Private Midwives in Public Hospitals:

Optimising choice and safety for women in Victoria

Roslyn Payne, DDONM
Andrea Quanchi, Private Midwife
Jodie Ashworth, CNMO
Nicole Carlon, NUM BirthSuite
Introduction:

• In 2016 Northern Health was successful in an application to DHHS for the introduction of Private Practice Midwives (PPM)
• February 2016- Project Lead Appointed
• Steering Committee established- engaging the key stakeholders
• Development based on the DHHS publication: “Eligible midwives and collaborative arrangements An implementation framework for Victorian public health services”
Keys to success were:

- Executive support
- Collaboration with My Midwives Melbourne
- Obstetric engagement
- Maternity services involvement
- Hospital Legal Services support and advice
- Finance and private service providers
- HR
- Midwife employment model
- Policy review
- Recruitment into the service
The NH PPM Model:

- The PPM provides antenatal and post natal care externally
- Labour and birthing is managed by the PPM at NH
- Is an all risk model
- Utilises the Australian College of Midwives Guidelines on consultation and referral
Where are we now:

- 3 Private Midwives
- 60 babies
- Established pathways of collaboration - including transfer of care if required
- Established model of care - reported through quality governance systems
- Results
Evaluation:

2016 - Comparison of usual care vs PPM model was undertaken utilising the Maternity Care Survey
Evaluation:

About your pregnancy care (Rating Average /5, possible range 0-5)

Overall the care I received during PREGNANCY was:

- Not as good as I had hoped:
  - Hospital: 0
  - PPM: 0

- As good as I had hoped:
  - Hospital: 8
  - PPM: 5

- Better than I had hoped:
  - Hospital: 8
  - PPM: 11
Evaluation:

About your labour and birth experience (Rating Average /5, possible range 0-5)
Evaluation:

Overall the care I received during my labour and birth was:

- Not as good as I had hoped
- As good as I had hoped
- Better than I had hoped

<table>
<thead>
<tr>
<th></th>
<th>Hospital</th>
<th>PPM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not as good as I had hoped</td>
<td></td>
<td></td>
</tr>
<tr>
<td>As good as I had hoped</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Better than I had hoped</td>
<td></td>
<td>13</td>
</tr>
</tbody>
</table>
Evaluation:
About your postnatal care

- I had an active say in decisions...
- I was supported in my choices about...
- My concerns were taken seriously
- I received all the advice I needed...
- I was satisfied with the emotional...
- I was treated with kindness and...

Northern Health
Outstanding Health Care

www.nh.org.au
Evaluation:

Overall the care I received IN HOSPITAL after birth was:

Overall the care I received at home during the postnatal period was:
Evaluation:

Maternity Staff Survey 2017:
Anonymous – via internet link
10 questions and free text
35% response rate
88% believe the PPM model has improved the services provided for women birthing at NH
80% of staff either had no concerns or they were addressed in a timely and appropriate manner
29% believe it has had a positive impact on the care they provide
Evaluation:

Some confusion remains around the requirements to work as a PPM with 45% of staff stating they would have liked more information initially.
Evaluation:

Have you worked with our PPMs? (80%)

Would you be interested in working as a private midwife?

- yes - 31%
- no - 38%
- unsure 31%
Evaluation: comments

All women private or public deserve the option to have optimum, holistic, evidence based continuity of care from a midwife, not just those who can afford it or who sign

Great service by very good midwives.

It is excellent service for the women and families in the north

I think it is a great model of care for women to have, I think there needs to be a well documented policy about caring for these patients in the absence of their PPM so that care is provided in accordance with some kind of policy and PPMs do not always want RMs to follow pre-existing policy. i.e. MET calls/escalation

I am excited that The Northern has taken the first step in inviting privately practicing midwives to join the team. their experience and desire to keep things normal has had a positive effect on the young undergrads, post grads and new grads. This is a wonderful model of care that more women would use if it was more easily available. Great to see their stats in the future.

I feel I have more time to care for other women because of the PPM model and PPM's caring for their own load.
I would eventually like to work in a midwifery group practice, I think it is an advantage to Northern Health to provide this service. It’s great to give women choice.

**Fantastic addition to Northern Health. Great antenatal birthing and especially post natal care given. PPM are also happy to refer to doctors if complications arise.**

I feel that this model of care is an asset to Northern Health and I inform women in the antenatal setting of its availability.

**A great innovation**

I enjoy collaborating and learning from the PPM’s and find their women to be well educated and proactive, making the handover of any care from PPM's to midwives easier and lightening the load on staff. They are often happy to help with their skills in BST or available for advice.

I am very interested in the private midwifery model, I hope to provide continuity of care to young mums in the northern suburbs. And I am aware of issues that may lessen young mothers choice of maternity care model, so I hope to work to develop a program and provide a quality service of continuing care to these groups of women in the north.
Evaluation: Outcome data comparison

100% Breast Feeding rates for women in PPM model

<table>
<thead>
<tr>
<th>Measure</th>
<th>Other</th>
<th>Private Midwifery</th>
<th>Total</th>
<th>% Other</th>
<th>% Private Midwifery</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primipara (parity = 0)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of Births</td>
<td>1508</td>
<td>34</td>
<td>1542</td>
<td>97.8%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Avg Length of Stay</td>
<td>3.2</td>
<td>2.3</td>
<td>3.2</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Avg Length of Stay - Normal Delivery</td>
<td>2.6</td>
<td>1.6</td>
<td>2.6</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>No. of C-section</td>
<td>474</td>
<td>10</td>
<td>484</td>
<td>31.4%</td>
<td>29.4%</td>
</tr>
<tr>
<td>No. of Forceps Delivery</td>
<td>180</td>
<td>4</td>
<td>184</td>
<td>11.9%</td>
<td>11.8%</td>
</tr>
<tr>
<td>No. of Epidurals</td>
<td>589</td>
<td>10</td>
<td>599</td>
<td>39.1%</td>
<td>29.4%</td>
</tr>
<tr>
<td>No. Of Episiotomies</td>
<td>546</td>
<td>7</td>
<td>553</td>
<td>36.2%</td>
<td>20.6%</td>
</tr>
<tr>
<td>No. Of 3rd and 4th perineal tears</td>
<td>55</td>
<td>1</td>
<td>56</td>
<td>3.6%</td>
<td>2.9%</td>
</tr>
<tr>
<td><strong>Multipara (parity &gt;0)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of Births</td>
<td>2351</td>
<td>7</td>
<td>2358</td>
<td>99.7%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Avg Length of Stay</td>
<td>2.6</td>
<td>1.3</td>
<td>2.6</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Avg Length of Stay - Normal Delivery</td>
<td>2.0</td>
<td>1.2</td>
<td>2.0</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>No. of C-section</td>
<td>719</td>
<td>0</td>
<td>719</td>
<td>30.6%</td>
<td>0.0%</td>
</tr>
<tr>
<td>No. of Forceps Delivery</td>
<td>54</td>
<td>0</td>
<td>54</td>
<td>2.3%</td>
<td>0.0%</td>
</tr>
<tr>
<td>No. of Epidurals</td>
<td>282</td>
<td>0</td>
<td>282</td>
<td>12.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
Conclusion:

Introduction of the PPM model of care at NH has succeeded because patient experience, evidence based care, choice and safety are at the forefront of care.

Collaborative arrangements with PPM’s are an innovative way of offering continuity of evidence based care.

Multidisciplinary engagement and support for implementation of a PPM model at all levels is required.

Introduction of the PPM model at Northern Health has been positive for staff and the women and families of the north.
Next Steps

- Opening to other Private Midwives to be credentialed.
- DHHS are to hold a workshop for hospitals in October

Acknowledgements:
- DHHS
- Jodie Ashworth, CNMO, General Manager Womens and Childrens, Surgical and ICU
- My Midwives
- Maternity and Obstetric Staff at Northern Health
- Our women and their families

roslyn.payne@nh.org.au
andrea.quanchi@mymidwives.com.au