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Mr Graham Kraak,
Chair, Maternity Care Policy Working Group
Senior Director,
Strategic Policy and Legislation Branch
Queensland Department of Health

Email: StrategicPolicy@health.qld.gov.au

Dear Mr Kraak,

Re: The draft National Maternity Services Framework

Thank you for inviting the RACGP to comment on the draft National Maternity Service Framework.

General practice provides person centred, continuing, comprehensive and coordinated whole-person healthcare to individuals and families in their communities. General practice is a mainstay of maternity services and provides quality, continuous care for mothers before, during and after their pregnancies.

The RACGP has concerns about the marginalization of general practitioners out of obstetric care and is keen to engage with governments, consumers, midwives, obstetricians, and all relevant stakeholders to improve quality and continuity of care for women and their babies. The development of this Framework is an important opportunity to do this and we are concerned by the lack of consultation and engagement to date. We believe this lack of engagement is reflected in the document content.

Some specific comments are provided on sections of the draft document for consideration.

1. **Executive Summary**

The executive summary (p. 4) could be re-worded to be more inclusive of some groups, such as those who through choice or otherwise proceed with pregnancy in the absence of any partner or family. Suggested edit:

"*The birth of child **may** be one of the most, if not the most, significant event in a woman's life and **may** not only change her life, but also the life of **any** partner and family. In Australia, women and their families are able to access world class maternity services that support a woman and her family during this important time in their lives*."

2. **Principles: Are the principles of the Framework reflective of the needs of mothers, babies and their families? If not, what should be included?**

The principles are comprehensive, however, they are quite broad and could benefit with some thinking around implementation.

For example, **Principle 6, Collaboration** Whilst collaboration is essential and a seamless transition is desirable, the reality is that such a system is currently unaffordable, and its funding is at odds with the reality of political funding cycles. Hence, whilst well intended, the document suffers from 'motherhood statements'.

Similarly, for **Enablers**, **Section 3.8**, **Data and digital technology** (p. 31). This is an area that is very difficult to implement, demonstrated by numerous attempts over the years to successfully introduce wide-spread data sharing and electronic patient records.

In terms of omissions, women with an enduring or severe mental illness are not represented in the Framework. This is pertinent as women with an enduring or severe mental illness may need help to access antenatal services.

There is also no mention of fertility services for those who are either unable to conceive or unable to maintain a pregnancy. Specialist investigation of fertility is beyond reach for many patients. Fertility preservation is also an area not covered under that NMSF. Certain groups have specific needs, such as medical conditions which mandate deferment of pregnancy such as chemotherapy.

3. **Does the Framework provide direction for the planning of maternity services? If not, what should be included?**

Whilst the scope of the Framework is national, so needs to be broad, it could benefit from the inclusion of some focus on how the strategy could possibly be implemented and how this may be funded.

4. **National Antenatal Health Risk Factors Strategy: Does the national antenatal health risk factors strategy adequately define health risk factors that affect pregnant women and their babies?**

The risk factors do not include risk reduction for pregnancy planning, but rather for women who are already pregnant. A suggestion is to mention the role of the GPs in pre-pregnancy planning, preventive care, and addressing preparation for pregnancy. For example, those covered in the RACGP Red Book (Guidelines for preventive activities in general practice).

Genetic screening is not mentioned under the section on antenatal health risk factors. Whilst expensive at present, the appropriate provision of genetic services in Australia is an issue that should be discussed.

There is also no mention of the use of, or risks of, antibiotics during delivery. Vitamin K Prophylaxis is also not mentioned.

Under the section on chronic conditions, the role of GPs in providing comprehensive and coordinated care should be clearly stated. Enduring or severe mental health should also be mentioned. Depression and anxiety are mentioned under the subsection on perinatal mental health, however, it is important to extend thinking about perinatal mental health more broadly e.g. WHO Maternal mental health. The section on smoking and groups at high risk should also include women with mental illness.

5. **Does the national antenatal health risk factors strategy identify strategies to respond to antenatal health risk factors? If not, what should be included?**

There is insufficient mention of the way in which maternity services can influence risk factors. For example, in supporting and encouraging breastfeeding, which is associated with lower rates of obesity, diabetes.

There is no mention of how the risk factor strategy will address the management of early complications, including miscarriage, ectopic pregnancy or the provision of termination of pregnancy.

Under **Principles** (p.5) point 4, **Access** –a statement acknowledging that women with an enduring or severe mental illness may need extra help and support to access maternity services would be appropriate.

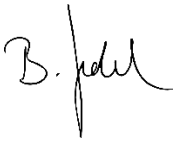
It is not clear as to how the Framework will address Aboriginal and Torres Strait Islander populations. Aboriginal antenatal health workers are not mentioned in the Framework.

6. Do you have any additional comments?

We are concerned by the lack of engagement to date in the development of this important document and this is reflected in the content. This document does not engender confidence that those who needed to be around the table were consulted. We urge you to consider more robust engagement to ensure this document is a useful Framework for shaping the future of maternity care and has support from all sectors. As it stands, it does not do that. There is no choice for women if there is only one model of care.

We hope that this feedback is useful and look forward to further consultation.

Yours sincerely



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