



NSW GOVERNMENT RESPONSE

Inquiry into Birth Trauma

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INTRODUCTION

The NSW Government is committed to ensuring that women and their families receive respectful, evidence-based and equitable maternity care. Pregnancy, birth and the transition to parenthood are profound life events for women and their partners. Over 90,000 women give birth in NSW each year. For many women this life experience is positive, however the NSW Government acknowledges that some women experience birth trauma, this may be physical and/or psychological.

Through this Inquiry the NSW Government has heard of the importance of respectful, trauma-informed and culturally appropriate maternity care; the need to improve access to continuity of care models, and; the importance of connecting women to accessible information to ensure they can be actively involved in decision-making and provide valid consent.

In 2018, NSW Health commenced a comprehensive consultation process with women, their partners and community to understand what mattered most to them in relation to maternity care. This consultation, which took place over several years, included more than 18,000 women and partners who responded to two online surveys and more than 1,000 stakeholders, including health professionals and consumers, who participated in face-to-face consultations across NSW. Consultations included focus groups with young mothers, Aboriginal women and women from culturally and linguistically diverse backgrounds. A project reference group was established to provide specialist clinical, strategic and contextual advice to develop the Blueprint. This group included consumers, maternity service managers and senior obstetric, midwifery and social work clinicians, general practitioners and representatives from Aboriginal and culturally and linguistically diverse communities.

The result was *Connecting, Listening and Responding - A Blueprint for Action Maternity Care in NSW* (the Blueprint), which was published in March 2023. This policy document outlines NSW Health's commitment to improving maternity care. The Blueprint takes a holistic, life course approach to maternity care in NSW when planning a pregnancy, during pregnancy, birth, the postnatal period and transition to the community. The Blueprint's vision, goals and objectives align with the themes of the Birth Trauma Inquiry. Implementation of the Blueprint has commenced and will involve ongoing consultation and collaboration with stakeholders, including Aboriginal women and women from culturally and linguistically diverse backgrounds.

Considerable commitment has been made or is in progress to improve NSW maternity care including:

- *Brighter Beginnings* - a \$376.5 million cross-agency collaboration to improve outcomes for NSW children and their families in the first 2000 days, from pregnancy to school age.
- A \$130.9 million *Family Start Package* to boost lifelong maternal and child health, which includes the Waminda Birth Centre and Community Hub.
- *Pregnancy Connect* - a \$6.19 million investment to improve access to specialist maternity care and the safe transfer of women who require higher levels of care.

- A review of the *SAFE START* policy to ensure evidence-based psychosocial and mental health screening and referral of women to specialist support services as required.
- Development of a guideline, *Perinatal Loss*, to strengthen bereavement support to parents who experience pregnancy or newborn loss.
- Establishment of the *Maternity Co-Leadership Model* to ensure senior midwifery and obstetric leadership in each local health district.

The NSW Government is also taking steps to strengthen the health workforce, to ensure ongoing delivery of high-quality and culturally responsive care by:

- Providing more than \$2.5 billion over four years in the FY2023-24 NSW budget to recruit and retain more skilled nurses, midwives, allied health workers and clinicians including \$419.1 million to recruit an additional 1,200 nurses and midwives by 2025-26 to implement Safe Staffing Levels in our public hospitals.
- Investing \$121.9 million over the next five years to provide healthcare students with study subsidies.
- Doubling the incentives available to healthcare workers when relocating to remote and rural areas from \$10,000 to \$20,000 and
- Delivering a boost to take home pay for more than 50,000 healthcare workers through increased salary packaging benefits.

The NSW Government has reviewed the recommendations of the Committee's Final Report and thanks the Committee for their detailed review into birth trauma. Out of the 43 recommendations:

- 42 are supported in full or in principle
- 1 is noted.

The specific recommendations of the Committee are addressed in the following section.

RESPONSE TO RECOMMENDATIONS

RECOMMENDATION 1

That the NSW Government fully fund and implement programs, policies, and strategies to address all ten goals and associated objectives from Connecting, listening and responding: A Blueprint for Actions – Maternity Care in NSW as soon as practicable and ensure ongoing evaluation of the effectiveness of these programs, policies and strategies.

Position	Supported
Response	<p>NSW Health published <i>Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW</i> (the Blueprint) in March 2023 following an extension consultation period. The Blueprint aims to strengthen maternity care services to ensure they are collaborative, equitable and woman-centred, while acknowledging and striving to address the contemporary organisational challenges for maternity care in NSW.</p> <p>An Information Bulletin (IB2023_006) was published on 1 March 2023 to outline key actions for local health districts and speciality health networks to implement the Blueprint.</p> <p>To assist with implementation of the Blueprint, two committees have been established:</p> <ul style="list-style-type: none"> • NSW Health Maternity Expert Advisory Committee • NSW Health Maternity Consumer Reference Group. <p>The NSW Government supports the full implementation of the Blueprint's goals and objectives; however, notes that due to its ambitious nature, full implementation will take several years.</p>

RECOMMENDATION 2

That the NSW Government:

- *investigate if the membership of the expert advisory consumer reference groups can be made public, and that the minutes of the meetings of these groups are made available online after each meeting if permitted*
- *publish information about the Terms of Reference of the NSW Health Maternity Expert Advisory Group and the NSW Health Maternity Consumer Reference Group, and provide updates on the implementation of Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW.*

Position	Supported
Response	<p>The NSW Government will design a webpage to provide a regular communicate on the implementation of <i>Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW</i>.</p> <p>In addition, the webpage will contain information on the NSW Health Maternity Expert Advisory Group and the NSW Health Maternity Consumer Reference Group, including the Terms of Reference, information about membership and implementation priorities of both groups.</p>

RECOMMENDATION 3

That the NSW Government review and evaluate clinical practices in other jurisdictions, including the Queensland Birth Strategy, to identify findings that could be integrated into Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW.

Position Supported

Response The NSW Government regularly reviews and evaluates clinical practices in other jurisdictions to determine any learnings for potential implementation in NSW to improve maternity care provision. This includes regular formal meetings with other jurisdictions including:

- Inter-Jurisdictional Committee – a meeting of safety and quality officials to collect, review and report on national safety and quality issues, policy development and implementation and inform health departments and ministries of new policy directions.
- Tri-State Meetings – quarterly meetings with NSW, Queensland and Victoria with representatives from their state Clinical Excellence Commissions.

As part of the development and update of all NSW Health maternity policies and guidelines, a comprehensive review and analysis of evidence-based research and information occurs. This process also includes reviewing the clinical policies and guidelines of other jurisdictions. NSW Health’s Agency for Clinical Innovation Chairs the *Clinical Guidelines – Interstate Collaborations* meetings which occur every 8 weeks. All Australian jurisdictions are represented at this meeting.

The Queensland Health Chief Midwifery Officer has advised NSW Health that the *Queensland Birth Strategy* (as referenced in the Inquiry Report) has been rescinded. NSW Health will continue to liaise with inter-jurisdictional colleagues to review and evaluate clinical practices.

RECOMMENDATION 4

That the NSW Government consider further research into the benefit and difficulties of legislating with respect to the birthing experience, including operating with the existing law of medical negligence.

Position Supported in principle

Response The NSW Government notes that the laws relating to negligence is governed by the *Civil Liability Act 2002 (NSW)*. While no immediate legislative changes are planned, the NSW Government will continue to monitor this area of healthcare, as with all aspects of care, to determine if changes are needed and ensure they are supported by best practice models.

The NSW Government will consider further research into the benefits and difficulties of legislation related to birthing experiences and medical negligence.

RECOMMENDATION 5

That the NSW Government improve mental health support for women and families affected by birth trauma by:

- *including psychological support in public postnatal care*
- *ensuring that parents have access to psychological support beyond the immediate post-partum period*
- *reviewing the funding needs of services currently offering specialised helplines for birth trauma counselling and committing to providing the level of funding and support required*
- *advocating to the Australian Government to increase Medicare-rebatable psychological support for new parents to reduce gap fees and enable access to the number of sessions clinically required.*

Position	Supported in principle
Response	<p>The NSW Government is committed to supporting all women’s mental health and emotional wellbeing during pregnancy and the postnatal period, including women affected by birth trauma. This aligns with <i>Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW</i> (the Blueprint) objectives:</p> <ul style="list-style-type: none"> • 4.1: Women are connected to accessible antenatal education that includes psychological preparation for parenthood and breastfeeding. • 10.2: Women are provided with individualised postnatal care. <p>Mental health support, including psychological support and culturally safe care, is part of routine care provision by NSW Health maternity and child and family health services. All women are offered universal screening via the SAFE START program (which commenced in 2009), which assists with the identification of women who may benefit from specialised mental health care and treatment. This aligns with <i>the Blueprint</i> objective:</p> <ul style="list-style-type: none"> • 7.1: Women with additional needs are identified early and referred to services to ensure access to specialist care when needed. <p>Specialised support care and services may include referral to:</p> <ul style="list-style-type: none"> • social workers and/or psychologists • perinatal and infant mental health services – specialist community-based services that support women and new parents for up to 2 years post birth. • Mother and Baby Units – the NSW Government has invested in two new 8-bed units at Royal Prince Alfred and Westmead Hospitals. <p>The NSW Government has partnered with the Australian Government through the Bilateral Mental Health and Suicide Prevention Schedule (2022-2026). Through this partnership NSW Health is enhancing perinatal mental health screening, data collection, and reporting. This includes addressing gaps identified in the SAFE START program review and expanding the role of SAFE START coordinators.</p> <p>The NSW Government recognises the Australian Government provides Medicare rebates for 10 individual mental health services per calendar year, via the Medicare Benefit Schedule Item 80110. The NSW Government will advocate for a review of this item number’s fee and</p>

number of services claimable per calendar year in line with this recommendation.

See Recommendations 33 and 36 for further comment.

RECOMMENDATION 6

That the NSW Government fund postpartum services, including physiotherapy and supported exercise programs, to support those who acquire a pelvic floor injury as a result of birth.

Position	Supported in principle
Response	<p>Strengthening referral and follow-up protocols of women requiring physiotherapy during pregnancy and/or postnatal period has been identified in <i>Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW</i> objectives:</p> <ul style="list-style-type: none"> • 7.1: Women with additional needs are identified early and referred to appropriate services to ensure access to specialist care when needed. • 10.2: Women are provided with individualised postnatal care. • 10.3: Postnatal care is strengthened through co-design with women to ensure linkages into appropriate pathways to meet their long term health and wellbeing needs. <p>While most local health districts provide women’s health physiotherapy services, there are opportunities to enhance their capacity to meet the needs of women during and following pregnancy.</p>

RECOMMENDATION 7

That the NSW Government make breastfeeding education accessible for parents, and ensure education is provided to maternity health practitioners on breastfeeding support.

Position	Supported
Response	<p>The NSW Government acknowledges the health benefits of breastfeeding for both women and their babies and is committed to increasing the number of women who initiate breastfeeding and the duration of breastfeeding. Provision of breastfeeding education to parents and maternity health practitioners is crucial to achieving this.</p> <p>The NSW Government continues to invest in breastfeeding policy development, social media campaigns and website content development (both NSW Health and local health districts) to ensure women, families and health professionals have access to evidence-based information and clear pathways to breastfeeding support.</p> <p>NSW Health partners with the Australian Breastfeeding Association through a Ministerially Approved Grant and additionally funds specific</p>

projects such as translations of the *How Breastfeeding Works* booklet and sponsorship of the Health Professional Seminar Series.

In addition, NSW Health partners with Australian Red Cross Lifeblood to provide pasteurised donor human milk to vulnerable infants in NSW Neonatal Intensive Care Units.

RECOMMENDATION 8

That the NSW Government provide funding grants specific to research into birth trauma in New South Wales.

Position Supported in principle

Response The NSW Government continues to support medical research in NSW by providing funding to support health system research priorities, through the NSW Health Translational Research Grant Scheme. The scheme offers grants to NSW Health staff that support practice-based research projects that have potential to be translated into policy and practise. It supports new approaches and models of care to support community and family health, including maternity, through a competitive, merit-based process.

RECOMMENDATION 9

That the NSW Government ensure that all women have access to continuity of carer models with a known provider.

Position Supported in principle

Response The NSW Government recognises collaboration between maternity care providers improves communication and outcomes and is essential to the provision of continuity of care and carer.

The NSW Government is committed to increasing access to maternity continuity of care and carer models as outlined in *Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW*, objective:

- 6.1: a range of continuity of care models for maternity care, including all-risk midwifery models and culturally safe continuity of care models for Aboriginal women, are available.

The NSW Government recognises that there are a range of maternity continuity of care models that include midwives, obstetricians and/or GP obstetricians and these models aim to provide a known care provider.

The Nursing and Midwifery Office continues to support the establishment and embedding of midwifery continuity of care models. This includes:

- Publication of the NSW Continuity of Care Models – A Midwifery Toolkit
- Facilitation of the ‘Midwifery Continuity of Care Community of Practice’ to share innovative models of care, provide education and support midwifery leadership to develop models of care.

The NSW Government is committed to providing culturally safe maternity continuity of care models. This includes:

- A significant financial contribution to Australia’s first ever Aboriginal owned and midwifery-led free standing birth centre, Waminda’s *Gudjaga Gunyahlamai Birth Centre and Community Hub*.
- The Aboriginal Maternal and Infant Health Service which has Aboriginal Health Workers and midwives work together to provide continuity of antenatal and postnatal care. This model is provided in over 40 sites in NSW.

It is acknowledged that there is a nationwide shortage of midwives and obstetricians. The implementation and sustainability of maternity continuity of care models are reliant on the availability of maternity workforce. The NSW Government is committed to rebuilding the essential workforce, including midwives and obstetricians through major investments to attract and retain health workers.

NSW Health has initiated the ‘NSW Nursing and Midwifery workforce modelling to 2040 project’ to establish indicative workforce requirements. This project is due for completion in 2026.

In addition to this, the \$26 million Essential Worker Attraction Program delivered by the Department of Primary Industries and Regional Development includes an innovative advertising and marketing campaign (Make the Move) to encourage health professionals to move to regional NSW and a personalised local concierge service (The Welcome Experience). This service supports workers to settle into their new regional communities, connect socially and stay longer which lessens staff turnover and encourages continuation of service in communities. The Welcome Experience is currently being rolled out in 52 LGA’s across regional NSW for a two-year program period. The Maternity Care Classification System collects data on the number and types of models of care available, however this system does not report on the number of women who access each model of care in NSW. NSW Health has commenced work to improve the data capture of maternity models of care. Once completed this data will provide an overview of the number of women who access each maternity model of care in NSW.

See recommendations 10, 11 and 29 for further comment.

RECOMMENDATION 10

That the NSW Government invest in and expand midwifery continuity of care models, including Midwifery Group Practice and all risk models, by increasing the number of services providing midwifery continuity of care, especially in regional, rural and remote New South Wales, and expanding places in existing services.

Position	Supported in principle
Response	The NSW Government remains committed to increasing access to midwifery continuity of care models.

Local health districts are responsible for planning services and developing models of maternity care to meet their local population needs, this includes regional, rural and remote NSW.

A range of factors are considered when planning and developing maternity models of care, including midwifery models, including safety, sustainability, equity and access.

There are a variety of midwifery-led continuity models of care across NSW. These models vary in structure, depending on geographic distances and availability of clinical staff. These models include:

- Midwifery Group Practice
- Aboriginal Maternal and Infant Health Service
- Midwifery Antenatal and Postnatal Service.

See recommendations 9 and 29 for further comment.

RECOMMENDATION 11

That the NSW Government invest in the GP Obstetric workforce to improve continuity of care in rural areas.

Position Supported in principle

Response NSW Health recognises the significant contribution of general practice obstetricians in NSW in the provision of maternity care and the need to invest in this workforce. The NSW Government also recognises the need to support a stable clinical workforce to support rural and regional communities, including the need to boost the number of junior doctors choosing general practitioner training.

Whilst the Australian Government holds primary responsibility for supporting primary health care services, such as general practitioners, The NSW Government is working in partnership with the Australian Government to deliver the following programs:

- The *NSW Rural Generalist Training Program*, funded by the NSW Government, supports GP trainees wishing to combine a career in rural general practice with advanced skills to be able to support hospital or acute care services in rural communities.
 - A total of 16 new positions have been committed over 4 years. In 2023, there were 54 positions, this has now increased to 58 positions for 2024. There will be 62 positions in 2025 and a total of 66 positions in 2026.
 - Obstetrics is one of the specialty areas that is funded.
 - In addition, all Rural Generalist trainees undertaking advanced skills positions in NSW also receive a \$3000 scholarship.
 - The two training colleges, the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine, determine when trainees are suitable to undertake advanced skills training. The positions are accredited by both colleges.

- The *NSW Rural General Practitioner Procedural Training Programs*, funded by the NSW Government, provides opportunities for rural GPs to acquire additional procedural skills, including obstetrics.
 - From 2023 there are 20 positions available each year, an increase from 15 positions available in 2022.
 - From 2023 these positions are now paid equivalent to Level 1 Staff Specialists.
- The *Rural Generalist Single Employer Pathway* is a single employer model that provides a tailored, coordinated employment pathway for doctors wanting to become rural generalists during their training in public health facilities and private GP practices. NSW Health funds, in conjunction with the Australian Government, 80 positions with the goal to support more trainees to enter rural generalist training by guaranteeing their remuneration and entitlements.
- The Rural Doctors Network is currently undertaking a mapping process of all advanced skills positions against the community need.
- In July 2024, NSW will commence research into advanced skills positions in NSW, utilisation of advanced skills, and barriers to entry into rural generalist training, particularly focussing on obstetrics. The intention is to make evidence-based recommendations to improve the uptake of rural generalist training and retain those with advanced skills in NSW. This initiative is funded via the Australian Government.

RECOMMENDATION 12

That the NSW Government advocate to the Australian Government for Medicare rebates for antenatal and postnatal care delivered by GPs to reflect the cost of providing quality care.

Position Supported

Response The NSW Government recognises the crucial role of general practitioners in the provision of antenatal and postnatal care. The NSW Government continues to advocate for the Australian Government to review the relevant Medicare Benefit Schedule item numbers.

RECOMMENDATION 13

That the NSW Government commit to trauma-informed care by:

- *funding and providing education and training to all maternity health practitioners on trauma-informed practice, including support to identify and plan care for women who have previously experienced trauma*
- *reviewing and improving the SAFE START screening tool to better identify risks associated with previous birth trauma.*

Position Supported

Response NSW Health published '*Integrated Trauma-Informed Care Framework: My story, my health my future*' in February 2023, as a commitment to

achieving the system-wide changes required to ensure the provision of integrated, trauma-informed care.

The *NSW Health Maternity Expert Advisory Group* and the *NSW Health Maternity Consumer Reference Group* are actively participating in the consultation and development of the implementation plan to ensure the priorities of maternity consumers, their partners and families are acknowledged and addressed.

NSW Health is reviewing the *SAFE START* policy document, this review will include consideration of the *Australian Clinical Practice Guideline: Mental Health Care in the Perinatal Period* (published June 2023) which recommends the use of routine psychosocial screening tools to gain knowledge about women’s risk of experiencing birth as traumatic.

RECOMMENDATION 14

That the NSW Government develop minimum standards for and ensure access to comprehensive evidence-based antenatal education for birthing and non-birthing parents covering all aspects of birth, including different models of maternity care, potential interventions and their rights during the birthing process. This education should be made available in a variety of modalities and in a form that is accessible to culturally and linguistically diverse communities.

Position Supported

Response Connecting women to accessible antenatal education that includes psychological preparation for parenthood and breastfeeding is objective 4.1 of *Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW* (the Blueprint). The Blueprint’s actions include:

- Develop and make available antenatal education covering topics related to pregnancy, birth and postnatal care in a user-friendly format including information about:
 - different models of maternity care
 - the possible outcomes of aspects of care during pregnancy, labour and birth
 - recovery after birth
 - strategies to support parental mental health and emotional wellbeing
 - breastfeeding
 - infant behaviours including sleep.

NSW Health will continue to explore opportunities to ensure education is available in a variety of modalities and that it is accessible to culturally and linguistically diverse communities.

RECOMMENDATION 15

That NSW Health urgently support maternity staff with appropriate local protocols and training to ensure that the Consent to Medical and Healthcare Treatment Manual is implemented.

Position	Supported
Response	<p>Ensuring women are informed of the possible outcomes of all aspects of care during labour and birth is goal 8 of <i>Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW</i> with the following objectives:</p> <ul style="list-style-type: none"> • 8.1 - Women are provided with complete, timely, unbiased and tailored information about the possible health outcomes associated with interventions during labour and birth. • 8.2 - Maternity staff and women understand the requirements for valid consent for birth related tests, procedures and interventions. <p>Section 10.2 of the <i>Consent to Medical and Healthcare Treatment Manual</i> (the Consent Manual) provides specific content regarding information and consent requirements for pregnancy and birth related tests, procedures and interventions.</p> <p>Consent training is available for all NSW Health clinicians, this includes an online module via My Health Learning, ‘<i>Consent to Medical Treatment</i>’, that explains how, when and from whom written consent needs to be obtained for medical treatment. The module includes:</p> <ul style="list-style-type: none"> • the purpose of obtaining consent and requirements for valid consent • when written informed consent needs to be obtained and who can obtain it • which resources to use to determine who can give informed consent • how to properly inform a patient about a procedure and warn of material risks • escalation processes for complex consent situations. <p>NSW Health will review and identify any barriers to implementation of the Consent Manual and prioritise opportunities to refine, develop, implement and improve local protocols and consent training for maternity clinicians to ensure implementation of the Consent Manual.</p> <p>This commitment is outlined in objective 8.2 of the <i>Blueprint for Action</i>. The action for this objective is to ‘develop and make available comprehensive guidance for valid consent for labour and birth interventions as per the <i>NSW Health Consent to Medical and Healthcare Treatment Manual</i>’.</p>

RECOMMENDATION 16

That the NSW Government review laws and consider any necessary legislative changes regarding informed consent taking into account practice in other comparable jurisdictions.

Position	Supported
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Response The NSW Government will undertake a review of existing legislation This review will take into account practice in other comparable jurisdictions.
See recommendation 4 for further comment.

RECOMMENDATION 17

That the NSW Government provide support through adequate funding to ensure all practising maternity health practitioners in New South Wales undertake informed consent training.

Position Supported

Response The NSW Government provides access to consent training to all NSW Health clinicians via My Health Learning, as well as through local training and in-services.
NSW Health will continue to explore further opportunities to refine, develop and implement consent training for maternity clinicians.
See recommendation 15 and 32 for further comment.

RECOMMENDATION 18

That the NSW Government make evidence-based birth plans freely available, as a guide.

Position Supported

Response The NSW Government recognises the importance of partnering with women early in pregnancy to develop a plan of care for pregnancy, birth and the postnatal period. This is outlined in objective 5.3 of *Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW*. The plan should consider and explore the woman's broader health needs, her preferences, choices and decisions. This plan should be respected, communicated and documented.
NSW Health will consult with the *NSW Health Maternity Expert Advisory Group, NSW Health Maternity Consumer Reference Group* and broader stakeholders to review the available evidence and co-design a care planning tool for implementation.

RECOMMENDATION 19

That the NSW Government review NSW Health, hospital and health facilities' maternity policies and guidelines around birthing interventions, ensuring that the processes for seeking genuine and informed consent are reviewed and that interventions are evidence-based.

Position Supported

Response	<p>The review of NSW Health state-wide policies and guidelines occur as part of the regular policy cycle, or when indicated by a change in evidence or clinical practice.</p> <p>NSW Health will review all state-wide policies and guidelines that involve birthing interventions to ensure alignment with the <i>NSW Health Consent to Medical and Healthcare Treatment Manual</i> and that interventions are evidence-based.</p> <p>The NSW Government acknowledges that local health districts may develop local protocols and procedures to support the implementation of state-wide policy documents. The NSW Health Policy Directive <i>NSW Health Policies and Other Policy Documents</i> (PD2022 047) states that local protocols and procedures must be consistent with the relevant state-wide policy documents.</p>
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RECOMMENDATION 20

That the NSW Government ensure that NSW Health, hospital and health facilities' policies and guidelines regarding birthing interventions are made publicly available.

Position	Supported
Response	<p>All NSW Health statewide policies and guidelines, including those that relate to birthing interventions, are publicly available through the Policy Distribution System. In addition, the Agency for Clinical Innovation publishes Clinical Practice Guidelines on its publicly accessible website.</p> <p>NSW Health local health district policies and guidelines are generally published on intranet pages that are not publicly available, though patients may request access to these at any time.</p>

RECOMMENDATION 21

That the NSW Government implement policies, guidelines and training that assist health practitioners to support a woman's birthing preferences and respect women's birth choices, including around pain relief. This should include the introduction of guidelines for women who decline recommended maternity care, similar to Queensland. These policies and guidelines should be developed in consultation with relevant professional bodies and maternity consumer groups.

Position	Supported
Response	<p>An initial implementation priority of <i>Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW</i> (the Blueprint) is for the development of a maternity guideline for ensuring informed decision making, valid consent and partnering with women who choose care outside of clinical recommendations. In addition to the guideline, associated resources will be developed for both maternity clinicians and consumers. This aligns with goal 6 of the Blueprint 'women are offered</p>

different care options, are actively involved in decision-making about their care and their choices are respected’.

The guideline and associated resources will align with *NSW Health Consent to Medical and Healthcare Treatment Manual* and will be developed in consultation with relevant stakeholders, including the NSW Maternity Expert Advisory Group, the NSW Maternity Consumer Reference Group, local health districts, professional peak bodies and broader consumer groups.

RECOMMENDATION 22

The NSW Government invest in research into evidence-based interventions and training of maternity healthcare professionals to overcome gender bias in the provision of pain relief to women to ensure timely access to effective pain management.

Position Supported in principle

Response The NSW Government acknowledges the release of the National Women’s Health Advisory Council #EndGenderBias survey results in March 2024 and acknowledges that the Australian Government is developing an action plan in response to these results.

NSW Health is reviewing the NSW Women’s Health Framework, which was published in 2019. The review will consider opportunities for improving ways to address gender bias in healthcare and align with the national action plan. NSW Health is also identifying opportunities to support gender equality through our policies, programs and services, and in our workforce through development of a *Gender Equality Action Plan*, to be published in 2025.

Goal 8 of *Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW* is that women are informed of the possible outcomes of all aspects of care during labour and birth, this includes information regarding pain relief options. This includes both pharmacological and non-pharmacological options, such as water immersion and movement.

See recommendation 23 for further comment.

RECOMMENDATION 23

That the NSW Government review guidelines and consumer information for options for pain relief, both pharmacological and non-pharmacological, during and following labour and birth.

Position Supported

Response The NSW Government will review NSW Health guidelines and consumer information for options for pain relief, both pharmacological and non-pharmacological, during and following labour and birth.

See recommendation 22 for further comment.

RECOMMENDATION 24

That the NSW Government review hospital practices to ensure that, wherever possible, parents and baby are able to remain together after birth and have skin to skin contact.

Position	Supported
Response	<p>The NSW Government acknowledges the importance of women and babies being kept together wherever possible following birth, this includes the encouragement and facilitation of skin to skin contact. The NSW Government will review NSW Health hospital practices to ensure this occurs whenever possible. This commitment is outlined in the actions of objective 10.2 of <i>Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW</i>.</p> <p>Maternity services provide opportunities for skin to skin contact in all care settings, this may include birthing suites, operating theatres, recovery units, neonatal units and postnatal maternity wards.</p> <p>When a woman or baby requires transfer to higher-level care local health districts aim to keep the mother and baby together wherever possible. If a separation occurs due to clinical need, regular and ongoing communication should occur, including the use of virtual care. These requirements are outlined in the NSW Health Guideline <i>Maternity and Neonatal Service Capability</i> (GL2022_002).</p>

RECOMMENDATION 25

That the NSW Government collaborate with consumers to co-design maternity wards to customise the birthing environment to meet the needs of individuals and their support people and ensure water immersion options are available, and ensure future maternity wards are designed with these considerations in mind.

Position	Supported
Response	<p>NSW Health uses the Australasian Health Facility Guidelines (AusHFG) to plan all maternity services including outpatient clinics, birthing suites and inpatient units.</p> <p>The AusHFG's are developed with consumer and clinician input and consider the needs of women and support people both in the birthing suite and inpatient settings.</p> <p>The inclusion of a birthing pool in all, or a significant proportion of birthing suites, is a key feature of all new developments and post occupancy evaluation learnings have been included in AusHFG updates. These guidelines now include a detailed brief on birthing suite requirements. Each AusHFG is updated every 3 to 5 years.</p> <p>NSW Health will review and enhance the involvement of maternity consumers as part of NSW Health redevelopment projects.</p>

RECOMMENDATION 26

That the NSW Government investigate expanding publicly funded homebirth services to all NSW Local Health Districts.

Position	Supported
Response	<p>The NSW Government recognises the importance of providing access to publicly funded homebirth services. The first NSW publicly funded homebirth service commenced in 2005. Since this time, access to publicly funded homebirth has expanded and is now available in 6 local health districts across NSW.</p> <p>NSW Health will continue to investigate opportunities to expand publicly funded homebirths to other local health districts. This includes through the Nursing and Midwifery Office Midwifery Models of Care Community of Practice which provides opportunities for midwifery leaders to meet regularly to share innovative midwifery models of care, including publicly funded homebirth.</p> <p>A range of factors are considered to ensure appropriate level of service for a region, including service quality, safety, sustainability, equity and access. This takes into account the needs of women and families in surrounding communities and existing services, to ensure that women's care can be provided in the right place, at the right time.</p>

RECOMMENDATION 27

That the NSW Government review the regulatory framework and funding arrangements for privately practicing midwives, including ensuring these midwives have authority to practise within hospital settings as well as hospital admitting rights across New South Wales.

Position	Supported
Response	<p>The NSW Government is committed to facilitating options for maternity care which includes supporting privately practicing endorsed midwives to have admitting and practice rights in NSW Health facilities.</p> <p>The NSW Health Policy Directive <i>Visiting Endorsed Midwife Practice</i> (PD2023_036) provides options for privately practicing endorsed midwives to apply for an Access Agreement with NSW Public Health Organisations to enable admitting and practice rights.</p> <p>It is noted that funding arrangements for privately practicing endorsed midwives occurs via the Medicare Benefits Schedule and is the responsibility of the Australian Government. It is further noted that the 2024 Australian Government Budget announced the expansion of Medicare Benefits Schedule items, relevant to privately practicing endorsed midwifery care provision. The Australian Government has advised that this will commence from 1 March 2025.</p>

RECOMMENDATION 28

That the NSW Government take steps, including training for healthcare professionals, to ensure all midwives and women who are involved in a homebirth-hospital transfer are treated with respect and dignity.

Position	Supported
Response	<p>The vision of <i>Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW</i> (the Blueprint) is that ‘all women in NSW receive respectful, evidence-based and equitable maternity care that improves experiences and health and wellbeing outcomes’. This includes women, and their midwives, during homebirth-hospital transfers.</p> <p>Resources related to respectful maternity care provision will be developed as part of the implementation of the Blueprint.</p>

RECOMMENDATION 29

That the NSW Government investigate ways, and take action to address, the midwifery shortage, including:

- *reviewing pathways to increase entry into the midwifery profession, including incentives*
- *implementation of a staffing model which ensures there are sufficient midwifery staff of an appropriate skill-mix to provide high quality midwifery care to all women and their families*
- *ensuring competitive pay and working conditions for New South Wales midwives*
- *prioritising the recruitment of midwives into continuity of care models.*

Position	Supported in principle
Response	<p>NSW Health supports two pathways to enter the midwifery profession and administers a centralised recruitment process:</p> <ul style="list-style-type: none"> • Bachelor of Midwifery – an undergraduate program. Once graduated the NSW Health <i>GradStart</i> program recruits new graduate midwives into NSW Health. • Graduate Diploma in Midwifery (or a Masters of Midwifery at some institutions). This is a postgraduate program available for registered nurses who seek to become a midwife. Students are employed within local health districts through the <i>MidStart</i> recruitment program. <p>To assist with addressing maternity workforce recruitment and retention, the NSW Government:</p> <ul style="list-style-type: none"> • Is participating in the <i>National Maternity Workforce Review</i>, which is developing a <i>National Maternity Workforce Strategy</i>. • Has initiated the ‘NSW Nursing and Midwifery workforce modelling to 2040 project’ to establish indicative workforce requirements. This project is due for completion in 2026. • Has implemented <i>Mentoring in Midwifery</i> in all local health districts. To date over 1800 midwives and midwifery students have engaged in mentoring.

- Has increased Bachelor of Midwifery student placements in NSW hospitals, since 2023. With the aim to see an increase in new graduate midwife supply from 2026.
- Is developing a *Midwifery Pathways in Practice* strategy to ensure midwives can access education and leadership opportunities which includes postgraduate scholarships.
- Is continuing to provide a range of nursing and midwifery scholarships and financial assistance including:
 - Aboriginal cadetships and scholarships
 - Undergraduate scholarships and grants
 - Postgraduate and career development scholarships
 - Re-entry to nursing or midwifery scholarships.

In May 2023, the Safe Staffing Levels Taskforce was established with key leaders from the NSW Nurses and Midwives’ Association (NSWNMA), NSW Health, and local health districts. The Taskforce have been working collaboratively to ensure the implementation of the Government’s commitment to minimum staffing levels in NSW public hospitals and 2,480 full time equivalent staffing over the coming years.

A Birthrate Plus® Review Working Group has been established under the Safe Staffing Levels Taskforce to progress the implementation of the Government’s commitment to introducing safe staffing levels for postnatal wards in maternity services and a review of Birthrate Plus®, the methodology used by NSW Health to determine the staffing requirements in maternity services.

Industrial relations, including pay and conditions of employment for midwives, are negotiated with the NSW Nurses and Midwives Association in respect to the NSW Nurses’ and Midwives’ (State) Award in accordance with the NSW Government’s Fair Pay and Bargaining Policy 2023.

RECOMMENDATION 30

That the NSW Government establish protocols for debriefing and psychological support for maternity clinicians following exposure to a traumatic birth experience, including mentoring and regular clinical supervision.

Position	Supported
Response	<p>NSW Health is committed to the health and wellbeing of its employees and recognises that traumatic births may impact on maternity clinicians. NSW Health will review debriefing and psychological support for maternity clinicians following exposures to traumatic birth experiences and consider any opportunities for improvements.</p> <p>All NSW Health employees, and their household family members, have access to confidential Employee Assistance Programs as outlined in the NSW Health Policy Directive <i>Employee Assistance Programs</i> (PD2022_048).</p> <p>The NSW Clinical Excellence Commission has developed and implemented a suite of resources to support the development of reflective practice skills. Reflective practice is recommended to all health care</p>

practitioners and is a foundational way of processing the challenges of high stress and risk that may be associated with healthcare work. Schwartz Rounds have been implemented by NSW Health as a type of structured group forum where clinical and non-clinical staff meet regularly to discuss the emotional and social aspects of working in healthcare. Schwartz Rounds provide an opportunity to take 'time-out' to reflect on work in a collegial and safe space. The purpose of Rounds is to understand the challenges and rewards that are intrinsic to providing care, not to solve problems or to focus on the clinical aspects of patient care. Rounds can help staff feel more supported in their jobs, allowing them the time and space to reflect on their roles.

RECOMMENDATION 31

That the NSW Government appoint a standalone Chief Midwifery Officer in New South Wales.

Position	Supported in principle
Response	<p>The NSW Government is committed to ensuring and supporting midwifery leadership in organisational structures across the Ministry of Health, pillars, local health districts and speciality health networks.</p> <p>Senior midwifery leadership in the Ministry of Health and pillars provide expert advice directly to the NSW Government on all midwifery portfolios, including strategy, policy, workforce, professional practice, safety and quality and population health.</p> <p>NSW Health's Chief Nursing and Midwifery Officer has long-established robust structures in place to ensure midwifery strategic direction and decision-making is informed, contemporary, evidence-based and focused on midwifery professional, practice and workforce issues. The structures include a dedicated Principal Midwifery Advisor, state-wide midwifery networks (operational and strategic), workforce committee, leadership groups, advisory panels, and formal collaborative relationships with professional colleges, university deans and key stakeholders.</p> <p>The NSW Health Maternity Co-Leadership model ensures that a senior midwife representative from each local health district is directly engaged with Ministry of Health priorities. This ensures robust midwifery leadership in all levels of NSW Health to optimise safety and quality of maternity care. Information about this model can be found in the NSW Health Policy Directive <i>Maternity – Safety and Quality Essentials</i> (PD2023_031).</p>

RECOMMENDATION 32

That the NSW Government undertake a comprehensive review of the funding of maternity care and make appropriate representations to the Australian Government following the outcome of that review.

Position	Supported
Response	<p>The Special Commission of Inquiry (SCOI) into Healthcare Funding in NSW commenced on 23 August 2023 and is currently ongoing. The SCOI Inquiry is reviewing funding of health services in NSW and how the funding can most effectively support the delivery of high quality, timely, equitable and accessible patient-centred care and health services to the people of NSW, now and into the future.</p> <p>The NSW Government will make appropriate representations to the Australian Government if applicable following the outcomes of this review.</p>

RECOMMENDATION 33

That the NSW Government ensure culturally safe maternity care is accessible for all First Nations mothers and babies by:

- *investing in and expanding Birthing on Country models of maternity care*
- *increasing the First Nations maternity workforce*
- *implementing training for healthcare practitioners to deliver culturally safe care to First Nations women.*

Position	Supported
Response	<p>Provision of culturally safe maternity care is a priority of the NSW Government. This is reflected in the first goal of the <i>Blueprint</i>, which is that women receive maternity care that is socially and culturally respectful. This goal recognises that all women have a right to woman-centred maternity care that respects their individual needs and is provided with consideration to culture, religious beliefs and right to privacy. It promotes the development of models of care that are developed in partnership with Aboriginal women and communities.</p> <p>The NSW Government continues to invest in and support various initiatives including:</p> <ul style="list-style-type: none"> • Significant funding to support the establishment of the Gudjaga Gunyahlamai Birth Centre and Community Hub in Nowra. Waminda's birth centre will be the first Aboriginal owned and midwifery led free standing birth centre in Australia. This Birthing on Country initiative supports Aboriginal mothers and babies by providing culturally safe continuity of midwifery care including antenatal, birthing and postnatal support. • Working in partnership with the Aboriginal Medical and Research Council to address Closing the Gap Socio Economic Target 2: Aboriginal children are born healthy and strong. This involves identifying/exploring:

- gaps in maternity service provision across NSW for Aboriginal women and families
- the potential expansion of the Aboriginal Maternal Infant Health Service into the Aboriginal Community Controlled Health sector
- innovative models of Birthing on Country across NSW.
- Implementation of the recommendations from the Evaluation of the NSW Aboriginal Maternal and Infant Health Service
- The Welcome Baby to Bourke ceremony in Western NSW Local Health District, a cultural ceremony with families and the Bourke community to reduce cultural disconnection and gives babies a sense of identity and belonging right from the beginning.

The *NSW Aboriginal Health Plan 2024–2034* has been developed in partnership with the AHMRC and will be launched later this year. The plan's purpose is to drive change to achieve the highest possible levels of health and wellbeing for Aboriginal people in NSW by:

- Guiding how health systems are planned, delivered, and monitored.
- Elevating the focus on Aboriginal expertise to drive shared decision-making and innovative collaborations.
- Influencing the redesign of health services to achieve health equity.
- Providing direction for the elimination of racism in all aspects of health care.
- This includes specific commitments to growing and supporting the Aboriginal health workforce, embedding cultural safety and addressing racism across all levels of the health system.

NSW Health is committed to increasing the Aboriginal maternity workforce. This includes via the:

- Aboriginal Nursing and Midwifery Strategy which focuses on increasing workforce and career development for Aboriginal nurses and midwives.
- Provision of NSW Health Aboriginal nursing and midwifery scholarships including:
 - Aboriginal Nursing and Midwifery Cadetship Program
 - Aboriginal Nursing and Midwifery Undergraduate Scholarships
 - Aboriginal Postgraduate Scholarships
 - Rhodanthe Lipsett Midwifery Postgraduate Scholarship.

All NSW Health staff (clinical and non-clinical) are required to complete mandatory training in *Respecting the Difference* modules. This includes eLearning (2 hours) and face-to-face (4 hours). This training forms part of the national standards for hospital accreditation and the NSW government's mandatory training requirements.

NSW Health staff working in maternity services have access to the *Strengthening Foundations Professional Development Program* via My Health Learning. This training covers topics such as supporting Aboriginal families during pregnancy and supporting Aboriginal families after childbirth. This series was developed using a trauma-informed framework.

RECOMMENDATION 34

That the NSW Government acknowledge and address the diverse needs of various demographics in the maternity care system by:

- *ensuring education and training for healthcare practitioners on the unique health and support needs of First Nations people, culturally and linguistically diverse communities, refugees, LGBTQIA+ individuals, young parents, individuals from rural and regional communities, individuals with pre-existing conditions and disability, and fathers and non-birthing parents*
- *designing specialised services and programs tailored to diverse demographics*
- *providing additional financial support for parents traveling from regional, rural and remote areas*
- *implementing the recommendations of the 2022 inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales.*
- *upgrading equipment and increasing accessibility for people with disabilities in maternity care spaces*
- *increasing access to antenatal education and postpartum support services for fathers and non-birthing parents, including online support groups*
- *ensuring fathers, non-birthing parents and nominated birth partners are kept informed throughout birth, to enable them to advocate*
- *ensuring access to professional interpreters with medical training and, where possible, continuity of interpreter*
- *investigating any allegations of racism and discrimination within maternity care in New South Wales*
- *providing appropriate education and training for maternity healthcare practitioners to address concerns around racism and discrimination.*

Position	Supported in principle
Response	<p>The NSW Government recognises the diverse needs and demographics of women and their families who access maternity care across NSW. Provision of respectful, evidence-based and equitable maternity care is the foundation of <i>Connecting, listening and responding: A Blueprint for Action - Maternity Care in NSW</i> (the Blueprint) Many of the Blueprint's goals and objectives are directly related to aspects of this recommendation.</p> <p>Provision of culturally appropriate health care and strengthening equitable outcomes and access for care for rural, regional and priority populations is a priority of NSW Health's <i>Future Health</i> strategy and the <i>NSW Regional Health Strategic Plan 2022-2032</i>. The Future Health report and strategic framework outline actions underway. Further actions underway by the NSW Government are outlined in:</p> <ul style="list-style-type: none"> • NSW LGBTIQ+ Health Strategy 2022-2027 and implementation plan • NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023 • NSW Refugee Health Plan - 2022-2027 • NSW Health Disability Inclusion Action Plan 2016-2019

- NSW Health Policy Directive *Responding to Needs of People with Disability during Hospitalisation* (PD2017_001).
- NSW Health Policy Directive *Interpreters – Standard Procedures for Working with Health Care Interpreters* (PD2017_044).

Education is available for health care practitioners including:

- a foundational module titled *Let's Talk Disability* which enables staff to meet the diverse needs of people with disability across NSW Health services. The module ensures that clinical and support staff are able to implement a person-centred approach, promote dignity and respect, use a variety of strategies to communicate effectively and provide access to fair and equitable services for people with disability.
- a series of nine eLearning modules titled 'Just Include me – Inclusive Health Care' to support inclusive healthcare and increase the knowledge, skills and confidence of health professionals to work with people with intellectual disability.
- Father inclusive practice (published April 2024) to upskill health staff to proactively engage, support and inform men from pre-conception to parenthood, supporting initiatives to become standard practice.

Financial support is available through the *Isolated Patients Travel and Accommodation Assistance Scheme*, to support women living in regional, rural and remote areas of NSW who are required to travel long distances to access antenatal, birthing or postnatal care, this includes eligible specialised maternity services.

The NSW Government is committed to implementing all 44 recommendations from the *Parliamentary Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote New South Wales* (Rural Health Inquiry), including two recommendations concerning maternity services. In many cases the ongoing work and commitment to address issues raised in the Rural Health Inquiry goes beyond the original scope of the recommendations to ensure safe and high-quality health care services for all residents in NSW. NSW Health is developing a *Racism Accountability Framework*. The Framework will provide specific guidance to drive the elimination of racism in health.

See recommendations 14 and 33 for further comment.

RECOMMENDATION 35

That the NSW Government ensure dedicated spaces are available for parents experiencing miscarriage or stillbirth in all healthcare settings, including private waiting rooms separate from pregnant women, new mothers and babies, and that all maternity healthcare practitioners are provided training on bereavement support.

Position	Supported in principle
Response	The NSW Government is committed to ensuring that all families who experience pregnancy or neonatal loss are provided with respectful bereavement care.

The NSW Health Guideline *Perinatal Loss* is in development and will focus on the importance and elements of sensitive and individualised bereavement care regardless of the pregnancy loss gestation or the location where the loss occurs (noting this may be in the emergency department, an operating theatre, a maternity unit or in the community).

The guideline will also specify the need to provide private waiting and clinical spaces and provide guidance for planning the location of care, including labour, birth and postnatal care. The location should be individualised and carefully consider the woman’s wishes and clinical care requirements, including access to appropriately trained clinicians, pain relief and speciality medical equipment. Where services do not have dedicated bereavement spaces, an alternative private space should be identified in discussion with the woman and provided wherever possible.

1. Planning and designing of NSW Health facilities, including emergency departments and maternity services, utilise the *Australasian Health Facility Guidelines*. These guidelines were updated in 2023 and include specific detail about bereavement spaces for parents experiencing miscarriage or stillbirth.

RECOMMENDATION 36

That the NSW Government improve psychological support for parents managing grief following pregnancy loss.

Position Supported in principle

Response The NSW Government acknowledges that the loss of a baby during pregnancy or after birth is devastating and that support to parents is pivotal during and following any loss.

The soon to be published NSW Health Guideline *Perinatal Loss* will outline bereavement care and support that is to be provided. This guideline aligns with the Stillbirth Centre for Research Excellence’s *Care Around Stillbirth and Neonatal Death Clinical Practice Guideline* that was published in 2024.

Support following pregnancy loss is available through NSW Health services and non-government organisations. NSW Health funds bereavement services in every local health district and Griefline to deliver the Integrating Grief Program which provides enhanced bereavement care for people in NSW. In addition, the NSW Health provides funding through a Ministerially Approved Grant to Red Nose who support families who experience the death of their baby or child during pregnancy, birth and infancy, as well as sudden death of a child. These services can be accessed by bereaved parents who have experienced pregnancy loss. NSW Health will implement the *Perinatal Loss* guideline to ensure that psychological support is embedded in the care provided to parents and families during and following pregnancy and infant loss.

RECOMMENDATION 37

That the NSW Government review and revise guidelines for informing parents of fetal anomalies and genetic conditions ensuring that clinicians:

- *present unbiased options*
- *offer ample time and support for decision-making*
- *provide trauma-informed assistance and psychological support to aid parents in coping with the emotional impact of such diagnoses.*

Position	Supported
Response	<p>NSW Health will continue to review and revise guidelines to support clinicians when providing care to parents. This includes when providing information about a potential or actual fetal anomaly or genetic condition during pregnancy to ensure individualised care planning and support. This commitment is outlined in <i>Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW</i> objective:</p> <ul style="list-style-type: none"> • 5.4 - Women are supported when adverse pregnancy outcomes occur or when they experience perinatal loss. <p>Guidelines and resources recently completed and in progress include:</p> <ul style="list-style-type: none"> • The NSW Health Policy Directive <i>Prenatal Screening and Diagnostic Testing for Fetal Chromosomal Abnormality</i> (PD2024_013) was published on 11 April 2024. This policy directive outlines the requirements for clinical care providers, including consent requirements and the need for appropriate counselling (pre and post testing) and provision of resources to assist pregnant women in making timely, informed decisions. • NSW Health’s Centre for Genetics Education is developing a learning module for NSW Health practitioners, ‘<i>Screening tests for genetic conditions before and during pregnancy</i>’. • The GeneEQUAL Educational Toolkit has been codesigned with people with intellectual disabilities. The toolkit provides guidance to support the provision of inclusive, person-centred and respectful care, including trauma-informed care, when genetic counselling is provided to people with an intellectual disability, including when planning or during pregnancy. <p>See recommendation 38 for further comment.</p>

RECOMMENDATION 38

That NSW Health liaise with peak and parent bodies representing parents, children and families with members who have fetal abnormalities or genetic conditions and arrange with them to provide information on a website about support and education for expectant parents with a child diagnosed with these issues. This website should be circulated widely among expectant parents.

Position	Supported
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Response	NSW Health is in the process of reviewing and updating content on the NSW Health webpage, <i>Pregnancy and the first five years</i> . As part of this review, NSW Health will explore the opportunity to create a webpage to collate the support and education available for parents of children who have fetal abnormalities or genetic conditions. NSW Health will consult with peak and parent bodies during the development of this webpage. See recommendation 37 for further comment.
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RECOMMENDATION 39

That the NSW Government undertake consultation to consider legislative change to protect health practitioners when delivering individualised, responsive maternity care, and ensure that consumers' birthing decisions and preferences can be supported and respected.

Position	Supported in principle
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Response	<p>This recommendation will be considered as part of the review of recommendations 4 and 16. Should consultation be required, this will occur following the legislative review.</p> <p>The NSW Health <i>Consent to Medical and Healthcare Treatment Manual</i> provides clear guidance for the provision of information and consent requirements for pregnancy and birth, including the need for 'early discussions to ensure women have adequate information and time to consider their options, express preferences, make choices and where necessary give valid consent'.</p> <p>The Consent Manual provides guidance to support clinicians when women refuse recommended treatment in a maternity setting. It notes that '<i>the law is that unless the woman lacks capacity, the woman's right to refuse medical treatment prevails over preservation of a potential life</i>'.</p>
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RECOMMENDATION 40

That the NSW Government support the Health Care Complaints Commission and its associated disciplinary forums to be able to resolve complaints more quickly and provide more accessible and trauma-informed support to complainants throughout the complaints process.

Position	Supported in principle
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Response	<p>The NSW Government acknowledges the role of the Health Care Complaints Commission's commitment to protecting the health and safety of the NSW community through accessible and effective management of health care complaints.</p> <p>The NSW Government will engage with the Health Care Complaints Commission in relation to their processes for maternity complaints to ensure timely and sensitive engagement with complainants utilising a trauma-informed approach.</p>
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RECOMMENDATION 41

That the NSW Government establish formal debriefing clinics attached to all public hospitals with maternity services to provide:

- *an evidence-based framework for effective debriefing*
- *the ability for clinics to establish a feedback loop to the hospital for improvements to services, including options to provide feedback online*
- *an option to debrief with a health practitioner who is independent from the service who provided the care if requested.*

Position	Supported in principle
Response	<p>NSW Health is committed to ensuring that women are connected to the care and support they need after birth. This includes providing a postnatal debrief if the woman chooses. This debrief may be from a health practitioner connected to, or independent from, the maternity service that provided the care.</p> <p>NSW Health will develop and make available guidance to support maternity health professionals to effectively undertake postnatal debriefings. This may occur prior to transition into the community or via a formal debriefing service. This commitment is outlined in objective 10.1 of <i>Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW</i>. See recommendation 42 for further comment.</p>

RECOMMENDATION 42

That the NSW Government review local maternity complaint processes and ensure that all pregnant women are provided with information that outlines pathways to ask questions, raise concerns and make complaints.

Position	Supported
Response	<p>NSW Health's <i>Future Health</i> Strategic Objective 1 is patient and carers have positive experiences and outcomes that matter.</p> <p>NSW Health's eXperience team has commenced a project to develop new statewide guidelines for managing and responding to patient experience feedback. The project will also include a review of the NSW Health Policy Directive <i>Complaints Management (PD2020_013)</i>.</p> <p>NSW Health is committed to reviewing maternity feedback processes to understand the experiences and health and wellbeing outcomes that matter to women. This includes the development of maternity patient-reported measures to measure success and inform quality improvement and assessment of maternity services. This commitment is outlined in goal 2 of <i>Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW</i>.</p> <p>NSW Health is also reviewing consumer information, including NSW Health website's, to ensure pathways to ask questions, raise concerns and make complaints are clear.</p>

RECOMMENDATION 43

That the Chair of the Select Committee on Birth Trauma write to the Chair of the Committee on the Health Care Complaints Commission to consider the public reporting of complaints data relating to maternity care and birth trauma and its referral processes, including complaints that may have allegations of assault.

Position	Noted
Response	The NSW Government notes that Recommendation 43 is an action for the Chair of the Select Committee on Birth Trauma.
