


Response to recommendations


Priority Recommendations

- A1  An integrated system of maternity services should be introduced into the Northern Territory covering all government funded services for antenatal, birthing services and postnatal care. The model of care should recognise that pregnancy is a normal process, that women have a right to choose who cares for them and where they have their baby, and patient care should be inclusive and participatory and provide continuity of care of high risk and low risk women as detailed in the Framework below.

The proposed Framework for an Integrated Maternity Service model has been provided by the Consultants and provides a blueprint for the evolution of services.

A Clinical Reference Group will be established to further discuss, progress and refine the proposed model to determine what aspects of the model can be applied across the Northern Territory.

Birthing is a health service and continuity of care is an objective for all health services provided. New services have been introduced to increase birthing options for Territory women in the major urban centres. Work to develop an integrated model will focus on better linking services.

- A2  Director of Maternity Care Services should be appointed, reporting directly to the Chief Executive Officer of the Department of Health and Community Services and supported, at least initially, by a Territory wide Advisory Committee.

Two new positions to enhance leadership in obstetric and maternity services will be created.


The Director of Obstetric and Maternity Services will have a dual function. Firstly to lead and implement appropriate change at Royal Darwin Hospital and across Northern Territory hospitals in the provision of maternity services and secondly to lead the establishment of integrated maternity services across the Northern Territory. The position will be a specialist obstetrician and gynaecologist who will have experience in integrated maternity services in Australia or overseas.

A second position will be established within the Health Services Division to work in partnership with the Director of Obstetric and Maternity Services and will be a midwife who also will have significant experience in integrated maternity services.

A Clinical Reference Group for Maternity Services across the Northern Territory will also be established, led by the Director of Obstetric and Maternity Services, with membership drawn from key stakeholders and clinical experts within the Northern Territory, including consumer representation.

This recommendation involves major organisational change because of the complex relationship and shared responsibilities between Acute Care and Community Health.

The Director of Obstetric and Maternity Services will report to the Assistant Secretaries of Acute Care and Health Services as an interim arrangement to ensure effective change management at the operational level. This interim reporting structure will be assessed after 12 months to ensure the direction set for maternity services is being met. The Chief Executive Officer of the Department of Health and Community Services commissioned the Review of Maternity Services and will monitor the progress of the development of an Integrated Services Framework.

- A3  The Director of Maternity Care Services to be responsible for implementing an integrated system of maternity services across the Northern Territory.

Primary responsibilities would include:


- Development of policies and protocols
- Appointment of a business manager to assist progress and oversight the development of a services plan and a business plan with identified outcomes and timelines
- Overall budget management
- Coordination of data systems
- Oversee recruitment of medical and midwifery staff
- Supervision of medical training programs
- Oversee clinical governance
- Coordination of specialists' visits to remote communities
- Liaison with service providers, specialist and primary care including MSOAP.

The Department of Health and Community Services supports the establishment of a new leadership position as outlined in the response to A2.


Maternity services within the Department of Health and Community Services are presently provided across five hospitals, remote health centres and community care centres in liaison with General Practitioners, private obstetricians and community groups.

The job description for the Director's position will focus strongly on leading the necessary changes to implement an Integrated Maternity Service Framework, such as policy and protocol development, clinical governance and improved coordination between services.

Direct line management of obstetric and maternity services will continue to be provided within existing management structures in hospitals and community based services.

- A4  Agreement should be reached between the Northern Territory Department of Community Services, Aboriginal Community Controlled Health Services and other maternity health services on protocols and guidelines for services to support an integrated system eg. ACM/RANZCOG.

Agreed and to be part of the development of the Framework.

- A5  The development of an integrated patient record system and improved data collection and information sharing. A linked patient information system needs to be established as a priority across all services to ensure that patients who frequently move through various services and their caregivers are given the best chance of appropriate diagnosis and care. This should take account of current developments for the e-health NT shared Electronic Medical record system currently being developed. It should also be supplemented and supported by hand held record systems particularly in remote areas.

The Northern Territory is leading Australia in the development of eHealth initiatives, particularly the consumer participation rate per population.

eHealthNT initiatives will resolve this matter for maternity and all other patients. Presently over 21,000 Northern Territory residents are registered with the Shared Electronic Health Record, the majority being Indigenous Territorians. The service is being introduced in stages into urban Darwin.

In the short to medium term the possibility of further introduction of hand held records should be examined. Such records have successfully been utilised by Nganampa Health and shared care records are used by GP's.


- A6  Group Midwifery Practices need to be established immediately in Darwin and Alice Springs as an integral part of maternity services incorporating home birthing services.

The suggested Group Midwifery Practice involves continuity of midwifery care within a multi-disciplinary team that includes Midwives, Obstetricians, General Practitioners and Allied Health Professionals.

The Department of Health and Community Services supports the establishment of Group Midwifery Practices as an evolution of the current Community Midwifery Practice. However a number of unresolved legal and practice issues remain, particularly in relation to homebirths, that need resolution prior to incorporation of these services with obstetric services.

Home birthing provides mothers with birthing options and is supported by the Northern Territory Government and the Department of Health and Community Services. A key role of the Clinical Reference Group will be to work through the issues surrounding home births and develop an action plan regarding the inclusion of home births into Group Midwifery Practices.

The establishment of a Community Midwifery Practice in Alice Springs is underway as part of the 2008/09 budget and fulfills a Northern Territory Government election commitment.

- A7  Obstetric services at Royal Darwin Hospital need to be restructured so that they are able to become both an integral and pivotal part of an integrated maternity services system. Priority initiatives are detailed in the Framework below.

The establishment of a leadership position in the Director of Obstetric and Maternity Services, will lead the inclusion of obstetric service delivery in a new integrated approach to maternity services. In 2007, a realignment of management structures occurred at Royal Darwin Hospital that includes improved divisions of patient services including maternal and child health.


Clinical Services Recommendations

- B1**  Obstetric practice to move from a medical model to a more inclusive participatory, integrated and client-friendly model of care, based on continuity of care and carer.

This is a key focus for the new position of Director of Obstetric and Maternity Services and for the Clinical Reference Group to implement an Integrated Maternity Framework.

- B2**  Initial antenatal consultation to be by self-referral to a midwife or General Practitioner or District Medical Officer.

Self-referral to a midwife could be supported on the basis that protocols are developed and endorsed by midwives and obstetricians. This recommendation will be considered by the Clinical Reference Group.

- B3**  Collaborative referral mechanisms which ensure ease of transfer between midwives/GP's/DMO's/obstetricians to be agreed and implemented.

The recommendation will be considered by the Clinical Reference Group.

- B4**  For low risk women:

B4a Whenever feasible, care should be provided as close to home as possible.

Supported.

B4b Group Midwifery Practice incorporating home birth, to be implemented in Central Australia based at Alice Springs.

See Response for A6.

B4c The Community Midwife Practice in Darwin to be expanded to include the home birth service and become a Group Midwifery Practice, with the administration centre in the new Birth Centre at Royal Darwin Hospital.

See Response for A6.

B4d The development of protocols that allow low risk women to make a decision about place of birth at any stage of the pregnancy.

The new leadership positions will drive the development of protocols for low risk women. Existing and available public services and private health insurance will also inform the choices.

B4e A pilot study of birthing at Tennant Creek Hospital to be conducted to provide for women of the Barkly region. The pilot to have stipulated outcome measures particularly with reference to the safety for mother and baby and be reviewed at six, 12 and 18 months.

Patient health and safety concerns are paramount. Before a pilot study of birthing can be undertaken a number of prerequisites need to be met, such as on-site access to a stable workforce of experienced obstetric, midwifery, surgical, anaesthetic and paediatric staff, access to a fully equipped operating theatre and access to timely medical retrieval services.

Nonetheless, this is an important matter to be reviewed by the Clinical Reference Group, as the above issues are resolved with time.

B4f A pilot of birthing “on country” to be conducted in one or two of the communities (eg Maningrida, and /or Wadeye). The pilot to have stipulated outcome measures particularly with reference to the safety of mother and baby and be reviewed at 6, 12 and 18 months. If successful the program should be continued within the community and extended to other communities assessed as being suitable for the program.

Patient health and safety are paramount. Conducting a pilot of birthing “on country” could only be undertaken for low risk women if a stable workforce of experienced midwifery staff were working in the Community, there was guaranteed access to experienced medical staff with obstetric expertise and guaranteed access to timely medical retrieval services.

In addition, further consultation with indigenous women and the communities would need to be undertaken to ascertain how they feel about conducting a pilot of birthing “on country.”

The viability of providing a birthing on country service is dependent on the number of low-risk births that can take place. Staff need to manage a significant case load to maintain currency in their clinical skills and expertise. The Clinical Reference Group will routinely consider the viability of such services into the future.

B5  For high risk women:

B5a The high risk clinics at RDH and Alice Springs Hospital (ASH) to be further developed so that the medical team includes obstetricians and physicians with a specific interest in high risk pregnancy, easy access to anaesthetists and paediatricians providing neonatal care.

The Clinical Reference Group will consider this recommendation.

B5b These high-risk clinics to be multidisciplinary and include as part of the team a designated midwife and an Aboriginal Health Worker (AHW).

The Department of Health and Community Services notes the recommendation that the high-risk clinics need to be multidisciplinary and will aim for this given employment capacity, availability of staff, roles and suitable skill mix.

A trial involving Aboriginal Health Workers as part of the multidisciplinary care teams for high-risk births, will be undertaken at Royal Darwin Hospital, under the auspice of the Clinical Reference Group.

B5c The high-risk clinic team to be involved in the inpatient care as well as the outpatient management of high-risk women to ensure continuity of care.

The Clinical Reference Group will consider this recommendation and the feasibility based on rostering obligations.

B5d The high risk clinics to be held at a time during the week which allows expedient access to other diagnostic services so that assessment can be completed and women from rural and remote areas are not absent from their homes for longer than necessary.

The individual hospitals within the Northern Territory hospital network will implement this recommendation.


- B6**  One of the positions in large communities and/or zones to be designated as a midwife position to be responsible for the provision of antenatal and postnatal care in the community/zone.

This recommendation will be assessed within the normal budgetary processes.

- B7**  AHWs should be “teamed” with the designated midwife positions in both the remote areas and the Group Midwifery Practices in Alice Spring and Darwin to ensure the cultural safety of Aboriginal women.

Aboriginal Health Workers are already involved in the provision of antenatal and postnatal care in many remote communities.

The establishment of Aboriginal Health Workers or Aboriginal Liaison Officer positions in the Group Midwifery Practices will be considered by the Clinical Reference Group.

- B8**  Arrangement for the provision of antenatal education should be examined to ensure access to education for all women.

This recommendation will be considered by the Clinical Reference Group.

- B9**  Patient held records be employed and the staff and women be educated in their effective use.

See Response A5.

- B10**  The appointment of a Territory-wide Advisory Committee to provide advice and support to the Director at least in the initial stages of implementation of the new model.


A Maternity Services Clinical Reference Group (CRG) will be established.

The CRG will be led by the Director of Obstetric and Maternity Services with membership drawn from key stakeholders and clinical experts within the Northern Territory and include consumer representation.

The key functions of the CRG will be to shape existing services into a more integrated service and to plan future services based upon the needs of the population and changes in the health system. The CRG will develop a Strategic Plan for Maternity Services.

The CRG, via the Chair will make recommendations and provide advice and information to the Assistant Secretary Acute Care and the Assistant Secretary Health Services Divisions about the provision of maternity services.


Clinical Governance Recommendations

- B11**  The Northern Territory Government to institute a statutory requirement for the reporting of maternal deaths (including those associated with an anaesthetic) and perinatal mortality.


The Department of Health and Community Services will assess current reporting obligations, national and NT requirements, and institute relevant systems, and explore if legislative change is required.

There is already a requirement in the Coroners Act that all deaths occurring in the Northern Territory that appear to have been unexpected, unnatural or violent or to have resulted, directly or indirectly from an accident or injury or that occurred during an anaesthetic to be reported.

Investigable deaths, under the purview of the new Children's Commissioner, will be referred to the Child Death Committee.

- B12**  Maternal and perinatal morbidity and mortality data to be analysed and reported in a timely manner, at hospital and NT level, to facilitate the discussion and improvement in patient safety and quality of service provision and improved outcomes.

The Perinatal Information Management Group (PIMG) will consider this recommendation. Clinical audits at hospitals will continue and outcomes form part of total hospital reporting to NT Hospital Network Quality and Safety Group.


- B13**  The data collected by the Midwives Notification System should be reviewed to ensure that it is relevant and will provide information about outcomes and clinical management for mother and baby and to guide decision-making about service delivery. The data should be analysed, its accuracy assessed, and remedied if necessary, and made available at least annually immediately following the completion of the year.

See Response B12 above.

The PIMG can also progress this work.

- B14**  A congenital malformations register be implemented.

See Response B12. The PIMG can also progress this work.

- B15**  As a matter of urgency, measures to be taken to improve the medical culture and professional relationships both within the Division of Maternal and Child Health at Royal Darwin Hospital and externally eg the establishment of a Health Collaborative Peer Group or other team building program.

Royal Darwin Hospital management and the new leadership position at Royal Darwin Hospital will have a role in addressing culture issues. This recommendation will need to take into account other assessments of the hospital services, including one by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) who commented that the working relationship between midwifery staff and medical staff is a good one.

- B16**  Formal credentialling procedures to be implemented for all professional staff.

Credentialling of specialist medical staff is fully supported.


A Northern Territory Hospital Network Medical Credentialling policy is in place and a Credentialling Committee has been established. The Credentialling Committee requires all medical staff be credentialled prior to commencing employment.

- B17**  All incidents in the already identified reporting criteria be entered into the Australian Incident Management Systems (AIMS).


Reporting through the Australian Incident Management System is part of hospital protocol and all clinical incidents should be reported through this system.

- B18**  All reportable incidents must be investigated, discussed widely in a multidisciplinary setting and actions for improvement documented, implemented and monitored.

Incidents reported via the Australian Incident Management system will vary in severity. Improved methodology will be used to report and investigate all reportable incidents and where appropriate, specific incidents will be discussed in a multidisciplinary setting.

- B19**  Hospital-based monthly perinatal mortality and morbidity meetings involving all professionals – obstetricians, midwives, paediatricians, Aboriginal Health Workers and staff in training with the aim of assessing gaps in care and improving systems.

The Directors of Medical Services at each hospital to assess this recommendation.


- B20**  A standardised system for collecting hospital-acquired infection rates to be developed and implemented as a matter of priority. The information should be reported to hospital departments and measures put in place to address the problems identified.

A standardised system for collecting hospital-acquired infection rates already exists. All five network hospitals use CareSys to collect hospital acquired infection rates. Infection Control Staff then extract the data from CareSys to produce a range of reports that are tabled and discussed at the hospital level at the Infection Control Committee or similar.


Workforce and Education Recommendations

- B21**  The RANZCOG training positions to be fully accredited and filled with RANZCOG trainees at Royal Darwin Hospital and Alice Springs Hospital.

RANZCOG conducted a follow-up integrated training program review in January 2008 and supported ongoing accreditation status. The visiting site team have recommended “this site should certainly retain its RANZCOG accreditation as a rural rotation for Year 3 trainees.” Royal Darwin Hospital will undergo a formal re-accreditation visit in approximately 18 months time (mid 2009).

- B22**  The employment of medical staff to be an open process with all medical positions advertised and Australian graduates employed where they meet selection criteria.


Employment on merit applies in the Northern Territory public sector, including medical appointments. The report did not reflect any practical knowledge about difficulties in recruitment to specialist positions across Australia, nor the availability of trainees and the competition with hospitals in capital cities.

- B23**  GPs/DMOs undertaking maternity care preferably should have DRANZCOG and if not should seek the early advice of specialist obstetricians.


The Clinical Reference Group will seek to progress the implementation of this recommendation and develop protocols as required.

- B24**  A midwifery leadership position at Professorial level should be established with appointment a priority.


The Department of Health and Community Services recognises the importance of this recommendation and will commence recruitment as quickly as possible.

- B25**  Designated full-time midwifery educator positions should be established at Royal Darwin Hospital and Alice Springs Hospital, and midwives with experience in education should be appointed at Katherine and Gove and Tennant Creek when birthing trial commences.

The need for these positions will be considered by Clinical Reference Group and in the normal budgetary processes.

- B27**  Professional staff to be inducted into the maternity service as a whole, with particular reference to training which provides cultural safety for women in their care. This applies to all staff including those on short-term contracts.


All new staff should participate in an orientation program followed by a workplace induction.

- B26**  Develop and implement a program of regular continuing education and upskilling for staff, with particular attention to those working in remote areas including rotation periods to the major centres. Account should be taken of a recent paper, developed in the Top End, with a suggested approach to the specific problems confronting GP obstetricians and GP anaesthetists.

A program of regular continuing education is already provided by the the Department of Health and Community Services via the Clinical Learning Branch and the Remote Pathways Program for midwives.

In addition midwives and medical staff receive an annual professional development allowance to assist with the costs associated with continuing education and to support them to maintain their skills, knowledge and competence for safe practice as a requirement of their professional registration.

The Northern Territory Government contributes \$30K per annum to support all Territory midwives and obstetricians to undertake training in advanced obstetric and midwifery care, currently provided through Advanced Life Support in Obstetrics (ALSO).

- B28**  Selection criteria for staff working in remote communities should emphasise experience in community settings, acknowledging the need for emergency skills training eg Maternity Emergency Care Course (MEC) and Advanced Life Support in Obstetrics (ALSO).

Current job descriptions require staff to have primary health care ability and offer the Maternity Emergency Care Course as part of the orientation pathway.

- B29**  The recruitment of midwives is a priority and advertising must emphasise the implementation of the new model of care.

Recruitment of all health staff is a priority.

The Department of Health and Community Services agrees that a model of care for the delivery of an integrated maternity service is required. The Clinical Reference Group will further develop the model of care from the blueprint in the report.

- B30**  Recruitment strategies should focus on midwives currently registered and living in the NT, but not practising midwifery, to return to employment in maternity services.

The Department of Health and Community Services and Northern Territory Government have active nurse recruitment campaigns. The Australian Government is also supporting nurses to re-enter the workforce.

- B31**  Encourage the recruitment of AHWs to work with midwives providing maternity services.


Agreed.

- B32**  Specific training to be provided for AHWs involved in working in maternity services.

Agreed.


- B33**  The demand for entry into the Group Midwifery Practices should be monitored to ensure resources to meet the demands.

See Response for A6.

- B34**  Contracts for the midwives working in the Group Midwifery Practices should be flexible enough to accommodate the work practices. This should include annualised hours and salary.


See Response for A6. Reference and sensitivity to EBA and effect on other nursing staff needs to be considered.

Record Keeping and Information Systems Recommendations

- B35**  Development of linked data systems to aid the analysis of maternal and perinatal mortality and morbidity along the lines of the WA-linked data system. Consideration could be given to sub-contracting the data analysis and reporting from another jurisdiction.


There is a need to consult the Department's Health Gains Unit because no other jurisdiction has been able to develop the same linked data due to a number of privacy and other issues.

The Perinatal Information Management Group (in the process of being established by Health Services Division) will consider this recommendation.

- B36**  As a matter of urgency a steering committee be formed to sort out the problems with the antenatal record, both hard copy and computer-based, and to develop a system that provides complete information about the woman's history and current pregnancy care.

See Response for A5 and B9.

The final product will meet Australian Standards for paper based health care records and eHealth guidelines.

- B37**  Any new data system should include an assessment of the potential for the eHealth NT Shared Electronic Medical Record to link service providers, scheduling and activity data that meets the need of maternity services.

Agreed.

Travel and Accommodation Recommendations

- B38**  A decision must be made about who is responsible for providing travel assistance, escorts and accommodation for women from remote areas in both emergency and non-emergency situations. We note that at the time of writing the Senate Review of Patient Assistance Travel Schemes has been released.

Patient Assistance Travel Scheme (PATS), Interhospital and Medivac Guidelines already provide clear guidelines and policies in this area.

The Australian Government has yet to provide a response to the Senate Review.

- B39**  All remote women transferring for antenatal/birthing care should have the option of an appropriate carer/escort.

The District Medical Officers are responsible for approving escorts in accordance with the Department's Patient Travel Scheme Guidelines.

- B40**  Accommodation for women should be provided as close as possible to the hospital, or preferably as part of the hospital, for the safety and protection of the women.

Providing appropriate accommodation in close proximity to hospitals is an important issue. Following a recent decrease in hostel accommodation options, the NT Government will work with the Australian Government to increase accommodation facilities close to hospitals.

- B41**  It is imperative that alternate, more appropriate and humane arrangements for the transport of women from Tennant Creek and the Barkly Region to and from Alice Springs are urgently implemented.

Acute Care to explore a range of alternative options within available public transport infrastructure.

Infrastructure Recommendations

- B42**  A birth centre to be built on the ground of Alice Springs Hospital in accordance with government policy.

Evaluation of the Royal Darwin Hospital Birth Centre is required before further development of similar facilities is considered in the Northern Territory.

- B43**  Operational and capital funding for the birth centre in Alice Springs Hospital to be sought in the next Budget.

As above.

- B44**  Funding for offices, vehicles and office support for the outreach midwives to be provided.

Health Services Division will review adequacy of the current resourcing levels with the outreach midwives.

- B45**  The purchase of ultrasound machines for the use of designated outreach midwives for dating scans in remote communities.

Will be considered within the normal capital equipment purchasing arrangements. A trial is already in place at Katherine Hospital utilising a portable ultrasound and visiting sonographer to remote communities.

- B46**  Space for maternity care in remote communities to be provided either in Clinics or the Women's Centre.

Health Services Division to consider as part of future developments of Health Clinics and subject to normal budgetary processes.

- B47**  Antenatal clinics at Alice Springs Hospital and Royal Darwin Hospital to be remodelled to allow private and client-friendly space for consultations, adequate to accommodate the numbers of patients being seen.


This will need to occur as part of the ongoing hospital redevelopment process.

- B48**  The Group Midwifery Practices at Darwin and Alice Springs be provided with appropriate infrastructure such as offices, vehicles and office support.

Acute Care Division will review current resourcing levels.


- B49**  The Casuarina Clinic site to be retained for use by the Darwin Group Midwifery Practice.

This will be assessed by Royal Darwin Hospital management to determine how best to link services to the new Birthing Centre.

- B50**  The suitability of the currently available hostels for women should be urgently reviewed, particularly with response to siting and security, and recommendations implemented.


This is a matter for the Clinical Reference Group to consider in conjunction with private providers.

Education and Women Recommendations


- B51**  Appropriate sexual and reproductive health education should be offered to all women and should commence in upper primary school, including information about the impact on pregnancy of nutrition, alcohol and drug use. This is a preventative priority in a setting where currently around 20% of women have their first antenatal visit in the third trimester.

Agreed. This level of education should be available to all women.

Department of Employment, Education and Training (DEET) is responsible for delivery of sexual health education in schools, with the Department of Health and Community Services providing technical input and support to teachers. Closing the Gap commits DEET to improved sexual health education.

- B52**  All pregnant women should have access to appropriate education about pregnancy, birth and parenting skills. It is understood a review of Childbirth Education is currently underway.

This recommendation will be further considered by the Clinical Reference Group.

- B53**  Information should be provided about service options and the potential impact on maternal and child health, to all women who are, planning to or might become pregnant in the near future.

The Department of Health and Community Services has developed a range of promotional materials that is provided to women when they attend for antenatal care.