Queensland Health

Queensland Birth Strategy 2024-2030

A guide for clinicians

Queensland Government

Queensland Birth Strategy 2024–2030
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An electronic version of this document is available at www.qheps.health.qld.gov.au.

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Foreword

All women in Queensland have the right to access safe, high-quality, reliable maternity services close to home, no matter where they live.

The evidence is clear - a healthy pregnancy, a positive birth and post-natal experience are the foundation for life-long health and wellbeing. What we also know is that women who have midwifery continuity of care and/or carer models are more likely to experience a physiological birth, birth their baby at term, have a positive labour and birth experience and successfully breastfeed.

The Queensland Birth Strategy provides a critical road map to achieving what the evidence states and is the result of consumers' and consumer representatives' voices, and the dedicated work of midwives, obstetricians, researchers and policy makers who have a shared vision to ensure Queensland provides the very best available maternity care.

My office, the Office of the Chief Midwife Officer, is leading the implementation of this important strategy, that you will see, is promoted through 5 priority actions including:

1. midwifery and obstetric leadership and a focus on working collaboratively
2. universal access for those who seek midwifery continuity of care
3. multidisciplinary birth education package and embed respectful care and positive workplace culture
4. co-designed resources to support informed decision making
5. improve transparency and reporting for clinical performance (or outcome improvements).

In 2023, the Queensland Government committed $42 million over 4 years for maternity services, with a particular focus on women living in regional, rural, and remote Queensland. This Queensland Birth Strategy will help to deliver these priorities and aims to strengthen the importance of woman-centred care.

We extend our gratitude to all involved in the development of this strategy, ensuring a woman-centred approach to care and privileging woman voices in service design and delivery. Nothing is more important than ensuring the best care for mothers and their babies to enable future generations the best start to life.

This document uses the terms woman and women. However, it is recognised that individuals have diverse gender identities, and this document includes people who are pregnant and give birth and who do not identify as female.

Adjunct Professor Liz Wilkes
Chief Midwife Officer
Clinical Excellence Queensland

Vision statement

To develop a culture of continual maternity service improvement:

- by reducing unwarranted clinical variations in pregnancy and birthing outcomes/experiences
- by enabling universal access to midwifery continuity of care and/or carer supported with a multidisciplinary team.

Intention

The Queensland Birth Strategy (QBS) seeks to reduce unwarranted clinical variations in pregnancy, improve birthing outcomes and experiences—including excessive rates of intervention—through principles developed by maternity consumers and lived experience experts/representatives and all members of the maternity care team. The principles define a range of activities which impact pregnancy care:

- informed decision making
- cultural understanding
- fear reduction around birth
- respect within the multidisciplinary team and with women who use our services.

Figure 1.0: A figurative representation of the conceptual approach to Birthing on Country services (RISE Framework), Charles Darwin University

The impact of a known midwife on fear of birth and subsequent benefits for women psychologically[1] has been studied and is important in the context of the increasing issues surrounding birth trauma and freebirth.

Applying change management strategies such as the **R**edesign the system, **I**nvest in the workforce, **S**trengthen families and **E**mbed culture (RISE) Framework (shown above) is part of the Queensland Birth Strategy. When applied across maternity care, the RISE Framework (currently typically utilised in First Nations birthing models) can assist maternity care stakeholders more broadly to consider and implement change.

Background: the problem to address

The Queensland Birth Strategy was commissioned by Clinical Excellence Queensland following the findings of the 2019 Queensland Normal Birth* Symposium and the concerns highlighted in the Third and Fourth Australian Atlas of Healthcare Variation 2021 reports. Findings from these sources identified rising rates of intervention during labour and birth, most notably a rise in non-medically indicated caesarean section.

The doubling of the caesarean section rate in Australia over the past 3 decades, from **17.5%** in 1990, to **37.8%** in 2021, is alarming[2]. The negative health impacts of the overall high caesarean section rates are accentuated by the substantial proportion of caesarean sections that are performed on women of less than 39 weeks' gestation in the absence of a medical or obstetric indication (**42.8 to 56.1%**[3]). Approximately **37%** of women who give birth for the first time in Australia will experience a caesarean section[1]. Even for women at lowest risk of complications (aged 20–34 years, singleton, vertex, 37–41 weeks' gestation), caesarean section rates for first births have risen from **25.3%** in 2004 to **30.1%** in 2018[4]. Addressing unmet need for caesarean section in low-income countries, and overuse of caesarean section in high-income countries, is a global priority[5]. In many high-income countries, including Australia, the rising rate of caesarean section is concerning. This rise has occurred despite evidence that where there is no clinical indication, higher caesarean section rates do not provide health benefits. Furthermore, overuse of this surgical procedure increases morbidity for both mother and baby, mortality for future pregnancies and burdens health services with avoidable cost consequences[6].

Alongside rising rates in caesarean section, there are a range of other complex issues in maternity care which include worldwide workforce shortages. The impact of workforce shortages in Queensland has led to a reduction in access to evidence-based services which may be contributing to rising reports of birth trauma. Birth trauma is defined as a woman's experience of interactions and/or events related to childbirth that cause overwhelming, distressing emotions and reactions, leading to short and/or long-term negative impacts on a woman's health and wellbeing[7]. Australian and international research suggests that up to 1 in 3 women identify their birth experience as traumatic[8].

Psychological birth trauma is estimated to affect between 10% to 44% of women[9].

Positive birth experiences have long-term benefits for the physical and emotional health of women, babies, and families. There are many layers involved, which are not limited to the reduction in interventions (including caesarean section) but also include systemic change to ensure women feel heard, respected and psychologically safe. Choice and control over care providers and place of birth are two important factors for women and families.

The provision of high-quality maternity care that supports women to birth their babies in a way that supports their individual needs requires a shared vision and commitment from all.

The development of the Queensland Birth Strategy

Using co-design methodology, we conducted a collaborative and iterative staged process of engagement with multidisciplinary key stakeholders who have broad and varied experience in multiple areas of maternity care in Queensland.

The stakeholders' objectives were to analyse the drivers of caesarean section in Queensland, facilitate a multi-stakeholder group to co-design a coherent strategy, prioritise key activities, identify enablers and barriers, and to determine who and what are needed to implement and evaluate the key activities.

The original principles of the Queensland Birth Strategy were developed through several multidisciplinary maternity stakeholders' advisory groups. These advisory group were:

- universal access to midwifery continuity of care and/or carer
- publicly funded homebirth
- respectful care and positive workplace culture
- multidisciplinary birth education
- co-designed resources to inform decision making
- transparency, accountability and reporting.

Each advisory group was co-chaired by an obstetrician and midwife with membership comprised of a wide range of multidisciplinary clinicians, Department of Health staff, consumer representation and lived experience maternity experts/representatives, First Nations peoples, and staff from metropolitan and rural and remote areas.

The advisory groups provided additional scoping reports which helped identify the crossover outcomes and the alignment of principles. The outcome was five key priorities for the strategy moving forward, as outlined in Figure 2.0 below. During 2023 and early 2024, funding was committed for components of each priority area.

Upon establishment of the Office of the Chief Midwife Officer in early 2024, the strategy and implementation plan were reviewed and updated.

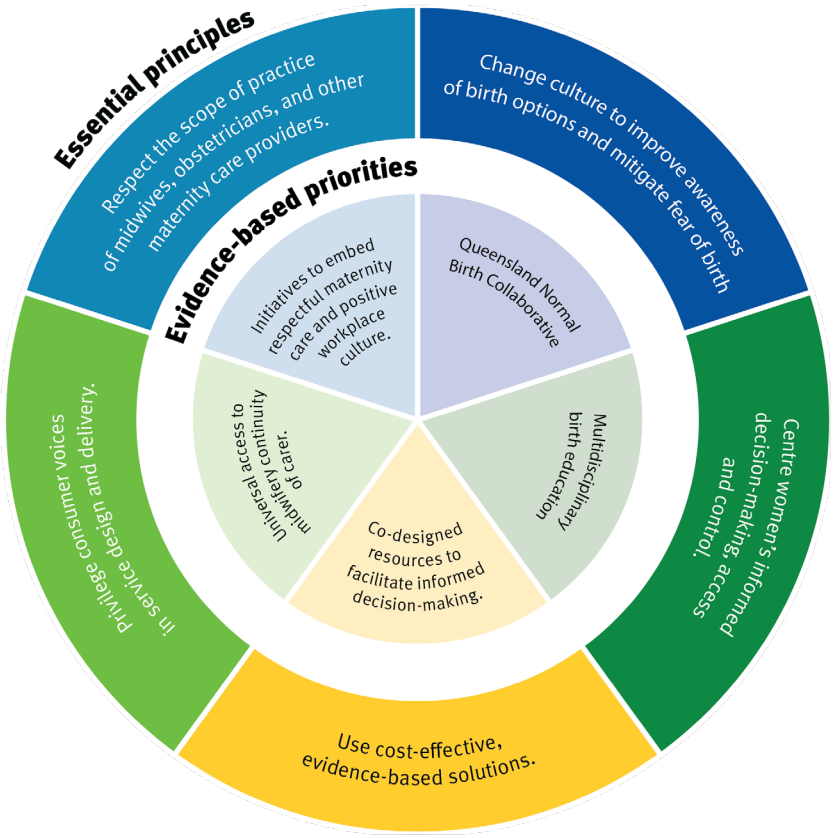

Figure 2.0: A figurative representation of the intersect of the priorities and principles behind the Queensland Birth Strategy

Principles and priorities of the Queensland Birth Strategy

Principles

Principle 1	Cultural shift to improve birth outcomes and experiences and mitigate the fear of birth
Principle 2	Woman-centred care, including the right to informed decision making and access to equitable care and control
Principle 3	Respect the scope of practice of midwives, obstetricians and all other maternity care providers
Principle 4	Ensure cost effective, evidence-based solutions are utilised in decision making
Principle 5	Respect the woman's voice in service design and delivery

Priorities

Priority 1: Midwifery and obstetric leadership and focus on working collaboratively

Leadership and collaboration are critical to transforming maternity care.

The Office of the Chief Midwife Officer provides high-level support for cultural change with ongoing leadership opportunities for midwives. The Chief Midwife Officer remains engaged with senior executive and leadership within Queensland Health by attending Executive Director of Nursing and Midwifery Services forums, engaging with the Health Service Chief Executive Forum, the Queensland Maternity and Neonatal Clinical Network, and the Midwifery Leadership Forum. This provides an opportunity for high level midwifery representation in an advisory and decision-making capacity.

The continuation of the Queensland Normal Birth Collaborative is pivotal to ongoing improvement in health outcomes. The Queensland Normal Birth Collaborative is a multidisciplinary collaborative of maternity leaders, obstetricians, midwives, maternity consumers, lived experience experts and representatives, and maternal and child health researchers. The collaborative will champion the progress of the Queensland Birth Strategy, including exploring the potential to influence at a statewide and national level, with a view to being a national leader with global influence.

The maternity workforce requires leadership to support maternity care providers to work collaboratively. Workforce strategies including clinician-specific leadership training, supervision, mentoring and collaborative education form part of the implementation of the latter years of the strategy.

Priority 2: Universal access for those who seek midwifery continuity of care and/or carer

Midwifery continuity of care and/or carer models, also known as Midwifery Group Practice (MGP) provide continuity of carer through pregnancy, during labour and birth and usually up to six weeks post birth. Evidence demonstrates that midwifery

continuity of care and/or carer reduces the rate of caesarean section and improves the rates of spontaneous vaginal birth[10].

Figure 3.0: Benefits of the continuity of carer model, Office of the Chief Nursing Officer, Queensland Health, February 2019. References:

- [1]Sandall, Soltani, Gates, Shennan, Devane 2016
- [2]Tracy, Hartz, Tracy, Allen, Forti, Hall, White, Lainchbury, Stapleton, Beckmann, Bisits, Homer, Foureur, Welsh & Kildea 2013
- [3]Josif, Barclay, Kruske, Kildea, 2014
- [4]Fenwick, Sidebotham, Gamble & Creedy 2018
- [5]Forster, McLachlan, Davey, Biro, Farrell, Gold, Flood, Shafiei, Waldenstrom, 2016.

For Aboriginal and Torres Strait Islander women and babies, there is a growing body of evidence that midwifery continuity of care particularly in models operating within the RISE Framework[11], reduces rates of preterm birth, low birth weight babies, increases engagement with health services and reduces interaction with the child protection system[12].

Women across Queensland actively seek access to midwifery continuity of care and/or carer models. Queensland has led the way nationally on implementing midwifery models including midwifery group practice (MGP)[13]. Investment in rural and remote services including midwifery led care and MGP enables the expansion of midwifery continuity of care and improves equity of access to this model. Midwives working in MGP and midwifery continuity of care and/or carer generally work to the full scope of midwifery practice. Enabling MGPs is therefore an essential component of workforce growth and development.

The Growing Deadly Families program is aligned with the Queensland Birth Strategy to collectively strengthen midwifery continuity of care. The expansion of Growing Deadly Families is essential to achieve the aim that every woman giving birth to an Aboriginal or Torres Strait Islander baby in Queensland has access to high quality clinical and culturally capable maternity care[14].

The Queensland Normal Birth Collaborative will be encouraged formally and informally to support hospital and health service driven activities, that align with the Queensland Birth Strategy. Service-level change will be encouraged to align to the Queensland Birth Strategy and will also be supported by the Office of the Chief Midwife Officer where possible, by meeting with senior managers and maternity care providers and through sharing resources. The Office of the Chief Midwife Officer will also support investment in the midwifery workforce, a principle of the RISE framework, by providing scholarships, support for the graduate workforce, and models of care that align with workforce demand and retention strategies.

The commencement, support structure and clinical guideline for publicly funded homebirth also sits within the Queensland Birth Strategy. The evaluation of the publicly funded homebirth exemplar site will inform the development of further priorities for expanding this model. The Office of the Chief Midwife Officer will consider a roadmap for expansion once publicly funded homebirth evaluation data is available.

Priority 3: Multidisciplinary birth education and embed respectful care and positive workplace culture

Part of the early implementation of the Queensland Birth Strategy is funding for a pilot of multidisciplinary birth education for maternity staff to increase their clinical knowledge and competency in:

- facilitating improved birth outcomes and experiences for women
- respectful care
- workforce cohesion.

Statewide opportunities for the multidisciplinary birth education 'train-the-trainer' workshops will be promoted with hospital and health service leadership to support a positive workplace culture and respectful, woman-centred care.

Effective cohesion within the multidisciplinary maternity team is seen as an essential element in the delivery of quality and safety in health care. Existing programs such as Authenticity-Leadership-Integrity-Collaboration-Empowerment (ALICE) and Better Births with Consent have been identified as supporting respectful care in maternity services. These, and other opportunities for shared education, mentoring and clinical supervision, will be explored and developed by the Office of the Chief Midwife Officer across the life of the strategy.

Priority 4: Co-designed resources to support informed decision-making

The development of co-designed resources to support informed decision-making has been funded under the strategy. Further resources including online and video materials to support informed decision making will be developed and rolled out throughout the life of the strategy. Activities that support reduction in fear of birth will be delivered including providing evidence around birth and physiology through online resources and guidelines. The decision aids being prioritised for development are vaginal birth after caesarean (VBAC), induction of labour (IOL), epidural use in labour, and homebirth.

Priority 5: Improve transparency and reporting for clinical performance (or outcome improvements)

This priority will be addressed by participating in the Getting it Right First Time – Maternity program. The Getting it Right First Time (GIRFT) program is an ongoing data driven quality improvement initiative aimed at reducing unwarranted clinical variation and improving outcomes for women through clinician led local data review, benchmarking, and peer discussion. Participation in Getting it Right First Time - Maternity is a key element of

ensuring ongoing health service improvement across the life of the Queensland Birth Strategy.

The development of specific maternity Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) tools will also ensure commitment to continual improvement strategies which will be informed by the community and consumers. These tools will assist in guiding improvements in woman-centred care and clinical outcomes in maternity services, helping to inform efficient evidence-based care and service improvement opportunities.

The development of maternity PROMs and PREMs has been funded and will be delivered under the strategy. Implementation across hospital and health services will be supported by the Queensland Normal Birth Collaborative.

Funded priorities in 2024

Priorities	Activity/element funded
Midwifery and obstetric leadership and collaboration	• Chief Midwife Officer appointed
Universal access to midwifery continuity of care and carer	• Funding for expansion of midwifery led models of care including MGP • Scholarships to support students undertaking a Bachelor of Midwifery • Announcement of publicly funded homebirth exemplar site
Multidisciplinary birth education and initiatives to embed respectful care and positive workplace culture	• Multidisciplinary birth education modules (pilot) and train the trainer package • Multidisciplinary workshops to provide maternity care service providers with information around shared decision making, informed consent and respectful care
Co-designed resources to facilitate informed decision making	• Resource package to facilitate women's informed decision making with funding secured for development of decision-making tools including: – induction of labour – epidural analgesia – homebirth – vaginal birth after caesarean section
Improve transparency and reporting for clinical performance	Funding for and development of specific maternity PROMs and PREMs tools will ensure commitment to continual improvement strategies that are informed by the community and consumers.

Outcomes

Transforming maternity services in Queensland will rely on an appetite for multidisciplinary collaboration and support for a range of actions as outlined above. Within the Queensland Birth Strategy there are short-, medium- and long-term actions required to drive cultural change around birth and provide the best possible maternity care for Queenslanders.

The Office of the Chief Midwife Officer will work across all levels of the health system and with consumers accessing maternity services to align our efforts, monitor progress, and improve services to facilitate the longer-term benefit realisation of the strategy.

The outcomes we seek are:

- improved consumer satisfaction and outcome reporting - measured by Patient Reported Outcome Measures and Patient Reported Experience Measures.
- improved workforce recruitment and retention – measured by workforce data.

- improved rates of non-instrumental vaginal/vaginal birth** – measured by Australian Institute of Health and Welfare data.
- reduced non-medically indicated caesarean section rates - measured by Australian Institute of Health and Welfare date data and Getting it Right First Time – Maternity.
- reduction in induction of labour particularly prior to 39 weeks – measured by Australian Institute of Health and Welfare data and Getting it Right First Time – Maternity.
- reduced cost outputs - measured by independent evaluation.
- improvements in workforce cohesion - measured by independent evaluation.
- increased access to midwifery continuity of care – measured by Australian Institute of Health and Welfare models of care data.

Further steps

The Office of the Chief Midwife Officer will continue to seek opportunities to support the priorities of the Queensland Birth Strategy to reduce unwarranted clinical variations in maternity outcomes, improve the experience and outcomes of birth and increase availability and access to evidence based models of care with options of birth closer to home. The implementation plan that accompanies this strategy will be updated over the lifetime of the strategy to ensure it remains contemporaneous.

Continuous improvement methodologies such as the Model for Improvement, will be the framework used to develop, test and implement changes that lead to improvement. The Model for Improvement is based on three fundamental questions:

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?

More information

For more information on the Queensland Birth Strategy and its implementation, please email CEQ_QBS@health.qld.gov.au.

References

**Normal birth can mean different things to different people. For people who work within maternity services, this is understood to mean a vaginal birth that takes place naturally without medical or technological intervention. This does not mean that any other birth is therefore abnormal. Staff are not encouraged to use the term "normal birth" with women as their understanding of the term may differ. Education around birth options is an opportunity for public health promotion.*

***Definition description taken from Australian Institute of Health and Welfare Data.*

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Appendices

Appendix 1 – strategies

The following strategies align to the Queensland Birth Strategy.

- **Woman-centred care: Strategic directions for Australian maternity services (Council of Australian Government's Health Council)**
  - The woman-centred care: strategic directions for Australian maternity services follows on from a national review of maternity services conducted in 2008 and the first National Maternity Services Plan. It aims to ensure that Australian maternity services are equitable, safe, woman-centred, informed and evidence-based. Women are the decision makers in their care and maternity care should reflect their individual needs.
- **National Stillbirth Action and Implementation Plan**
  - Midwifery continuity of care is a fundamental part of the National Stillbirth Action and Implementation Plan, particularly for women at high risk of stillbirth including Aboriginal and Torres Strait Islander families.
- **National Health Literacy Strategy**
  - The aim of the National Health Literacy Strategy is to provide an evidenced based health literacy environment to support decision making in health.
- **Queensland Women and Girls' Health Strategy 2032**
  - This strategy aims to address health inequity and improve access to health care for women and girls living in Queensland. The Queensland Women and Girls' Health Strategy 2032 is the overarching framework that will drive Queensland reform to benefit the overall health of women and girls.
- **The First 2,000 Days (Queensland Government)**
  - A whole-of-government approach to improving quality and accessibility of care for children and families through the first 2000 days of life to set them up for improved long-term health, social and economic outcomes.
- **Safer Baby Bundle (National Strategy)**
  - The Safer Baby Bundle also has midwifery continuity of care as one of the actions it promotes to reduce the risk of stillbirth.
- **The Growing Deadly Families Aboriginal and Torres Strait Islander Maternity Services Strategy 2019–2025**
  - The Growing Deadly Families Strategy recognises 3 core principles which include First Nations governance, continuity of carer, and growth of the First Nations Workforce.
- **HEALTHQ32: a vision for Queensland's health system**
  - The aim of HEALTHQ32 is to ensure that our health system can meet the needs of Queenslanders and global future health trends. The Queensland Birth Strategy has clear alignments with this strategy specifically improving maternity care in Queensland. Such as:

- global future of health trends
- people-centric – co-design health and social services with people and communities and keep those we serve at the heart of everything we do.
- outcomes-focused – transform the role of healthcare to focus on outcomes and change the way we measure performance
- innovative models of care – introduce new models of care to enhance and expand service delivery and leverage medical technology and innovation, precision medicine, prevention and population health to change where and how healthcare is provided
- data-informed – improve access to real-time data, inform decision making for policy, planning and service delivery, enhance productivity through autonomous systems and generate better patient outcomes
- empowered workforce – develop a workforce of the future that is responsive, competency-based and relevant to evolving demographics and one that can continue to support changing demand challenges, harness technological advancement, and build on strong partnerships and cultural change.