Victorian Maternity Taskforce Report – rural and regional

Strengthening access to care for women, babies and families

Safer Care Victoria

Acknowledgments

FIRST NATIONS ACKNOWLEDGEMENT

Safer Care Victoria (SCV) acknowledges the strength, power and resilience of First Nations people as members of the world's oldest living culture. We recognise Aboriginal people as Australia's First Nations people and honour the richness and diversity of all Traditional Owners across Victoria.

We pay our deepest respects to ancestors, Elders, and leaders, past and present, whose strength and fortitude have paved the way for future generations.

Today, we wish to honour the strength and resilience of First Nations women, who have cared for their families and communities for generations. As we support birthing women and our First Nations colleagues today, we recognise the profound connection between culture, land and the sacred journey of motherhood. May we foster an environment of respect, understanding and inclusivity for all birthing women.

ACKNOWLEDGEMENT: VICTORIAN MATERNITY TASKFORCE MEMBERS, VICTORIAN HEALTH SERVICES AND CONSUMERS

We acknowledge the valuable contribution of the 15 members of the Victorian Maternity Taskforce who brought their expertise and commitment to the development of the recommendations outlined in this report.

We also extend our thanks to the many health services and consumers who provided submissions and participated in consultations. Their insights, experiences, and feedback were vital in shaping the recommendations and ensuring they reflect the realities of practice and service delivery.

RECOGNITION OF LIVED EXPERIENCE

We would like to recognise people with a lived experience of trauma, neurodiversity, family violence, mental ill health, substance abuse or addiction, and their families, carers and supporters.

Our appreciation extends to the clinical and non-clinical workforces that support people with lived experience.

A NOTE ON LANGUAGE

This report uses the terms 'woman', 'women' and 'mothers'. We acknowledge that maternity care includes people who do not identify as women or mothers, and that parents and families may use different words from those used in this report.

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Executive summary

In October 2024, the Minister for Health, the Hon. Mary-Anne Thomas announced the establishment of the Victorian Maternity Taskforce (the Taskforce).

In October 2024, the Minister for Health established the Victorian Maternity Taskforce (the Taskforce) to identify opportunities and address known challenges affecting the delivery of Victoria's maternity care. The primary aim of the Taskforce is to ensure that maternity health services have models of workforce and care in place that support access to safe, reliable care as close to home as possible. This work responds to emerging and long-standing challenges impacting the sustainability and delivery of maternity care in Victoria and across Australia.

Members of the Taskforce were selected through a targeted expression of interest process, drawing on expertise across consumer experience, front line service delivery, midwifery, obstetrics and tertiary and regional services.

Since 2016, several reviews and inquiries have examined the provision of safe, high-quality maternity and newborn services in Victoria and interstate. These include:

- Targeting Zero (2016)
- The Parliamentary Inquiry into Perinatal Services (2018)
- The Victorian Auditor General's Office Maternity Clinical Governance Review (2021)
- The Yoorook Justice Commission Hearings (2022)
- The NSW Birth Trauma Inquiry (2024)

The Taskforce review has created the opportunity to revisit these reports and recommendations, while also assessing the current maternity and newborn system. By engaging with communities, health services, and experts, it aims to deliver a comprehensive, whole-of-system plan to strengthen and sustain maternity services for the future.

The Taskforce initially focused on rural and regional areas, which face distinct and complex challenges. Taskforce members conducted regional visits to Barwon Southwest, Grampians, Loddon Mallee, Hume, Gippsland and Kilmore. Roundtable discussions were held with stakeholders including health executives, board members, workforce, and consumer advisory members. These forums enabled focused dialogue on the specific challenges and opportunities within each region, and recommendations were provided to ensure these services can continue to deliver safe and high-quality care now and into the future. Reform identified for rural and regional areas offers benefits across the entire system.

Extensive consultations were undertaken, including a call for written submissions from 50 key organisations involved in maternity care across Victoria. Of these, 34 responded with detailed submissions that strongly aligned with the Taskforce's priorities and recommendations.

Through the consultation and review, the Taskforce found that while Victoria offers some of the safest maternity and newborn services globally, there are clear opportunities to strengthen care to ensure that women receive the best possible support during pregnancy and birth.

Common challenges identified include workforce recruitment and retention, limited access to models of care that support choice, gaps in strategic leadership and service planning, and poor access to culturally safe and specialist services close to home.

At the same time, the Taskforce highlighted strong foundations and examples of best practice within Victoria's maternity system, presenting valuable opportunities to enhance and expand services into the future.

The Taskforce has made 9 recommendations, comprising of 23 sub-recommendations, aimed at driving system change across four pillars: consumer experience, access and models of care, quality and safety and maternity workforce.

Taskforce recommendations seek to:

- Ensure Victorian women and their babies receive high-quality, safe and respectful maternity care
- Empower women with greater choice and control in their pregnancy and birth experience
- Address systemic challenges in the provision of maternity and newborn services
- Support the delivery of care closer to home through improved access and innovative models of care
- Advance the government's commitment to improving women's health outcomes
- Give every child the best possible start in life
- Align with and leverage the Health Services Plan to deliver more connected, coordinated care
- Respond to existing inquiries, including the Yoorook Justice Commission hearings

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Today's women and babies'

MATERNITY CARE MATTERS

Women and girls make up more than half of our population, yet their health has been overlooked for too long. All women and girls deserve equitable access to care, regardless of their background or circumstances. The health of women, during and after pregnancy and birth, as well as the physical and social environment in which children grow, can have a deep and lasting effect on child development, school readiness, educational achievement and the risk of chronic disease in later life. A child's first 1000 days of life are critical in making sure every family can thrive. Victoria's maternity and newborn system plays a critical role in this.

VICTORIAN WOMEN AND BABIES – AND THE SERVICES THAT CARE FOR THEM

The profile of birthing women in Victoria has changed significantly over the past 30 years, shaped by population growth, migration trends, and shifts in women's health.

While overall fertility rates have declined in line with national patterns, Victoria is experiencing uneven growth. Birth rates are lower in some regional and rural areas, while growth corridors are seeing rapid increases.

Demographic changes are also reshaping maternity care. The average maternal age is rising, and the proportion of culturally and linguistically diverse mothers continues to grow. At the same time, maternal healthcare outcomes have improved, yet chronic conditions such as diabetes and hypertension among pregnant women have become more common.

This increasing complexity is transforming the care needs of women and babies, as well as the skills required of the maternity workforce. Staff now need enhanced capabilities to support women with higher-risk and more complex needs, working collaboratively within multidisciplinary teams alongside their core maternity expertise. These evolving demands also place greater responsibility on staff to ensure the safe monitoring and management of both mothers and newborns.

BIRTHS IN VICTORIA AT 20 OR MORE WEEKS' GESTATION*

No of women who gave birth in Victoria
(liveborn or stillborn, 20 or more weeks' gestation)

75,260 [2022]
72,782 [2023]

No of babies born in Victoria
(20 or more weeks)

76,411 [2022]
73,905 [2023]

Total liveborn babies

76,058 (99.5%) [2022]
73,526 (99.5%) [2023]

% of women who identified as First Nations

1,259/75,260 (1.7%)
173 missing data [2022]

1,289/72,783 (1.8%)
179 missing data [2023]

Total of babies born to First Nations' women (stillborn and liveborn) where First Nations status was known

1,280 [2022]
1,313 [2023]

No of women giving birth early term at 37 or 38 weeks
(to one or more babies)

26,044 [2022]
23,659 [2023]

Median age of women giving birth

31.84 years (SD 4.9 years)
Range 14–54 years [2022]

31.95 years (SD 5.0 years)
Range 14–54 years [2023]

Median age of first time mothers giving birth (primigravida)

30.66 years (SD 5.0 years)
Range 14–53 years [2022]

30.79 years (SD 5.1 years)
Range 14–56 years [2023]

% of women born outside of Australia

27,779 (36.9%)
665 missing COB [2022]

27,129 (37.3%)
850 missing COB [2023]

Total Caesarean Sections (planned and unplanned)

30,776 [2022]
30,977 [2023]

* Excludes TOPS for congenital anomalies & TOPS for psychosocial indications

In addition to changes in the demographics of women birthing in Victoria, there have also been shifts in the health services they access for maternity care. While many health services have maintained the same level of capability for decades, some rural maternity services have experienced change due to emerging and ongoing system pressures, particularly challenges in recruiting and retaining a skilled workforce.

Victoria has 52 maternity health service providers, including 33 located in regional areas. These services vary in the scope of care they offer; some provide specific components such as antenatal and postnatal care, while others support women throughout the entire maternity journey, including labour and birth. The level of care each service provides is determined by the Victorian Capability Framework, which ensures a safety and quality-based approach. This framework ranges from Level 1, offering antenatal care only, to Level 6, which delivers the most complex and acute maternity care.

Supporting this system are specialised services that ensure safe, high-quality, and culturally responsive care. For example:

- Koori Maternity Services provide culturally safe care for First Nations women and families throughout the maternity journey
- Paediatric Infant Perinatal Emergency Retrieval (PIPER) offers 24/7 specialist advice and emergency retrieval for women, babies, and children with urgent or complex needs.

The overall safety and quality of maternity and newborn care in Victoria is overseen by Safer Care Victoria (SCV) and the Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM). These bodies monitor outcomes, conduct reviews, and guide continuous improvement across the state's maternity system. Further information on supporting services has been provided in appendix 4.

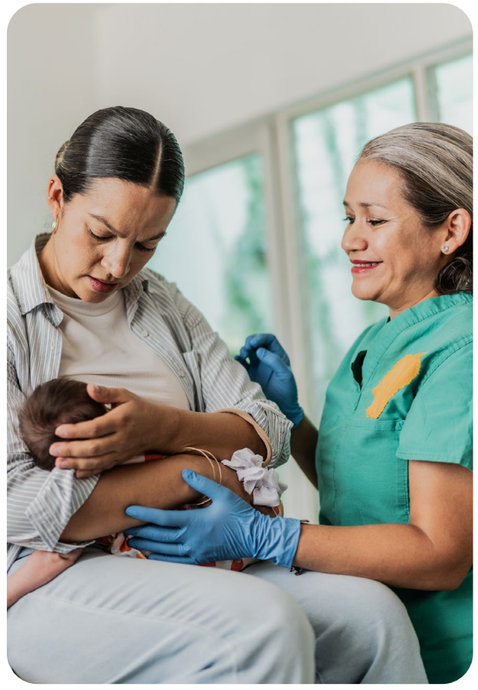
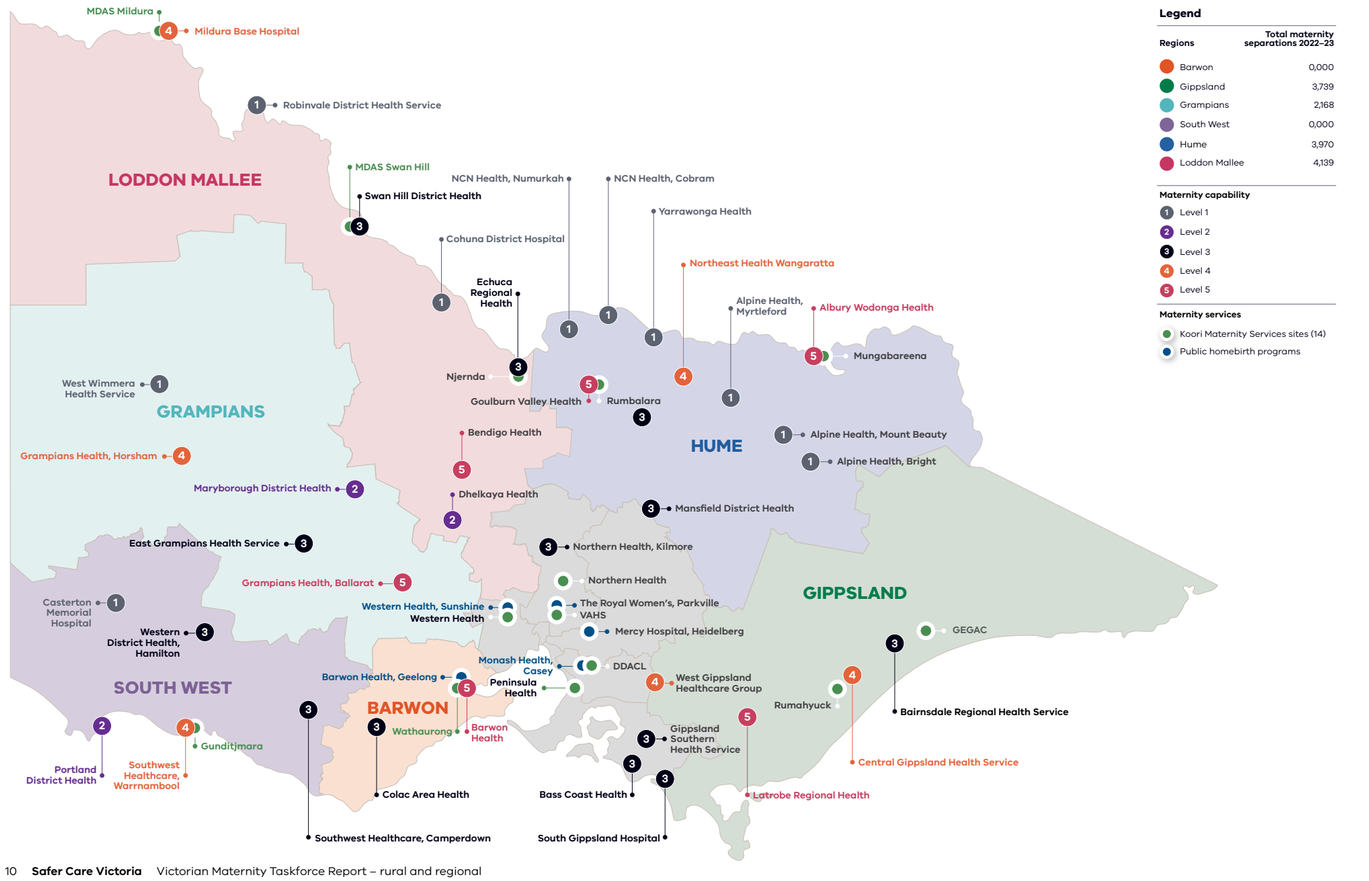


Figure 3. Regional and rural maternity services access in Victoria based on geographical location (As of 30 April 2025)



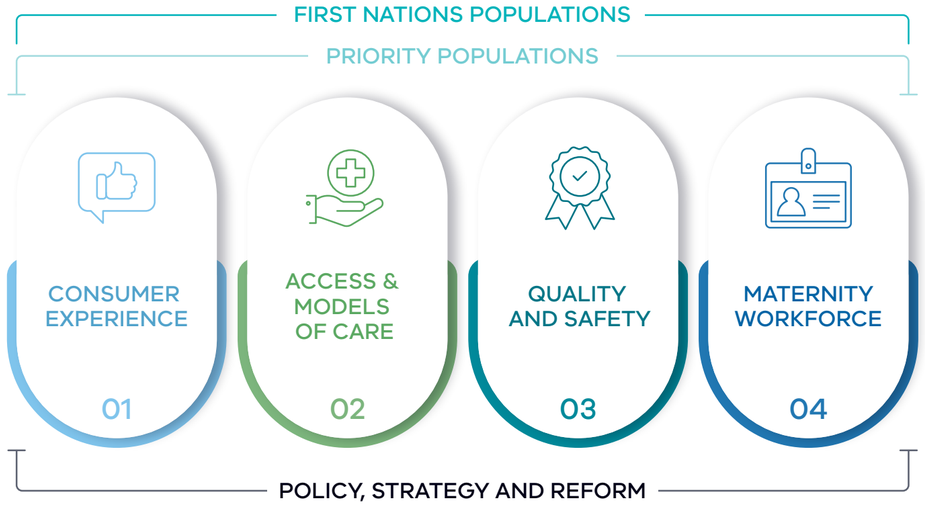
Recommendations

REPORT ELEMENTS: PILLARS AND RECOMMENDATIONS

Pillars

The Taskforce has focused its review through the following pillars.

Figure 5. Review pillars



RECOMMENDATIONS AT A GLANCE

Please note the numbering of recommendations and sub recommendations provided below do not indicate a prioritisation.

Table 1. Recommendations for rural and regional – with First Nations and priority populations at the forefront

PILLAR FOR	RECOMMENDATION	SUB-RECOMMENDATION
CONSUMER EXPERIENCE	1 Provide consumer-facing resources and redesign consumer feedback mechanisms so that women and families can access information, and have choice and feel respected across maternity care	• Create a My Maternity Journey resource to support understanding and choice of maternity care • Review and improve current consumer feedback mechanisms for maternity and newborn care • Develop and strengthen resources that improve service and workforce consumer engagement capability and prevent birth trauma • Develop and implement a public health campaign about safe and respectful birthing
ACCESS AND MODELS OF CARE	2 Formalise partnerships with Aboriginal Community Controlled Organisations (ACCOs) to ensure continuity of care, and provide culturally safe and responsive pathways for First Nations women and families	• Establish formal agreements, supported by sustained investment, to enshrine the First Nations-led *RISE framework* in the design of culturally safe and responsive care, and to ensure accountability for maternity and newborn services' capability to achieve equitable outcomes for First Nations women and families

Table 1. Recommendations for rural and regional – with First Nations and priority populations at the forefront (continued)

PILLAR FOR	RECOMMENDATION	SUB-RECOMMENDATION
ACCESS AND MODELS OF CARE	3 Design and implement a statewide maternity and newborn system action plan that strengthens regional partnerships	• Design and implement a 10-year maternity and newborn system plan for the state and each Local Health Service Network (LHSN) • Regional Level 5 maternity services provide regional leadership and coordination for their region and LHSN • Uplift the regional clinical midwife consultant (CMC) role to a regional maternity director to enhance LHSN service coordination and coordination actions from the system plan
	4 Provide care that is personalised and prioritises choice and experience for women, further supported by a personalised maternity digital health record	• Review and extend the Capability frameworks for Victorian maternity and newborn services to support personalised care • Implement new evidence-based models of care that will sustain rural and regional health services to support women's choice and workforce • Develop a models of care implementation toolkit • Prioritise a digital maternity record through the state and Commonwealth digital health record work
QUALITY AND SAFETY	5 Standardise and maintain statewide maternity and newborn clinical guidelines	• Align and maintain statewide clinical guidance for maternity and newborn services
	6 A contemporaneous and interoperable maternity and newborn medical record, data collection, monitoring and reporting platform that provides a whole-of-system planning view, and moves the system from reactive to proactive	• Create a centralised repository for collecting, monitoring and reporting maternity data • A connected medical health record system to support women, so they are supported wherever they receive care • Utilise VicKey to support a seamless maternity care journey for patients and clinicians

Table 1. Recommendations for rural and regional – with First Nations and priority populations at the forefront (continued)

PILLAR FOR	RECOMMENDATION	SUB-RECOMMENDATION
QUALITY AND SAFETY	**7** Strengthen executive and board risk identification and management of maternity and newborn risks	• Develop and implement maternity and newborn service executive and board risk and governance resources to uplift capability • Prioritise joint LHSN governance for maternity and newborn • Review maternity and newborn performance measures • Strengthen the Regional Maternal and Perinatal Morbidity and Mortality Committees • Appoint a Victorian Chief Midwife and Chief Obstetrician
WORKFORCE	**8** Establish data systems to collect and monitor maternity and newborn workforce deficits that determine sustainability of services	• Establish a statewide maternity workforce database
	9 Develop a maternity and newborn workforce plan and implementation strategy for the Victorian maternity and newborn system	• Extend *Victoria's Health Workforce Strategy* with a maternity and newborn workforce plan and implementation strategy

Recommendations in detail

Pillar for consumer experience

Key findings of the Taskforce

The Taskforce found gaps in the availability of trusted information to support informed choice for women.

Empowering women to make informed decisions about their antenatal, intrapartum and postnatal care is essential to improving their experience and outcomes. To achieve this, women need access to clear, comprehensive, and easily accessible information about maternity care options across Victoria. When well-informed, they are more confident and supported in making decisions about their care.

Equally important is the need for health services to actively listen to and respect women's voices. Decisions should not be based solely on clinical outcomes; women's experiences must be valued. This is critical to reducing birth trauma, which can have profound and lasting impacts on women and their families.

Improvements are required to strengthen feedback mechanisms to improve safety and quality in healthcare. This includes better training and support for the workforce to seek, manage, and respond to feedback from women. Formalised debriefing and psychological support following adverse events are vital steps towards reducing the incidence of birth trauma.

To enhance consumer experience, rebuild trust in the healthcare system (particularly for those women choosing to birth outside of the healthcare system) and continue engagement in maternity and newborn services, urgent action should be undertaken to:

- Incorporate continuity-of-care models
- Embed trauma-informed practices, antenatal education and informed consent practices
- Promote respect for women's birthing choices and experiences
- Ensure services are inclusive and culturally appropriate

RECOMMENDATION 1: Provide consumer-facing resources and redesign consumer feedback mechanisms so that women and families can access information, and have choice and feel respected across maternity care

Sub-recommendations

1.1 Create a My Maternity Journey resource to support understanding and choice of maternity care

High-quality consumer resources about birth options are an important factor in supporting women and their families to make informed decisions about their pregnancy and birth. This can help to empower women and their families to actively participate in shared decision-making about how, when and where they access maternity and newborn care. It is important that consumer resources are in-language, culturally sensitive and evidence based.

The Taskforce recommends the development of a consumer-facing resource, similar to the My Surgical Journey resource, to guide women and families through every stage of their pregnancy and birth journey, supporting informed decisions and helping achieve the best possible outcomes.

The resource should:

- Provide accessible information about what kinds of care women can expect from different services
- Provide information about what kinds of care women can expect in the postnatal period
- Provide information and resources to mentally and physically prepare for birth
- Link with other trusted evidence-based resources

1.2 Review and improve current consumer feedback mechanisms for maternity and newborn care

Measuring and monitoring consumer experiences is a critical component of improving safety and quality in healthcare.

In maternity and newborn services, effective feedback systems enable women and families to share their experiences across the entire care journey, from pregnancy through to postnatal care. This feedback, including both compliments and complaints, provides valuable insights into what is working well and where improvements are needed.

When combined with clinical outcomes and safety culture data, consumer feedback helps build a more complete picture of service quality. Strengthening these mechanisms will ensure feedback is captured consistently, responded to meaningfully, and used to drive continuous improvement, ultimately enhancing the safety, quality, and responsiveness of maternity and newborn care.

1.3 Develop and strengthen resources that improve service and workforce consumer engagement capability and prevent birth trauma

Strengthening workforce capability in consumer engagement is essential to delivering safer, more respectful maternity care. Effective communication and shared decision-making reduce the risk of birth trauma, support informed choice, and improve outcomes for women, babies, and families.

Equipping the workforce with the skills, tools, and resources to engage meaningfully ensures services can better respond to women's needs. In addition, providing formalised debriefing and psychological support for both women and midwives after adverse events is critical to reducing the incidence and impact of birth trauma.

1.4: Develop and implement a public health campaign about safe and respectful birthing

Safe and respectful maternity care is a fundamental expectation of women, families, and communities, yet consumer feedback and national inquiries highlight that this standard is not always consistently met. Across Victoria, women have reported experiences of feeling unheard, disrespected, or lacking informed choice in their care. These experiences can negatively impact trust in the health system, contribute to trauma, and reduce engagement with services in future pregnancies.

Developing and implementing a public health campaign about safe and respectful birthing would increase community awareness of women's rights in maternity care, promote positive expectations of care experiences, and reinforce accountability across health services. A campaign would also provide an opportunity to highlight culturally safe and inclusive care, particularly for First Nations women and other priority groups, helping to address inequities and strengthen consumer confidence.

WHAT DOES GOOD LOOK LIKE?

For women and families:

- I feel like I have choice in the type of maternity care that I wish to receive
- I feel safe, and respected to ask questions about my care and to share my experience If things go wrong
- I feel well supported by my maternity team to care for myself and my baby in the weeks following my birth regardless of where or how I give birth
- I have reliable access to maternity care close to home

For the workforce:

- The health service executive and board members in my health service understand and encourage the implementation of high-quality maternity care models
- We regularly engage with our community and change our service models in line with feedback from the women and families in our region
- Health services in my region work together to provide care to the women in our communities

CASE STUDY

'My husband stayed for first and second births but wasn't allowed for my third. He was asked to leave at 4am and told he could return at 7:30am – we lived 45 minutes from the hospital. This added extra stress on what was already a highly stressful situation.'

Consumer story

'I was unfortunately given multiple different versions of events and excuses as to what happened with my own experience. I am concerned that relationships may have hindered communication around my postnatal follow up'.

Consumer story

Pillar for access and models of care

Key findings of the Taskforce

Across Victoria, women's access to maternity services, choice of care or carers, and availability of culturally safe care vary significantly.

Women in regional and rural areas often have limited access to evidence-based models of care; for example, public homebirth programs are currently offered at only four metropolitan and one regional service. Similarly, models of care that support priority populations — such as young mothers, refugees, First Nations women, and women with complex medical, mental health, or substance-use needs — are largely concentrated in metropolitan areas, with availability varying across the state.

There is an opportunity to strengthen culturally respectful and responsive care consistently across Victoria and to improve collaboration between Koori Maternity Services and local birthing health services, including support for models such as Birthing on Country. The Taskforce found that women and midwives strongly support access to all-risk continuity-of-care models, recognising their benefits for safety, wellbeing, and trust.

Expanding the use of endorsed midwives, collaborative and midwifery continuity-of-care models, and home-based programs, such as Medical Obstetrics at Home, can further enhance choice, particularly for women in rural and regional areas. Access can also be improved through outreach services and telehealth.

To achieve greater service choice and greater system connectivity, the Taskforce recommends leveraging the newly established Local Health Service Networks (LHSNs) in Victoria. A more connected and sustainable maternity system will enable women to receive most of their care close to home while maintaining continuity as their needs evolve.

RECOMMENDATION 2: Formalise partnerships with Aboriginal Community Controlled Organisations (ACCOs) to ensure continuity of care, and provide culturally safe and responsive pathways for First Nations women and families

Sub-recommendation

2.1 Establish formal agreements, supported by sustained investment, to enshrine the First Nations-led *RISE framework*[4] in the design of culturally safe and responsive care, and to ensure accountability for maternity and newborn services' capability to achieve equitable outcomes for First Nations women and families.

Improving the consistent delivery of culturally respectful and responsive care across Victoria is essential for meeting the diverse needs of women and their families and enhancing equity of care.

A formal agreement between acute health services and Koori Maternity Services or ACCO services could provide enhance the provision of holistic care for First Nations women.

Application of the RISE framework to plan, develop and monitor Birthing on Country services is likely to result in short and long-term health gains for First Nations families.

The Taskforce recommends establishing formal partnerships through an instrument of agreement that is mutually agreed between services and ACCOs.

CASE STUDY

'Mainstream services felt cold and isolating, at times I felt unheard. Koori Maternity Services helped to give me a stronger voice.

I had no birthing support, my Koori Maternity Service midwife stayed with me.

The good relationship that Koori Maternity Services has with the birthing hospital was evident when my Koori Maternity Service midwife was able to stay long after visiting hours to support me. I needed that.

In contrast to mainstream services, Koori Maternity Services connected me more deeply with my community.'

Consumer story

WHAT DOES GOOD LOOK LIKE?

For women and families::

- I can access culturally safe maternity care no matter where I live in Victoria
- I feel safe and culturally strong
- I receive seamless interconnected care
- My maternity service and ACCOs partnership is strong to support me

For the workforce:

- My health service and partnering ACCO/s are empowered to accelerate policy and place-based progress on Closing the Gap through formal partnership arrangements
- I get satisfaction from working in a model of care that delivers culturally safe care

4 *RISE framework* – Molly Wardaguga Institute for First Nations Birth Rights.

RECOMMENDATION 3: Design and implement a statewide maternity and newborn system action plan that strengthens regional partnerships

Sub-recommendations

3.1: Design and implement a 10-year maternity and newborn system plan for the state and each LHSN

Health service planning improves health service delivery and system performance to better meet the health needs of a population. It comprises the process of aligning the delivery of existing health services to meet the changing patterns of needs and use of services. This aims to make the most effective use of available and future health resources, including funding, staff and infrastructure.

A 10-year maternity and newborn system plan is needed to set a clear vision and ensure long-term sustainability of maternity care in Victoria. The recent establishment of the LHSNs provides a unique opportunity to embed this planning at both the state and regional level. Given the diversity of Victoria's regions and the different challenges they face, this cannot be a one-size-fits-all approach.

A statewide plan, underpinned by LHSN-level strategies, will support consistency of direction while enabling flexibility to respond to regional contexts, ultimately leading to more connected, equitable, and high-quality care for women, babies, and families.

Importantly, the plan should also support increased access to upstream services that promote early intervention and prevention, and expand the reach of maternity and newborn care through telehealth and outreach models.

The statewide maternity and newborn system action plan and LHSN plans should consider the principles of the Australian Rural Birthing Index Toolkit, a resource for planning maternity services in rural and remote Australia.

3.2. Regional Level 5 maternity services provide leadership and coordination for their LHSN

As higher capability services, Regional Level 5 maternity services have the clinical expertise, workforce capacity, and infrastructure to support lower-level services in delivering safe and high-quality care.

By taking on a leadership role, Level 5 services can facilitate consistent models of care, strengthen referral pathways, coordinate workforce development and training, and provide clinical governance oversight across their network.

3.3: Uplift the regional CMC role to a regional maternity director to enhance LHSN service coordination and coordinate the actions from the system plan

The clinical midwifery consultant (CMC) role is to be reclassified to a regional maternity director, jointly funded by the region, to coordinate and strengthen collaboration.

A Regional Maternity Director would provide the senior oversight required to coordinate implementation of the 10-year maternity and newborn system plan and support alignment of services across regional and rural settings. This role would also enhance collaboration between maternity services, improve workforce planning and development, and ensure that system-level priorities are translated into practical actions at the local level.

WHAT DOES GOOD LOOK LIKE?

For women, babies and families:

- I can access the maternity care I need close to home, and I feel confident that it's safe for me and my baby.
- I can choose the model of care that feels right for me, no matter what my pregnancy is like.
- My health record follows me through every stage of my maternity journey, meaning I don't need to keep repeating my story.
- Services are set up to meet the needs of women and babies in our region, not just based on where we live.

For the workforce:

- I can confidently offer women a range of maternity options, knowing our service is equipped and backed by regional planning.
- Collaboration across services makes my job easier and improves outcomes for the families I care for.

CASE STUDY

'Midwifery continuity models should prioritise access for populations with the most to gain, including women with disabilities, refugee and migrant women, socially vulnerable women, and those facing access and equity challenges.'

Royal Women's Hospital

RECOMMENDATION 4: Provide care that is personalised and prioritises choice and experience for women, further supported by a personalised maternity digital health record

Sub-recommendations

4.1: Review and extend the Capability frameworks for Victorian maternity and newborn services to support personalised care

National reporting by the Australian Institute of Health and Welfare highlights gaps in women's access to models of care tailored to their needs, including First Nations women, refugees, and those requiring trauma-informed or continuity-of-care approaches.[5]

Continuity of care models provide greater personalised care by ensuring women are supported by the same midwife or small team throughout their pregnancy, birth, and postnatal journey. This consistency enables stronger relationships, more responsive and culturally safe care, and tailored decision-making that reflects women's individual needs and preferences.

Evidence shows models with continuity of carer provide benefits that include:

- that babies are more likely to be breastfed at six weeks and six months
- improved culturally responsive care for Aboriginal and Torres Strait Islander women
- improved outcomes for preterm birth
- a reduction in the rates of pregnancy loss and neonatal death, regional analgesia, episiotomy and instrumental birth
- less burnout, depression and anxiety for midwives
- that women are more satisfied with aspects of care.[6]

The Taskforce found that Victoria has the fourth highest proportion of maternity care models offering continuity of care throughout the entire pregnancy journey (31%), behind Queensland (38%), South Australia (37%) and the ACT (36%).[7] It also found that models that support priority populations—such as young mothers, refugees, First Nations women, and women with complex medical, mental health, or substance-use needs—are largely concentrated in metropolitan areas, with access varying across the state.

The capability frameworks for Victorian maternity and newborn services require review to extend its framework and support personalised care for Victorian women and babies.

5 MaCCS DCT – The Maternity Care Classification System.
6 Queensland Birth Strategy 2024–2030 – A guide for clinicians.
7 Maternity models of care in Australia – Continuity of carer.

4.2: Implement new evidence-based models of care that will sustain rural and regional health services to support women's choice and workforce deficits

Table 2. National and state strategic directions

Jurisdiction	Strategic direction
National	Woman-centred care: Strategic directions for Australian maternity services
NSW	Birth Trauma Inquiry Report and Response
	Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW
QLD	Queensland Birth Strategy 2024–2030
WA	WA Country Health Service Maternal and Newborn Care Strategy 2019–24
TAS	Select Committee on Reproductive, Maternal and Paediatric health services in Tasmania

The Commonwealth's Innovative Models of Care Program has funded a First Nations-led family-focused multidisciplinary model of maternity care in remote North East Arnhem Land in the NT, which integrates First Nations and western-based models of care, and supports two-way cultural appreciation for the workforce.[8]

WA has opened a midwifery-led birth centre at Bentley Hospital in Perth, with endorsed midwives providing continuity of care and data sharing across sites.[9]

The Birthing in Our Community First Nations-led all risk model of care is delivered in partnership with hospitals in south-east Queensland.[10]

Australia's first First Nations owned and midwifery-led free-standing birth centre has opened in NSW.[11]

The World Health Organization recommends midwifery models of care as a cost-effective strategy to optimise outcomes for women and newborns, with minimal use of unnecessary interventions.[12]

4.3: Develop a models of care implementation toolkit

Developing a models of care implementation toolkit will support health services across Victoria to adopt evidence-based, safe, and woman-centred approaches to maternity and newborn care.

Currently, variation exists in the way models of care are designed, implemented, and sustained across regions, creating inequities in access and outcomes. A practical, accessible toolkit would provide services with clear guidance, resources, and case examples to support consistent adoption of best practice.

It would also assist services to tailor models of care to local needs, including priority populations such as First Nations women, young mothers, culturally and linguistically diverse communities, and women with complex health or social needs.

By standardising approaches and building capability, the toolkit would strengthen system-wide implementation, promote innovation, and enhance the experience and outcomes of care for women, babies, and families across Victoria.

8 Building Stronger Communities Together – Miwatj Health Aboriginal Corporation.
9 New Midwifery Birth Centre for Bentley Hospital.
10 Birthing in Our Community – Institute for Urban Indigenous Health.
11 Development of Australia's first Aboriginal owned and midwifery-led free standing birth centre underway in NSW.
12 Transitioning to midwifery models of care: global position paper.

4.4: Prioritise a digital maternity record through the state and Commonwealth digital health record work

Evidence shows that the use of an Electronic Health Record (EHR) has demonstrated significant improvements to the collection of best-practice variables in maternity care. Additionally, it can make data in an EHR more available to relevant clinical staff with the appropriate login, and more easily retrieved than from the paper hand-held record.[13]

Electronic Health Record (EHR) explained

- An Electronic Health Record (EHR) is an integrated clinical information system that contains patient-centric, electronically maintained information about an individual's health status and care, and is made up of the:
  - Health Information Exchange – CareSync Exchange
  - Integrated Electronic Medical Records (EMR) and Patient Administration System
  - Healthcare data and analytics platform.
- The Health Information Exchange gives public health service clinicians a secure single point of access to patient health information.
- CareSync Exchange is the digital system that collates and presents key patient health information at the point of care and is view-only access.

13 Sharing of clinical data in a maternity setting: How do paper hand-held records and electronic health records compare for completeness?

CASE STUDY

'Since launching our public homebirth program over a year ago, demand has steadily increased. Many women facing cost-of-living pressures find private midwifery services unaffordable, making our public offering a vital alternative. In rural areas, access to diverse maternity care models is often limited due to workforce and geographic isolation. Our program has become a lifeline for women in our region, providing safe, supportive, and personalised care. To meet the growing demand, decrease our waitlists of 50 + women for MGP a month and ensure sustainability, it's essential to expand our Midwifery Group Practice and enhance the capacity of our midwives.'

University Hospital Barwon Health

WHAT DOES GOOD LOOK LIKE?

For women and families:

- I feel seen, heard, and respected — my care is culturally safe and reflects who I am and what matters to me.
- I stayed with the same midwife (or care team) through every stage of my maternity care, even when things got more complicated

For the workforce:

- I work in a system that values and integrates culturally safe care, and I have the training and resources to meet the diverse needs of the women I support.
- We've been able to confidently introduce new models of care at our service, using the implementation toolkit to guide us step by step.

Pillar for quality and safety

Key findings

Victoria's devolved health system creates significant challenges for the quality and safety of maternity and newborn care.

The Taskforce found that currently, many Victorian health services are developing and maintaining their own clinical guidelines, leading to wide variation in practice, duplication of effort, and inconsistency in the care women and babies receive. This lack of standardisation undermines the ability to ensure consistent, evidence-based care across the state.

Similarly, data collection and clinical information systems are fragmented, with health services using different platforms and approaches. The absence of a contemporaneous, interoperable maternity and newborn medical record limits the capacity to reliably collect, analyse, and compare data at a system level. It also creates practical barriers to care continuity when women need to transfer between services, as information is often incomplete, inconsistent, or delayed, posing a potential safety risk to women and their babies.

RECOMMENDATION 5: Standardise and maintain statewide maternity and newborn clinical guidelines

Sub-recommendation

5.1: Align and maintain statewide clinical guidance for maternity and newborn services

Empowering staff to make evidence-based decisions can reduce the incidence of adverse events. This is best achieved through the use of standardised policies and procedures that allow clinicians to provide consistent patient-centred care.[14] Clinical practice guidelines can improve care consistency, empower patients and lead to a reduction in care discrepancy, improving an organisation's safety culture.[15]

Victoria has a devolved health system, with each health service developing and maintaining its own clinical guidelines at a service level. This leads to variation in care for women and their babies across the state of Victoria and role duplication at a health service level.

Standardised maternity and newborn care across Victoria will reduce variation in clinical care across the state and improve quality and safety. It will also reduce costs to health services that are currently publishing and maintaining their own clinical guidelines.

It is important that guidelines are contemporary, evidence based and provide clinicians with a clear summary of the evidence to guide patient care.[16]

14 Standardised policies and procedures boost patient safety
15 Clinical practice guidelines: The good, the bad, and the ugly
16 Ibid

CASE STUDY

'As a clinician working within a rural maternity service, I frequently encounter challenges stemming from the lack of uniformity in clinical guidelines across different health services. Many of our doctors and midwives practice across multiple sites, and we also rely on visiting medical officers and agency staff who may be accustomed to protocols from other health services. This variation in practice guidelines such as postpartum haemorrhage management or induction of labour can lead to confusion, inconsistencies in care, and at times, compromise patient safety. '

Health service story

WHAT DOES GOOD LOOK LIKE?

For women and families:

- My health service is providing standardised evidence-based practice

For the workforce:

- I have access to standardised, high quality, clinical care guidelines wherever I work
- The standardization of clinical guidelines does not preclude the ability and expectation of my maternity and newborn service to work flexibly and responsively with ACCOs or with First Nations women and families
- I have access to a standardised escalation pathway for maternity service diversions in my region

RECOMMENDATION 6: A contemporaneous and interoperable maternity and newborn medical record, data collection, monitoring and reporting platform that provides a whole-of-system planning view and moves the system from reactive to proactive

Sub-recommendations

6.1: Create a centralised repository for collecting, monitoring and reporting maternity data

Timely access to maternity data to inform improvement and governance activities has been a challenge in Victoria. Creating a centralised repository for collecting, monitoring and reporting maternity data would assist with effective risk management and early detection of safety signals within the system.

Health data is an important part of a clinical governance toolkit that informs the Board, Chief Executive Officer and executives about health service performance, and steers clinical governance activities.

6.2: A connected medical health record system so that women are supported wherever they receive care

The use of electronic maternity health records in a maternity shared-care setting results in significant improvements to the completeness of antenatal data collection.[17] Currently, a woman's pregnancy record is captured across multiple systems, resulting in duplication in documentation and the woman having to repeat her story to multiple care providers.

Victoria's devolved health system means that health services are on multiple different medical record platforms, with many of these hybrid models using a combination of paper and electronic platforms. The woman's medical record does not follow her where she goes, making it challenging for women and their healthcare providers to readily access relevant and complete pregnancy information.

Whilst the handheld Victorian Maternity Record (VMR) aims to provide pregnant women with a standardised maternity record for their pregnancy care,[18] with technological advancements and health services increased use of online platforms, the VMR it is no longer fit for purpose.

A connected medical health record system that is accessible by all members of the care continuum, including the woman, could improve the provision of high- quality safe maternity care.

6.3: Utilise VicKey to support a seamless maternity care journey for patients and clinicians

VicKey is a secure patient portal developed by and used by Victorian health services, supported by the Victorian Department of Health, to communicate with patients and manage their care, particularly for planned surgery and specialist care.[19] It is not currently used for maternity services.

Adopting existing VicKey module functionality for health questionnaire management, interservice referral and electronic referral management in maternity care will help to ensure a seamless digital experience and support pregnant women to move between healthcare providers more easily. Additional functionality to enhance the maternity care journey can be developed on this platform.

17 Sharing of clinical data in a maternity setting: How do paper hand-held records and electronic health records compare for completeness?

18 Victorian Maternity Record

19 VicKey for Victorian health services | health.vic.gov.au.

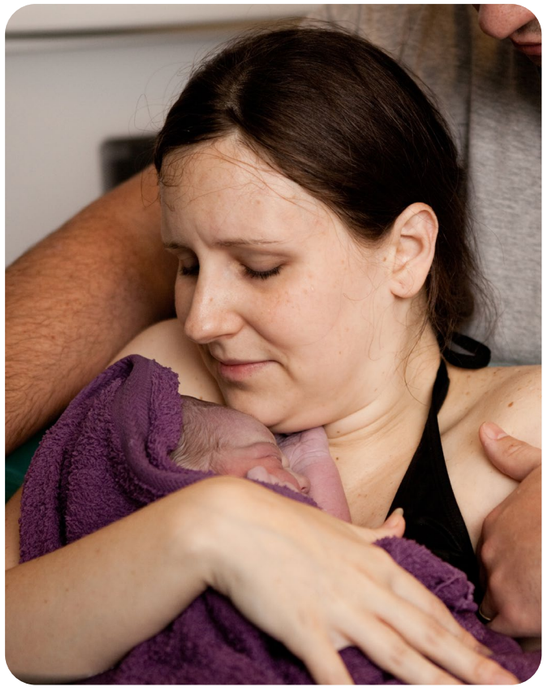
CASE STUDY

'We should be able to view BOS [Birthing Outcomes Systems] records across our own regions at a minimum.'

Regional consultations

'There is a culture of blame in the region, culture and relationship training with consumer stories like mine is needed.'

Consumer story



WHAT DOES GOOD LOOK LIKE?

For women and families:

- I don't have to retell my story every time I attend a different health service
- I am a central decision-maker in my maternity care and have access to my medical record

For the workforce:

- I can access centralised and transparent maternity data in a timely manner to inform continuous improvement in my health service
- I have access to one centralised maternity medical record that follows the woman wherever she goes
- I can safely transfer or refer women in a timely manner to other health services in Victoria

RECOMMENDATION 7: Strengthening executive and board risk identification and management of maternity and newborn risks

Sub-recommendations

7.1 Develop and implement maternity and newborn service executive and board risk and governance resources to uplift capability

The Taskforce found significant variation across Victoria in how maternity services interpret and accept risk, which can directly impact access for women and families.

Evidence indicates a reduced tolerance for risk in maternity service provision, contributing to rising rates of service closures and reductions in service capability.

While Safer Care Victoria has developed the Victorian Clinical Governance Framework[20], the sector has identified a clear need for maternity-specific guidance to support consistent decision-making and risk management.

Executive leadership and strong midwifery input are critical to the safe and sustainable operation of maternity services. Developing and implementing maternity- and newborn-specific risk and governance resources for health service executives and boards will uplift capability, strengthen accountability, and ensure more consistent and sustainable service provision across the state.

7.2 Prioritise joint LHSN governance for maternity and newborn

Joint governance across Local Health Service Networks (LHSNs) is critical to strengthening system integration and ensuring consistent, high-quality maternity and newborn care.

The Taskforce found that Victoria's governance arrangements are often fragmented, resulting in duplication, variability in service delivery, and gaps in accountability.

Prioritising joint LHSN governance will enable shared oversight of service planning, risk management, workforce coordination, and resource allocation. This approach supports equitable access, improves continuity of care across regions, and enhances system resilience by enabling coordinated responses to emerging challenges.

Strengthened governance will also provide clearer accountability structures and ensure that actions outlined in the statewide maternity and newborn system plan are implemented consistently across all regions.

7.3: Review maternity and newborn performance measures

The Statement of Priorities (SoP) are the accountability agreements between Victorian public healthcare services and the Minister for Health. The mechanisms used by the department to monitor health service performance against the SoPs are outlined in the department's Performance Monitoring Framework for Victorian health services.

All Victorian public healthcare services agree to SoP, annual accountability agreements between Victorian public healthcare services and the Minister for Health. They outline key performance expectations, targets and funding for the year, as well as government service priorities. Health services have expressed the need for review of potential maternity and newborn Performance.

Currently, there are no specific maternity and newborn measures in the Performance Monitoring Framework. There is opportunity to review potential measures to be included going forward, to assist in providing clear expectations to the sector for the provision of maternity and newborn services.

20 Victorian Clinical Governance Framework.

7.4: Strengthen Regional Maternal and Perinatal Morbidity and Mortality Committees

All health services providing maternity and newborn services are required to review all maternal and perinatal morbidity and mortality events locally, in alignment with the Perinatal Society of Australia and New Zealand's Clinical Practice Guideline for Care Around Stillbirth and Neonatal Death.[21]

The Regional Maternal and Perinatal Mortality and Morbidity Committees provide an additional layer of review for all public health services in regional and rural Victoria. In 2020, management of the Regional Maternal and Perinatal Mortality and Morbidity Committees transitioned from The Royal Women's Hospital to the six Level 5 health services in the state. Each region has an obstetric peer from a Level 6 tertiary maternity service, a midwifery peer from a Level 5 or Level 6 service, and a Level 6 neonatologist allocated by PIPER, who attend each committee meeting. Currently, the obstetric peer is the only attendee who is remunerated for their attendance at this meeting.

7.5 Appoint a Victorian Chief Midwife and Chief Obstetrician

There are several Chief Clinical Officers within SCV and the department who lead key projects, provide expert advice to government executives and ministers, and act as central escalation points for professional quality and safety matters. They also provide professional leadership to their respective sectors, with roles such as the Chief Mental Health Nurse and Chief Paramedic Officer already established. However, maternity and newborn care currently lack dedicated representation, with no standalone Chief Midwife or Chief Obstetrician in place.

The appointment of a Victorian Chief Midwife and Chief Obstetrician would provide dedicated statewide clinical leadership to strengthen governance, consistency, and accountability across maternity and newborn services.

21 Care Around Stillbirth and Neonatal Death - Clinical Practice Guideline

CASE STUDY

'The clinical governance committee chair needs to be a clinician as non-clinicians have a lower risk appetite.'

Regional consultations

'We need oversight as a region when services are on diversion so that we can work together to make sure one of us is open to birthing women.'

Regional consultations

WHAT DOES GOOD LOOK LIKE?

For the women and families:

- I can get access to the maternity care I need, as close to home as possible

For the workforce:

- There is a strong safety culture in my health service
- The performance measures in my health service have been co-designed with subject matter experts to meet the needs of the woman and the sector
- There is a standardised mandated process, inclusive of peer review, for sentinel event reviews in my health service
- The executive and board members in my health service are confident in maternity risk management
- There is a chief Midwife and Chief obstetrician supporting the implementation of the taskforce recommendations in Victoria

Pillar for workforce

Key findings

A sustainable, skilled, and well-supported workforce is central to delivering safe, high-quality maternity and newborn care. High-quality, contemporary approaches to workforce planning and implementation are needed to meet the changing demands on the health system, particularly as demographics shift and models of care evolve.

Effective planning not only prepares services to address future challenges, but also enables opportunities to improve how we use our diverse and skilled workforce.

The Taskforce found that current systems lack maternity-specific workforce planning. This limits the ability to effectively address gaps in supply, capability, and distribution across regions, and to ensure that the maternity workforce is supported to provide care where it is needed most.

In addition, as the maternity workforce evolves, existing workforce initiatives are not sufficiently tailored to their changing need, which reduces the ability to build a sustainable pipeline of skilled professionals into the future.

Reports such as Midwifery Futures: Building the Australian Midwifery Workforce and FUSCHIA – Future Proofing the Midwifery Workforce in Victoria highlight the urgent need for targeted strategies to address burnout, improve retention, and ensure the long-term sustainability of the midwifery workforce in Victoria. These reports emphasise key themes including leadership

and governance, workforce expansion and support, workplace conditions and career pathways, cultural safety and education, and improved data and workforce planning.

Building on this, the Taskforce identified significant opportunities for Victoria to strengthen maternity services by enabling clinicians, particularly midwives, to work to their full scope of practice; expanding the use of endorsed midwives and nurse practitioners to increase workforce capacity; and enhancing midwifery leadership and collaboration across LHSNs.

Together, these strategies will not only support workforce attraction and retention but also optimise care models through innovative and sustainable approaches.

RECOMMENDATION 8: Establish data systems to collect and monitor maternity and newborn workforce deficits that determine sustainability of services

Sub-recommendation

8.1 Establish a statewide maternity workforce database

At present, there is no comprehensive, real-time system that captures maternity-specific workforce supply, distribution, skills, and capability across Victoria. This limits the ability to anticipate workforce pressures, respond to emerging service needs, and ensure that women and families have equitable access to safe care, regardless of where they live.

A centralised database would enable better identification of regional shortages, guide training and education pathways, and support targeted investment in priority areas. Importantly, it would also allow workforce trends to be tracked over time, strengthening the capacity to proactively manage risks and plan for future demand.

CASE STUDY

'Shortfalls in staffing meant that two of the health services in my region were unable to support my birth, subsequently I was diverted to a hospital 45 minutes from home and subsequently my baby was born before I arrived at the health service'

Consumer story

RECOMMENDATION 9: Develop a maternity and newborn workforce plan and implementation strategy for the Victorian maternity and newborn system

Sub-recommendation

9.1 Extend Victoria's Health Workforce Strategy with a maternity and newborn workforce plan

There is significant opportunity to strengthen workforce sustainability and flexibility by leveraging the LHSNs and the broader continuum of services. For example, this may include sexual health hubs, women's health clinics, maternity and child health services, early parenting units, and Koori Maternity Services.

A more integrated, system-wide approach would support a shared workforce, reduce duplication, and enable more connected and responsive care for women and families.

WHAT DOES GOOD LOOK LIKE?

For women and families:

- I trust that the service where I plan to give birth will be ready and able to provide safe care for me and my baby.

For the workforce:

- I feel proud of the care I provide and find real personal satisfaction in my work.
- I work in a safe, supportive environment with a team that shares the same vision for women and families.
- I can practise to my full scope, and my skills and contribution are recognised and valued.
- I have access to clear pathways and the support I need for ongoing clinical training and development.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