Australian Nursing and Midwifery Federation submission

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE CONSULTATION ON THE DRAFT STILLBIRTH CLINICAL CARE STANDARD

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INTRODUCTION

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 310,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

The ANMF welcomes the opportunity to provide feedback to the Australian Commission on Safety and Quality in Health Care's consultation on the draft Stillbirth Clinical Care Standard (the Draft).

As a whole, the Draft provides a comprehensive and logical approach to clinical care for stillbirth prevention and bereavement care. Reference to key documents informing Australian maternity services such as the *Woman-centred care: strategic directions for Australian maternity services* and the *Clinical Practice Guidelines: Pregnancy care publications* underpin a clinical care standard that promotes a consistent national approach. However, the ANMF suggests some aspects of the Draft and supporting resources can be strengthened and clarified. This response will address the specific areas of concern rather than provide commentary on all sections of the Draft.

Before moving onto the response to the consultation questions, the ANMF recommends a review of culturally inclusive aspects of the Draft.

The ANMF commends the Commission on the inclusion of cultural safety for Aboriginal and Torres Strait Islander peoples throughout the Draft. However, the Draft requires greater identification and emphasis on culturally inclusive practices throughout all quality statements and accompanying resources. Cultural inclusive practice is not only consideration of a person's race or ethnicity, it includes, but is not limited to, a person's identity, socioeconomic status, gender, sexuality, personal circumstance, disability, religion, or political affiliation. A person's identity, beliefs, practices, and having a primary language other than English, can create barriers to accessing health care and quality health information that meets a person's needs. Health professionals providing stillbirth prevention information and care and supporting families experiencing a stillbirth must be competent to provide culturally inclusive care. This care must be supported by health services which have a role ensuring there is ready access to interpreters who are trained and experienced in translating health information.

The ANMF suggests these aspects of the Draft be revised to reflect and include the importance of safe health care that is inclusive and universally accessible for all.

RESPONSE TO CONSULTATION QUESTIONS

QUALITY STATEMENTS

1. ***Do the quality statements adequately describe the quality of care that should be provided? How could the quality statements be improved?***

Quality statement 2. Comprehensive risk assessment during pregnancy.

It is pleasing to see midwifery continuity of care and continuity of care with the health professional of the woman's choice, are recognised as strategies for implementing high quality stillbirth prevention and bereavement care. Individualised, holistic maternity care is fundamental to improving health outcomes for women and families across multiple health domains and must not be lost in the endeavour to reduce stillbirth rates. All women, regardless of risk for stillbirth, should be receiving individualised multidisciplinary care from the first trimester of their pregnancy to support their physical, social, emotional and spiritual wellbeing. This is supported by the aims of *Woman-centred care: strategic directions for Australian maternity services* (August 2019).

Further, comprehensive, holistic, individualised care as detailed in the Draft and supported by related publications and evidence, requires health professionals, including midwives, to have the time and resources to provide that care.

Therefore, the ANMF recommends the following additions to quality statement 2 under '*For healthcare services'*:

- 'ensure policies are in place to facilitate continuity of care models for all women'; and,
- 'ensure policies are in place that support the staffing, skill mix and time required of health professionals to perform holistic, evidence-based assessments'.

These additions reflect the importance of healthcare services actively addressing access to the right care that meets the needs of each individuals' clinical presentation, and midwifery and other continuity models of care as a priority for safe, quality care across maternity services.

Quality statement 5. Change in fetal movements.

For health professionals to provide evidence-based care and participate in quality improvement activities they need to be involved in case reviews and continuing professional development. Where serious incidents have occurred due to operational failures, health professionals must be actively engaged in the processes implemented to rectify these issues. Health professionals require time to attend professional development such as morbidity and mortality case reviews. Healthcare services must have policies in place that support all health professionals, including those regularly working outside of business hours, across disciplines and at all levels of practice, to participate in these activities.

The ANMF recommends under '*For healthcare services'* the addition of 'Ensure policies are in place that support health professionals at every level to participate in morbidity and mortality case reviews.'

Quality statement 6. Informed decision-making about the timing of birth.

The ANMF supports strategies outlined in this quality statement to promote informed decision-making about the timing of birth. The statement however only considers women making informed decisions about the timing of birth. It does not explore operational factors that may impact on timing of birth, yet these can have a significant impact, particularly during periods of heightened demand on health care services further exacerbated by the unpredictable nature of maternity care. As identified in the quality statement, the timing of birth can have ongoing health implications for the mother and newborn.

Safe, quality care must be based on clinical need and health care services must take a more proactive role to avoid planning and/or delaying birth around non-clinical factors. Healthcare services should have systems in place to monitor where the timing of birth has been affected by non-clinical/operational factors such as staffing and bed availability. Where clinical care and/or the timing of birth has been altered for non-clinical reasons this must be identified and consequences monitored in order for continuous quality improvement strategies to be considered.

The ANMF recommended that the following statement be added under '*For healthcare services'*:

- 'Ensure that policies, procedures and protocols are in place to avoid delaying or re-scheduling birth where clinically indicated, due to operational factors such as bed availability or staffing'; and
- 'Ensure that policies regarding timing of birth are based on evidence and include multifactorial determinants for decision making that balances the detrimental effects of induction on women and babies with the proposed benefit'.

Quality statement 7. Discussing investigations for stillbirth.

To foster the wellbeing of the maternity services workforce, health professionals involved in the care of parents who experience stillbirth should have support. Debriefing guidelines, and access to clinical supervision and mental health services for all health professionals, especially midwives and nurses, who are involved in the care of families who experience stillbirth is imperative to prevent burnout and vicarious trauma sequelae. The ANMF suggests under '*For healthcare services'* the addition of 'ensure health professionals providing care for families experiencing stillbirth are supported to provide that care through formal and informal debriefing, mental health services and clinical (reflective) supervision'.

Quality statement 8. Reporting and documenting stillbirth investigation results.

Health professionals must be involved in perinatal mortality auditing and review processes to develop their practice and support quality improvement activities to address any factors contributing to adverse events, and support the health services quality and risk programs. Participation in these activities requires healthcare services to enable health professionals to have time away from the clinical environment without clinical care being compromised. This does not happen by chance and requires health professionals and healthcare services to recognise and prioritise participation and engagement with these activities. The ANMF recommends the addition of 'All health professionals should be supported to participate in formal perinatal mortality auditing and review processes' under '*For healthcare services'*.

Quality statement 10. Subsequent pregnancy care after perinatal loss.

Whilst the ANMF agrees it is important to provide specialist pregnancy care services for women who have previously experienced stillbirth, the value of fundamental maternity care, such as continuity of care models and midwifery care should not be overlooked. At times, specialist services can be fragmented and problem-focused, in this case on subsequent stillbirth prevention, and women and their families do not receive the holistic care that underpins optimal outcomes in other health domains. For a woman's subsequent pregnancy, it is imperative they have access to fundamental maternity care, including midwifery continuity of care, alongside specialist services. Evidence shows better outcomes for women and babies who receive continuity of midwifery care.

Therefore, under '*For women',* the ANMF recommends the addition of:

- 'Some women may require a multidisciplinary approach to their care. Midwives, obstetricians, general practitioners, psychologists and other maternity care providers can work in partnership with women to support more complex health needs and ensure holistic care is provided.'

For consistency with recommendations in Quality statement 1, the ANMF recommends the following additional statement that emphasises the value of pre-conception care also be added under the '*For women'* section of this quality statement:

> 'If you have experienced the loss of a baby, your health care providers will discuss with you specific pre-conception care that may be recommended prior to becoming pregnant again.'

The ANMF also recommends the following changes to ensure the language used within the Draft supports the guiding principles of woman-centred care and shared decision making as outlined in Appendix A:

- Review of language on page 51, line 12. 'Health professionals providing maternity care should work in partnership with women to create an individualised care plan that considers the circumstances of their previous loss, and personal needs and preferences'; and,
- Inclusion of 'and is respectful of their preferences' on page 52, line 12.

2. ***Do the proposed indicator(s) capture information that can be used to support local clinical quality improvement activities? How could the indicator(s) be improved?***

Quality statement 2. Comprehensive risk assessment during pregnancy.

Following on from recommendations proposed in reference to question 1, the ANMF suggests the indicators for Quality statement 2 identify:

- where insufficient resources are available to support women's preferred maternity care provider and/or model of care; and,
- where staffing and skill mix were inadequate for health professionals, including midwives, to perform comprehensive risk assessments during pregnancy.

Quality statement 3. Stillbirth awareness and information provision.

The ANMF recommends Indicator 3a is clarified to reflect that the indicator relates to smoking cessation.

Quality statement 5. Change in fetal movements.

Following on from recommendations in question 1, the ANMF suggests the following addition to indicators for Quality statement 5:

> 'Documented evidence of quality improvement activities including health professional's participation in morbidity and mortality case reviews.'

Quality statement 6. Informed decision-making about timing of birth.

Further to recommendations proposed in question 1 relating to Quality statement 6, the ANMF suggests the 'proportion of women whose optimal timing of birth is brought forward or delayed by non-clinical/operational factors such as staffing or bed availability' is added to the indicators.

THE CLINICAL CARE STANDARD

3. ***The quality statements focus on areas identified by the Commission as being a priority for quality improvement. Are there additional areas or aspects of care that should be included? If so, please provide further detail.***

Quality improvement activities.

The ANMF recommends an additional quality statement be added to address quality improvement strategies. Monitoring and reporting are essential components of any continuous quality improvement model. Whilst the suggested indicators form a basis for monitoring a healthcare services activities in relation to the stillbirth clinical care standard there needs to be further guidance on how consumers and healthcare providers should be involved in review and change processes.

The ANMF also recommends an additional quality statement be added to the Draft to reflect the ongoing impacts of experiencing stillbirth on women and their families for years, and sometimes across generations. Further information for bereavement care beyond the initial experience of stillbirth should be outlined for women, their families, health professionals and service organisations to provide sensitive care across the health services, beyond maternity services. In doing so, this action area will provide information and support to health practitioners and professionals who would not encounter stillbirth as a regular component of their work, equipping them to provide safe and evidence-based care.

4. ***Are you aware of any current or planned initiatives that could support implementation of this clinical care standard? If so, provide further detail.***

The ANMF is aware of the following initiatives:

- The Genomic Autopsy Study. This is a national Australian Genomics research program based in South Australia that was recently awarded $3.4million by the Australian Government's Genomics Health Futures Mission – Medical Research Future Fund. The research program is investigating the genetic contribution to stillbirth and perinatal death; and,
- The Movements Matter campaign in collaboration with the Stillbirth Centre for Research Excellence. This campaign should be embedded in pregnancy care environments and refreshed with any change of the clinical care standards.

The Supporting Resources

5. ***Is the Consumer Guide useful? If not, how could this resource be improved?***

The Consumer Guide, whilst comprehensive, is long and provides information to pregnant women who have not experienced stillbirth, and those who are experiencing or have experienced a stillbirth. To make the information more manageable for women and their families, the ANMF suggests the document be divided into two parts. The first guide encompassing Quality standards 1- 6 which pertain to all pregnancies and the second, Quality statements 7-10 which specifically provide clinical care standards to support women affected by stillbirth.

The ANMF also recommends:

- the inclusion of midwife as an identified clinician that can provide pre-conception care (pg1);
- consistent and woman-centred language be used throughout the document. For example, replace '*deliver*' (pg 2) with '*give birth*'; and,
- that *'usual healthcare provider'* and/or *'chosen maternity healthcare provider'* be used throughout this document to reflect the guide's audience as '*clinician*', whilst a term used by the Australian Commission on Safety and Quality in Health Care, is not commonly used by people receiving care.

6. ***Is the Information for Clinicians resource useful? If not, how could this resource be improved?***

Quality statement 1. Risk assessment before conception.

Many women are unaware of the risks of suboptimal health in the pre-conception period until they experience pregnancy loss or difficulties with conception, and for the most part do not actively seek pre-conception care[1]. As such, pre-conception care conversations with women of childbearing age must take into consideration their engagement with various health professionals. These standards should recognise the value of a multidisciplinary approach to pre-conception care. For example, preconception care is provided opportunistically by nurses and midwives who are providing care to women and/or families with young children. This may be done in family planning clinics, in the weeks following a birth or during child and family wellbeing surveillance carried out across the early childhood period. Recommendations to deliver pre-conception care in line with the *Guidelines for preventive activities in*

1. Hosli EJ, Elsinga J, Buitendijk SE, Assendelft WJ, van der Pal-de Bruin KM. Women's motives for not participating in preconception counseling: Qualitative study. Community Genet 2008;11(3):166–70. doi: 10.1159/000113879. Search PubMed

general practice implies this care should be provided by General Practitioners. The ANMF suggests the inclusion in clinical care standards that all health practitioners providing care for women of childbearing age should take an opportunistic approach to screening women for pre-conception care by initiating conversations regarding the woman's intentions around pregnancy.

Quality statement 9. Bereavement care and support after perinatal loss.

To foster the wellbeing of the maternity services workforce, health professionals involved in the care of parents who experience stillbirth should have support. Debriefing guidelines, and access to clinical supervision and mental health services for all health professionals, especially midwives, who are involved in the care of families who experience stillbirth is imperative to prevent burnout and vicarious trauma sequelae.

The ANMF suggests the Information for Clinicians resource should include guidance for health professionals providing care for families experiencing stillbirth to be supported to provide that care through formal and informal debriefing such as morbidity and mortality reviews, peer support networks, mental health services and clinical (reflective) supervision.

7. Is the Information of Healthcare Services resource useful? If not, how could this resource be improved?

The information in the Healthcare Services resource is comprehensive and reflects the content of the Draft.

Consistent with feedback provided throughout this response, the ANMF suggests:

- the inclusion of a statement that recognises the importance of healthcare services providing staffing and skill mixes that allows for the time and expertise required to deliver safe, quality care, encompassing all aspects of holistic evidence-based care;
- review of the resource for consistent, woman-centred language, for example *'birth'* instead of *'delivery'*; and
- review of Quality statement 10 to ensure the language of the Draft supports the guiding principles of woman-centred care and shared decision making as outlined in Appendix A and as outlined above in the response to question 1.

CONCLUSION

Thank you for the opportunity to provide feedback to the Australian Commission on Safety and Quality in Health Care's consultation on the draft Stillbirth Clinical Care Standard. The Draft provides comprehensive guidance on stillbirth prevention and bereavement care. Greater articulation of workforce and operational considerations for clinical care should be included to enable their impacts to be monitored and addressed.