring for newborns. It includes more than 90 newborn conditions that may present during the early newborn period.



[View the neonatal-e handbook](#)

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## ViCTOR charts

The ViCTOR charts use the most recent evidence in newborn and paediatric vital sign parameters as well as human factor elements such as colour, font and layout to assist clinicians to recognise and respond to clinical deterioration in newborn and paediatric patients.

The ViCTOR charts are available for any Victorian health service with newborn and/or paediatric patients up to the 18th birthday. ViCTOR charts are designed to be used with a health service's local paediatric procedures.



[View the suite of ViCTOR charts and resources](#)

## HealthPathways

HealthPathways is a free, web-based portal with relevant, evidence-based information on assessing and managing common clinical conditions. The portal includes a number of maternity care guidelines including referral guidelines for common conditions in pregnancy.

More than 50 primary care and hospital care organisations in Australia and New Zealand have formed partnerships to jointly localise HealthPathways, which enables them to share knowledge, processes, pathways, and infrastructure. HealthPathways Melbourne is a collaborative program run by the Eastern Melbourne PHN (EMPHN), and North Western Melbourne PHN (NWMPHN), and is supported by participating primary care clinicians, consumers and health services.



[Visit HealthPathways Melbourne](#)

## National clinical guidelines

### Pregnancy care

The Clinical Practice Guidelines - Pregnancy Care support Australian maternity services to provide high-quality, evidence-based antenatal care to healthy pregnant women. The guidelines should be implemented at national, state, territory and local levels to ensure consistent evidenced-based care.

They are intended for all health professionals who contribute to antenatal care including midwives, obstetricians, general practitioners, practice nurses, maternal and child health nurses, Aboriginal and Torres Strait Islander health workers and allied health professionals.



[Read the Clinical Practice Guidelines - Pregnancy Care](#)

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## Perinatal mental health

The importance of mental health should be central to all maternity care.

The National perinatal mental health guideline provides an evidence-based reference for health professionals providing care to women in the perinatal period. It aims to improve the emotional well-being of women and their experience of pregnancy and early parenthood.

One of the key themes in the guideline is the routine screening and early identification of women experiencing psychosocial and mental health conditions in the perinatal period to ensure they receive the care they need as early as possible. All maternity services should review the recommendations to ensure the evidence is applied to practice.



[Read the National perinatal mental health guideline](#)

## Mental health resources for consumers and health professionals

The Centre of Perinatal Excellence (COPE) has developed a series of resources for health professionals, consumers and family members, to reflect the latest evidence underpinning the national guidelines.

### For consumers:

- [Antenatal mental health fact sheets](#)
- [Postnatal mental health fact sheets](#)
- [Ready to COPE guide](#) to guide women through their pregnancy and the first 12 months in the postnatal period.

### For health professionals:

- [Perinatal mental health fact sheets](#)
- [The Edinburgh postnatal depression scale \(EPDS\) - Questionnaire and scoring guide](#)
- [The Antenatal risk questionnaire - instructions, questionnaire and scoring guide](#)
- [Free accredited online training](#) for health professionals to support guideline implementation
- [Mental health promotion resources for healthcare settings](#)

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## PERICONCEPTION CARE AND EARLY PREGNANCY MANAGEMENT

Effective preconception care and early pregnancy management are essential for optimal maternal and child health. The Women's sexual and reproductive health: key priorities 2017–2020 is the Victorian Government's plan to improve the sexual and reproductive health of all Victorian women.



[Read the plan and access other useful resources](#)

### 1800 My Options

A new statewide pregnancy support helpline provides Victorian women with sexual and reproductive health information, helping direct them to clinical services such as contraception and pharmacy services, counselling support, termination providers and a range of other services.



Refer women to the helpline: 1800 696 784



[Visit 1800myoptions.org.au](https://www.1800myoptions.org.au)




## FAMILY VIOLENCE

The Royal Commission into Family Violence made 227 recommendations. Below is access to information on the implementation and progress on some of those recommendations.

### Implemented

Recommendation 187 – The Victorian Government has outlined its commitment to the prevention of family violence in [Free from violence: Victoria's strategy to prevent family violence and all forms of violence against women](#) 







### In progress

- [Recommendation 95 - Strengthening hospital responses to family violence](#) 
- [Recommendation 96 - Antenatal screening for family violence](#) 
- [Access resources and see how the Victorian Government is tracking on all 227 Royal Commission recommendations](#) 

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## PREGNANCY LOSS AND BEREAVEMENT CARE

The Perinatal Society of Australia and New Zealand (PSANZ) Clinical practice guideline for care around stillbirth and neonatal death provides maternity services with a comprehensive guide for management of perinatal death, including:

- [Institutional perinatal mortality audit](#) 
- [Psychological and social aspects of perinatal bereavement](#) 
- [Perinatal autopsy including placental assessment](#) 
- [Investigations for stillbirth](#) 
- [Investigation of neonatal deaths](#) 
- [Perinatal mortality classifications](#) 



[Read the Clinical practice guideline for care around stillbirth and neonatal death](#)

### Stillbirth Centre for Research Excellence

The Stillbirth Centre for Research Excellence provides information on pregnancy and infant loss support groups for grieving women and families as well as free resources and online training for health professionals.



[Visit stillbirthcre.org.au](http://stillbirthcre.org.au)

### Victorian Perinatal Autopsy Service (VPAS)

The Victorian Perinatal Autopsy Service (VPAS) provides perinatal autopsies, associated investigations and advice about perinatal deaths. The service is a collaboration of the three level 6 maternity services.

Where there is uncertainty about the cause of death, the value of perinatal or infant autopsy and pathological examination of the placenta should be communicated and offered to parents.

All public health services are expected to use the VPAS for perinatal autopsy investigation and placental pathology. Private health services are also encouraged to use the service.



[Find out more at thewomens.org.au](http://thewomens.org.au)

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## REDUCING STILLBIRTHS IN VICTORIA

SCV has partnered with the Centre of Research Excellence in Stillbirth (Stillbirth CRE) bringing together parents, parent advocates, healthcare professionals, researchers, professional colleges, and policy makers, to reduce stillbirths and improve the quality care for women and families after stillbirth.

Some Victoria programs are:

- **Movements Matter awareness campaign:** If a baby's movement pattern changes during pregnancy, it may be a sign they are unwell. Movements Matter is spreading the word to pregnant women and their care providers that #MovementsMatter.



[Follow @MovesMatter & #MovementsMatter](#)



[Visit movementsmatter.org.au](https://www.movementsmatter.org.au)

- **Management of decreased fetal movements:** Supporting services to provide care in alignment with PSANZ and maternity ehandbook guidance.



[Visit psanz.com.au](https://www.psanz.com.au)



[View the Victorian guideline for management of decreased fetal movements](#)

- **Fetal growth restriction program:** Improving detection and management of growth restricted babies by providing train-the-trainer workshops and the development of nationally consistent clinical guidelines and tools.



[For more information, locations and times visit \[bettersafecare.vic.gov.au/events\]\(https://www.bettersafecare.vic.gov.au/events\)](https://www.bettersafecare.vic.gov.au/events)

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## CONSULTATION AND REFERRAL PATHWAYS

The Capability framework for Victorian maternity and newborn services delineates the role of each maternity and newborn service and the resources and services required at each level of care. Where a woman or her baby requires a level of care beyond what can be safely and effectively provided by the local health service, there must be established policies and procedures for consultation and referral, and if necessary, transfer to a higher level of care.

The National midwifery guidelines for consultation and referral provide an evidence-based framework for midwives and doctors working together to care for individual women. They inform decision-making by midwives on the care, consultation and referral of women:

- at booking
- during pregnancy and the antenatal period
- during labour and birth
- during the postnatal period.



[Read the National midwifery guidelines for consultation and referral](#)

### Local and regional escalation process

In accordance with the principles set out in the Capability framework for Victorian maternity and newborn services, all maternity services are required to have a local escalation procedure for consultation and referral of women and babies requiring urgent or specialist care. This should be well documented and communicated to all staff. Regional escalation procedures should be developed and agreed by all maternity services within a region.

### Paediatric Infant Perinatal Emergency Retrieval (PIPER)

In emergency situations PIPER coordinates and facilitates expert advice, referral and transport to the specialist maternity, newborn and paediatric services in Victoria.





PIPER is a single point of contact for newborn and perinatal transport services in Victoria. Ambulance Victoria works alongside PIPER to coordinate the emergency retrieval and transfer women and babies with urgent care needs.

All senior maternity care clinicians should be aware of when and how to contact PIPER for advice or to refer a woman or baby (**see Table 4 below**). This should be clearly documented in local escalation procedure documents.

**Table 4: When and how to contact PIPER**

Help required	Procedure	Dedicated 24-hour emergency line
<b>Expert high-risk obstetric advice</b>	<ul style="list-style-type: none"> <li>● The referral is conferenced with the PIPER consultant obstetrician and the call coordinator.</li> <li>● Advice is provided.</li> <li>● PIPER will assist with organising the transfer and the appropriate healthcare facility required for the referred woman.</li> </ul>	<b>1300 137 650</b>
<b>Emergency neonatal transfer/ consultation</b>	<ul style="list-style-type: none"> <li>● The referral is conferenced with the PIPER neonatal consultant and the PIPER retrieval team.</li> <li>● Stabilisation advice is provided as required.</li> <li>● PIPER Neonatal mobilises a team, organises an appropriate NICU/special care bed and proceeds to the referring hospital.</li> </ul>	<b>1300 137 650</b>
<b>Non-emergency elective transfer/ consultation</b>	<ul style="list-style-type: none"> <li>● PIPER can assist with non-emergency transport service.</li> </ul>	<b>1300 659 803</b>

### Other useful resources

- [Health incident policy](#) 
- [The Retrieval and Critical Health \(REACH\) website](#)  is a web-based capacity monitoring system for neonatal intensive care beds across the state
- [PIPER guidelines](#) 
- [Ambulance Victoria guidelines on emergency maternity and newborn care](#) 

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## PEER REVIEW PROCESS

Health professionals should participate in regular peer review activities, both formal and informal, to support their clinical practice and share learnings. Regular peer review and assessment are an important component of performance management and the credentialing process.

Health professionals are increasingly required to participate in formal peer review processes used for organisational assessment and reporting such as mortality and morbidity case review meetings. It is important that these meetings are multidisciplinary and include all staff. Maternity services can facilitate these meetings at a local level as well as within their regional network to provide a level of objectivity and allow for collaboration and shared learning between sites.

Annual peer review processes for clinicians providing maternity and newborn care should be consistent with the Australian Commission on Safety and Quality in Healthcare's (ACSQHC) Review by peers – A guide for professional, clinical and administrative processes.

The professional colleges also have resources to assist health practitioners in the peer review process.



[Download the ACSQHC Review by peers guide](#)

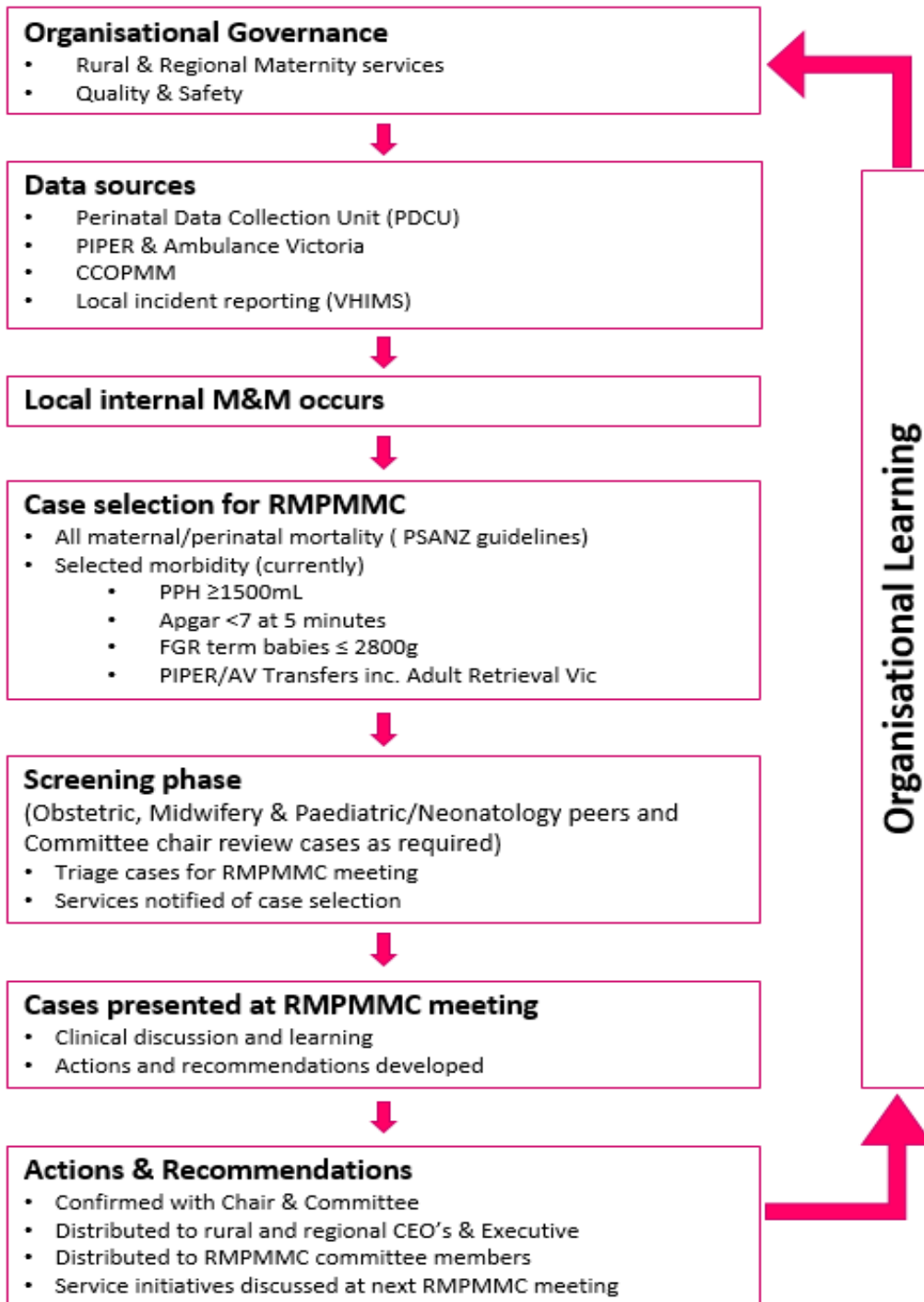
## Regional Maternal and Perinatal Mortality and Morbidity Review Committees

The six regional maternal and perinatal mortality and morbidity review committees (RMPMMC) meet quarterly to systematically review all maternal and perinatal mortality and selected morbidity. This includes PIPER and Ambulance Victoria transfers for mothers and babies in their region. The regional committees do not replace the existing requirements of health services to review and report adverse outcomes and transfers.

The external multidisciplinary peer review process of the RMPMMC (**see Diagram 1**) embraces a culture of:

- continuous improvement
- clinical excellence
- strengthening partnerships between rural and regional clinicians
- providing opportunities for professional development and learning.

Diagram 1: Process steps to support RMPMMC



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## POSTNATAL CARE

Maternity services are responsible for providing postnatal care to women and babies while in hospital and in the immediate period following discharge home. Discharge planning should commence, if possible, at the first antenatal visit. Early identification of women and families at risk provides an opportunity to link them into support services early in preparation for the postnatal period and early parenting.

The Postnatal care program guidelines for Victorian health services provides guidance on promoting good practice in the delivery of postnatal care to women and their families, improving communication and coordination of care between services and continuity of care.



[Read the postnatal care program guidelines](#)

## Breastfeeding

Breastfeeding education and support should commence in the antenatal period. All women should have access to evidence-based information and support services including access to lactation consultants where needed.

The Australian National Breastfeeding Strategy 2018 and beyond provides strategic direction and guidance to improve the health, nutrition and well-being of infants and young children, and the health and well-being of mothers, by protecting, promoting, supporting and monitoring breastfeeding.



[Read the national breastfeeding strategy](#)

## WHO/UNICEF Baby Friendly Hospital Initiative

The WHO/UNICEF Baby Friendly Hospital Initiative provides information and support to hospitals and community healthcare facilities to encourage exclusive breastfeeding and improve infant health.



[Find out more about the BFHI initiative](#)

## Australian Breastfeeding Association

The Australian Breastfeeding Association (ABA) provides local, community-based breastfeeding information and support services.



[Find out more about ABA support services](#)

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## The Victorian Infant Hearing Screening Program (VIHSP)

VIHSP is a statewide program that screens the hearing of all newborn infants in the first weeks of life. VIHSP is available in all public and private maternity services across Victoria.



[Find out more at rch.org.au/vihsp](https://rch.org.au/vihsp)

## Newborn bloodspot screening

The **Victorian Clinical Genetics Services (VCGS)** delivers newborn screening to all newborns in Victoria. Newborn bloodspot screening is a blood test that is used to detect certain rare, genetic conditions and disorders of the metabolism. It usually involves a small prick on the baby's heel and a few drops of blood placed onto a screening card. Health services are responsible for ensuring the cards are transported to VCGS located at the Royal Children's Hospital within the allocated time periods to ensure timely processing and testing of the blood samples.



[Find out more at vcgs.org.au](https://vcgs.org.au)



[Access the newborn screening e-learning tool](#)

## Immunisation

All immunisations in the postnatal period should be offered and administered according to the **Australian National Immunisation Program Schedule**. It is recommended that all babies should receive Hepatitis B vaccination prior to leaving hospital and ideally within 24 hours of birth to start long-term protection against this disease.

Special considerations need to be made for some preterm and low birthweight babies with information and guidance in the links below.



[Find out more about the Australian National Immunisation Program Schedule](#)



[Read the statewide guidelines for immunisation of the preterm infant](#)



[Access the RCH Immunisation Handbook](#)

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## Safe sleeping advice

Women and their families should have information on how to create a safe sleeping environment for their baby. There are several simple steps that will help minimise the rare but potential risk of sudden unexpected death in infancy (SUDI), including Sudden Infant Death Syndrome (SIDS).



[Find out more about SUDI and SIDS prevention](#)

## Hospital in the Home (HITH)

HITH services provide care in the home that would otherwise need to be delivered within a hospital as an admitted patient. Mothers and babies must be individually assessed as being suitable for this model of care. The most common cohorts are newborns who have required admitted care in a special care nursery and still require treatment at home as a continuation of that care.



[Read the Victorian Hospital in the Home guidelines](#)

## Maternal and Child Health (MCH) Service

Maternity services must notify the local council of a birth and provide a maternity and newborn summary and contact details of the woman and her family. The MCH nurse in the local council area will contact the woman within a week after being discharged home from hospital and arrange a home visit.

The MCH app provides age appropriate child health and development information for families. The app also enables users to chart their baby's growth, reminds them about upcoming MCH appointments and has a virtual MCH nurse to answer questions.



[Find out more about MCH and download the app](#)

## Postnatal programs for vulnerable and disadvantaged women

In Victoria, several programs have been established to support vulnerable and disadvantaged women and their families during the postnatal period.

### Cradle to Kinder programs

The Cradle to Kinder and Aboriginal Cradle to Kinder programs are an intensive ante and post-natal support service providing longer term, intensive family support for vulnerable young mothers and their families.

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### Enhanced Maternal Child Health (EMCH) program

EMCH is offered to selected families as an extension of the universal MCH program. The EMCH program provides more targeted support for mothers, children and families identified as being at risk of poor outcomes. For women and families who have been identified as potentially benefiting from the EMCH program, the referring service/health professional is responsible for ensuring the MCH service is made aware of the needs of the woman and her family and early care planning during the antenatal period where possible.



[Read the clinical guidelines and referral forms](#)

### Healthy Mothers, Healthy Babies program

The Healthy Mothers, Healthy Babies program addresses maternal risk behaviours and provides women with support during their pregnancy. The program works with women while they are pregnant until they are effectively engaged with MCH services after birth (usually four to six weeks). The Healthy Mothers, Healthy Babies program is not a clinical antenatal care service. Rather, it links women to existing services early, provides community-based support beyond what current services provide, and promotes continuity of care.



[Find out about the eligibility criteria and services funded](#)

### Other useful resources

- Clinical guidelines for the early detection and management of psychosocial and mental health conditions in the postnatal period see [National perinatal mental health guideline](#)
- [RCH clinical practice guidelines](#)
- [The RCH parent portal](#)
- [The Maternal and child health 24-hour helpline for parents 13 22 29](#)

# Abbreviations

Term	Definition
<b>ABA</b>	Australian Breastfeeding Association
<b>ACM</b>	Australian College of Midwives
<b>AHLO</b>	Aboriginal Hospital Liaison Officer
<b>AHPRA</b>	Australian Health Practitioner Regulation Agency
<b>AHW</b>	Aboriginal Health Worker
<b>ANRQ</b>	Antenatal Risk Questionnaire
<b>ANZCA</b>	Australian and New Zealand College of Anaesthetists
<b>ARBI</b>	Australian Rural Birth Index
<b>BCV</b>	Better Care Victoria
<b>BFHI</b>	Baby Friendly Hospital Initiative
<b>BPCLE</b>	Best Practice Clinical Learning
<b>CCOPMM</b>	Consultative Council on Obstetric and Paediatric Mortality and Morbidity
<b>CEPNNC</b>	Continuing Education Program in Newborn Nursing Care
<b>COPE</b>	Centre of Perinatal Excellence
<b>CPD</b>	Continuous professional development
<b>CS</b>	Cultural Safety
<b>CTG</b>	Cardiotocograph
<b>DOM</b>	Domiciliary
<b>DRANZCOG</b>	Diploma Royal Australian and New Zealand College of Obstetricians and Gynecologists
<b>EPDS</b>	Edinburgh Postnatal Depression Scale
<b>FGR</b>	Fetal Growth Restriction
<b>FSEP</b>	Fetal Surveillance Education Program

<b>GP</b>	General Practitioner
<b>GSPMR</b>	Gestation Standardised Perinatal Mortality Ratio
<b>HITH</b>	Hospital in the Home
<b>IHI</b>	Institute for Healthcare Improvement
<b>JCCA</b>	Joint Consultative Committee on Anaesthesia
<b>KMS</b>	Koori Maternity Services
<b>MANE</b>	Maternity and Newborn Emergencies
<b>MCoC</b>	Midwifery Continuity of Care
<b>MSEP</b>	Maternity Services Education Program
<b>NAATI</b>	National Association of Accreditation for Translators and Interpreters
<b>NICU</b>	Neonatal Intensive Care Unit
<b>NMBA</b>	Nursing and Midwifery Board of Australia
<b>NSAMS</b>	National Strategic Approach to Maternity Services
<b>NSQHS</b>	National Safety and Quality Health Service
<b>PIH</b>	Partnering in healthcare
<b>PIPER</b>	Paediatric Infant Perinatal Emergency Retrieval
<b>PPM</b>	Privately practising midwives
<b>PRISM</b>	Program Report for Integrated Service Monitoring
<b>PROMPT</b>	Practical Obstetric Multi-Professional Training
<b>PSANZ</b>	Perinatal Society of Australia and New Zealand
<b>PSPI</b>	Perinatal Services Performance Indicator
<b>PTP</b>	Perinatal Training Programme
<b>QI</b>	Quality improvement

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<b>RANZCOG</b>	Royal Australian and New Zealand College of Obstetricians and Gyneacologists
<b>REACH</b>	Retrieval and Critical Health
<b>RMPMMC</b>	Regional Maternal and Perinatal Mortality and Morbidity Review Committees
<b>SCN</b>	Special Care Nursery
<b>SCV</b>	Safer Care Victoria
<b>Stillbirth CRE</b>	Centre for Research Excellence
<b>UNICEF</b>	United nations International Children’s Emergency Fund
<b>VACCHO</b>	Victorian Aboriginal Community Controlled Health Organisation
<b>VAHI</b>	Victorian Agency for Health Information
<b>VCGS</b>	Victorian Clinical Genetics Services
<b>VHES</b>	Victorian Healthcare Experience Survey
<b>ViCTOR</b>	Victorian Children’s Tool for Observation and Response
<b>VIHSP</b>	Victorian Infant Hearing Screening Program
<b>VMIA</b>	Victorian Managed Insurance Authority
<b>VPAS</b>	Victoria Perinatal Autopsy Service
<b>WHA</b>	Women’s Healthcare Australasia
<b>WHO</b>	World Health Organization

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# Acknowledgements

This guide was developed by SCV's Maternity and Newborn Clinical Network, with input from Victorian maternity and newborn services and consumers to ensure the content is both relevant and useful. A special thank you to the maternity services who were involved in piloting the guide.

In particular we would like to thank and acknowledge the Aboriginal Health and Wellbeing branch and representatives from the Aboriginal community who helped inform this guide and ensure that the right information about how maternity and neonatal care can be provided in a meaningful way to Victorian Aboriginal Mothers and their babies.

We thank the members of the Maternity and newborn services user guide working group for their valuable contribution in developing this guide:

- Ms Sue Race
- Ms Bree Bulle
- Ms Joanne Miller
- Ms Pam McGrath
- Ms Kylie Osborne
- Ms Gemma Cooper
- Dr Mark Farrugia

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