



# National Maternity Services Plan

## Implementation Plan for the Middle Years 2012-13

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### Introduction

In November 2010 Health Ministers endorsed the National Maternity Services Plan to provide a national strategic framework to guide policy and program development across Australia for the next five years.

During the first year of the Plan, Australian governments and other stakeholders worked together to make significant progress towards achieving improved maternity services for Australian women and their families.

The National Maternity Services Plan: First Year Implementation Plan 2010-2011, Annual Report was endorsed by the Standing Council on Health on 11 November 2011. The report is available on the Department of Health and Ageing website.

The Implementation Plan for the Middle Years 2012-2013 for the National Maternity Services Plan builds on this work and, once again, its success is dependent on the continued collaboration between all Australian governments and other stakeholders to achieve the objectives of the Plan.

The actions identified for the Implementation Plan for the Middle Years 2012-2013 may differ from those originally identified in the National Maternity Services Plan. This reflects the achievements and progress of the first year actions and reflects the importance of maternity care provision and its place within the broader health reform environment.

Development of the Implementation Plan for the Middle Years 2012-2013 was led by the Maternity Services Inter Jurisdictional Committee in consultation with government and non-government stakeholders who share responsibility for implementing components of the Plan.

All Australian governments will continue to report to Australian Health Ministers on progress towards implementing the National Maternity Services Plan including the achievements and associated benefits delivered to Australian women and their families.

Kim Hames

Deputy Premier, Minister for Health Western Australia

Chair Standing Council on Health

30 April 2012

## Phase 2: An implementation plan for the middle years - 2012-2013

### 1.1 Increase access for Australian women and their family members to information that supports their needs for maternity care.

Action	Initial year action	Middle years action	Responsibility	Funding	Linked to Action	Signs of success - end of year 3
1.1.1	The Australian Government expands the National Pregnancy Support Helpline (the Helpline) to provide information, counselling and referral 24 hours a day, 7 days a week. The Helpline identifies gaps in the availability of evidence-based information.	An evaluation of the Pregnancy, Birth and Baby Helpline is undertaken. The Pregnancy, Birth and Baby Helpline sources or develops additional evidence-based information as required.	Australian Government National Health Call Centre Network (NHCCN) Ltd.	Australian Government through the 2009-10 Maternity Reform Budget Package	Nil	Use of the Pregnancy, Birth and Baby Helpline and satisfaction with the service. Additional evidence-based information is sourced as required.
1.1.2	Nil	Nil	Nil	Nil	Nil	Nil
1.1.3	AHMAC endorses the first 10 core maternity indicators.	AHMAC endorses the first ten maternity indicators and a plan to develop the remaining indicators. AHMAC develops an implementation and reporting framework for the first ten and remaining core maternity indicators.	HPPPC - Maternity Services Inter-Jurisdictional Committee	AHMAC cost-shared budget allocation 2011-12 AHMAC cost-shared budget 2012-13, 2013-14	1.2.1 4.1.5 4.2.4	The first ten core maternity indicators are endorsed by AHMAC. AHMAC endorses a plan to make maternity performance data available to women and their families. The remaining core maternity indicators are developed and endorsed by AHMAC. An implementation and reporting framework is developed.

## 1.2 Increase access for Australian women and their family members to local maternity care by expanding the range of models of care

Action	Initial year action	Middle years action	Responsibility	Funding	Linked to Action	Signs of success - end of year 3
1.2.1	<p>Australian governments facilitate increased access to midwifery-managed models of care for normal risk women e.g. midwifery group practice or birthing centres, whilst maintaining support for choice of and access to, medically managed models of care.</p> <p>Australian governments facilitate increased access for public patients to midwifery and medical practitioner continuity of carer programs.</p>	<p>Establish an agreed set of definitions for midwifery models of care as per action 4.2.4.</p>	Australian Government	<p>Australian Government through the 2009-10 Maternity Reform Budget Package</p>	<p>1.1.3</p> <p>1.2.4</p> <p>4.1.5</p> <p>4.2.4</p> <p>4.2.5</p>	<p>Agreed definitions for midwifery models of care are developed and used to inform the core maternity indicators middle years action (1.1.3).</p>
1.2.2	<p>Jurisdictions develop consistent approaches to the provision of clinical privileges within public maternity services, to enable admitting and practice rights for eligible midwives and medical practitioners.</p>	<p>Jurisdictions implement a consistent process for eligible midwives and medical practitioners to secure clinical privileges, admitting and practice rights to public health facilities. Jurisdictions develop and implement a monitoring framework and reporting structure for the clinical privileges, admitting and practice rights of eligible midwives and medical practitioners.</p>	Jurisdictions	<p>Within jurisdictional resources</p>	<p>Nil</p>	<p>A generic process for eligible midwives and medical practitioners to secure clinical privileges, admitting and practice rights to public health facilities is implemented and monitored.</p>

Action	Initial year action	Middle years action	Responsibility	Funding	Linked to Action	Signs of success - end of year 3
1.2.3	<p>The Nursing and Midwifery Board of Australia endorses a standard for a safety and quality framework, which includes an assessment of clinical risk, for the provision of private homebirth as part of the agreed two-year exemption on the requirement for midwives to hold professional indemnity insurance in order to register as a midwife.</p> <p>States and territories investigate options for the provision of publicly funded homebirth care.</p>	<p>AHMAC develops further options for consideration by Health Ministers for the exemption on the requirement of midwives to hold professional indemnity insurance in order to register as a midwife.</p> <p>AHMAC will review the exemption in 2013.</p> <p>Jurisdictions consider the implementation of publicly funded homebirth models based on findings of their investigations.</p>	<p>AHMAC</p> <p>Jurisdictions</p>	<p>Within jurisdictional resources</p>	<p>Nil</p>	<p>Women have increased access to community models of care, including publicly funded homebirth.</p>
1.2.4	<p>States and territories identify the characteristics of maternity care programs that utilise midwives to their full scope of practice.</p>	<p>Jurisdictions identify nationally consistent characteristics of maternity care programs that utilise midwives to their full scope of practice.</p> <p>Jurisdictions explore options for the implementation of maternity care programs, in a range of different locations, that utilise midwives (including direct entry midwives) to their full scope of practice.</p>	<p>Jurisdictions</p>	<p>Within jurisdictional resources</p>	<p>1.2.1</p> <p>4.2.4</p>	<p>Increased number of midwives involved in maternity care programs that utilise midwives to their full scope of practice in a range of different locations.</p>

Action	Initial year action	Middle years action	Responsibility	Funding	Linked to Action	Signs of success - end of year 3
1.2.5	The Australian Government enables increased availability of private primary maternity services by private maternity professionals through the introduction of MBS and PBS items, and professional indemnity insurance for eligible midwives. The Australian Government undertakes consultations with private health insurers through the peak bodies (AHIA and HIRMAA) to assist insurers to meet their legislative obligations under the appropriate Act.	The Australian Government monitors the effectiveness of the introduction of MBS and PBS items and professional indemnity insurance in increasing access for women to local, private primary maternity services (excluding homebirth).  A prescribing course for midwives is established.	Australian Government	Australian Government through the 2009-10 Maternity Reform Budget Package	4.2.5	The effectiveness of MBS and PBS items and professional indemnity insurance is monitored.  A prescribing course is available for midwives.
1.2.6	AHMAC identifies the availability of access to public antenatal care in a range of local community settings.  AHMAC considers the inclusion of appropriate data items to measure access to public antenatal care in a range of local community settings in a reporting framework (see Action 1.1.2)	AHMAC develop a tool to evaluate the availability of access to public antenatal care in local community settings.  Jurisdictions establish a baseline regarding access to public antenatal care in local community settings.  Jurisdictions explore the implementation of mechanisms to increase access to public antenatal care in local community settings.	AHMAC  Jurisdictions	AHMAC cost-shared budget allocation 2011-12	Nil	Mechanisms to increase the availability of access to public antenatal care in local community settings are identified.  An evaluation tool is available to monitor the availability of access to public antenatal care in local community settings.

Action	Initial year action	Middle years action	Responsibility	Funding	Linked to Action	Signs of success - end of year 3
1.2.7	Nil	<p>AHMAC identifies the availability of access to a maternity carer for postnatal care outside the hospital setting, for at least two weeks after birth.</p> <p>An audit is undertaken to determine the availability of access to a maternity carer for postnatal care outside hospital settings, to at least two weeks after birth.</p> <p>Jurisdictions establish a baseline regarding access to a maternity carer for postnatal care outside hospital settings, to at least two weeks after birth.</p> <p>Jurisdictions explore the implementation of mechanisms for the availability of access to a maternity carer for postnatal care outside hospital settings, to at least two weeks after birth.</p>	<p>AHMAC</p> <p>Jurisdictions including the Australian Government through Medicare locals</p>	<p>AHMAC cost-shared budget 2012-13</p>	4.1.2	<p>The availability of existing access to a maternity carer for postnatal care outside the hospital setting, for at least two weeks after birth is identified.</p> <p>Access to the availability of a maternity carer for postnatal care outside the hospital setting, for at least two weeks after birth is considered by AHMAC in a reporting framework.</p>

### 1.3 Increase access for women and their family members in rural Australia to high-quality maternity care

Action	Initial year action	Middle years action	Responsibility	Funding	Linked to Action	Signs of success - end of year 3
1.3.1	The Australian Government expands the Medical Services Outreach Assistance Program (MSOAP) to include multidisciplinary maternity care teams.	The Australian Government evaluates the expansion of the Medical Services Outreach Assistance Program (MSOAP) to include multidisciplinary maternity care teams.  AHMAC identifies access to state and territory programs (in addition to MSOAP) of outreach services to rural and remote locations.	Australian Government  HPPPC - Rural Health Standing Committee	Australian Government through the 2009-10 Maternity Reform Budget Package.	1.4.1  3.3.1	Increased availability of services to rural and remote locations.
Action	Initial year action	Middle years action	Responsibility	Funding	Linked to Action	Signs of success - end of year 3
1.3.2	AHMAC endorses a National Strategic Framework for Rural and Remote Health, which includes objectives and strategies to address access to health services in rural Australia.	AHMAC endorses the National Strategic Framework for Rural and Remote Health. The Framework will be printed and endorsed.	AHMAC	AHMAC cost-shared budget 2011-12	1.4.2  3.3.1  3.3.2	The National Strategic Framework for Rural and Remote Health is endorsed. The Framework is printed and promoted.

#### 1.4 Increase access for women and their family members in remote Australia to high-quality maternity care

Action	Initial year action	Middle years action	Responsibility	Funding	Linked to Action	Signs of success - end of year 3
1.4.1	AHMAC identifies the characteristics of successful community-based maternity care in remote locations.	Jurisdictions consider using the core characteristics identified by AHMAC as a basis to increase access to community based maternity care in remote locations.	HPPPC - Maternity Services Inter-Jurisdictional Committee, the Rural Health Standing Committee	Within jurisdiction resources	1.3.1	Community-based maternity care is available in remote locations.
1.4.2	AHMAC endorses a National Strategic Framework for Rural and Remote Health, which includes objectives and strategies to address access to health services in rural Australia.	AHMAC endorses the National Strategic Framework for Rural and Remote Health. The Framework will be printed and endorsed.	AHMAC	AHMAC cost-shared budget 2011-12	1.3.2	The National Strategic Framework for Rural and Remote Health is endorsed. The Framework is printed and promoted.

## 2.1 Ensure Australian maternity services provide high-quality, evidence-based maternity care

Action	Initial year action	Middle years action	Responsibility	Funding	Linked to Action	Signs of success - end of year 3
2.1.1	AHMAC endorses National Evidence Based Antenatal Care Guidelines for the first trimester.	AHMAC endorses the remaining National Evidence-Based Antenatal Care Guidelines for the second and third trimester (Module 2).	APHDPC - Child Health and Wellbeing Subcommittee	AHMAC cost-shared budget 2011-12	Nil	Module 2 encompassing the National Evidence-Based Antenatal Care Guidelines for the second and third trimester is endorsed by the National Health and Medical Research Council and AHMAC.
		Jurisdictions will use the National Evidence-Based Antenatal Care Guidelines for the first trimester (Module 1) as a resource for all health professionals working with women in the antenatal period.	Jurisdictions	Within jurisdictional resources		The National Evidence-Based Antenatal Care Guidelines are implemented at national, jurisdictional and local levels to provide consistency of antenatal care in Australia and improve the experience and outcomes for women and their families.
2.1.2	AHMAC considers the recommendations of the National Maternity Mortality and Morbidity reporting project.	AHMAC endorses the recommendations of the National Maternal Mortality and Morbidity report.	HPPPC - Maternity Services Inter-Jurisdictional Committee	Nil	2.1.3 4.1.5	A National Maternal Mortality and Morbidity Report is produced.

Action	Initial year action	Middle years action	Responsibility	Funding	Linked to Action	Signs of success - end of year 3
2.1.3	Nil	AHMAC agrees to recommend to the ACSQHC that systems and processes are developed to use statistics, core maternity indicators, and the maternal and perinatal mortality and morbidity review to improve public and private maternity care.  This action has been deferred, pending development of linked actions.	Nil	Nil	1.1.3 2.1.2 4.1.5	Nil

Action	Initial year action	Middle years action	Responsibility	Funding	Linked to Action	Signs of success - end of year 3
2.2.1	AHMAC identifies the characteristics of culturally competent maternity care for Aboriginal and Torres Strait Islander people.	AHMAC agrees on the characteristics of culturally competent maternity care for Aboriginal and Torres Strait Islander people.  Jurisdictions expand programs providing culturally competent maternity care for Aboriginal and Torres Strait Islander people.	HPPPC - Maternity Services Inter-Jurisdictional Committee  Jurisdictions	AHMAC cost-shared budget allocation 2010-11 rolled over to 2011-12  Within jurisdictional resources	Nil	Characteristics of culturally competent care for Aboriginal and Torres Strait Islander people are identified.  There is an expansion of programs providing culturally competent maternity care for Aboriginal and Torres Strait Islander people.

Action	Initial year action	Middle years action	Responsibility	Funding	Linked to Action	Signs of success - end of year 3
2.2.2	Health Ministers recommend to all the National Boards, through the National Registration and Accreditation Sub Committee, that cultural competence is a component of all training, education and ongoing professional development of the whole maternity workforce.	Health workforce national boards consider cultural competence as a component of all training, education and ongoing professional development of the whole maternity workforce.	Australian Health Practitioner Regulation Agency	Not applicable	Nil	Cultural competence is a component of all training, education and ongoing professional development of the whole maternity workforce.
2.2.3	AHMAC undertakes research on international evidence-based examples of birthing on country programs.	Based on the outcome of investigations, jurisdictions consider the development of a birthing on country pilot program that includes consultation with Aboriginal and Torres Strait Islander people.	Jurisdictions	AHMAC cost - shared budget 2012-13	Nil	A birthing on country framework is developed.

### 2.3 Develop and expand appropriate maternity care for women who may be vulnerable due to medical, socioeconomic and other risk factors

Action	Initial year action	Middle years action	Responsibility	Funding	Linked to Action	Signs of success - end of year 3
2.3.1	Australian governments expand screening for perinatal depression.	<p>Jurisdictions, through the National Perinatal Depression Initiative, increase perinatal mental health screening for all women accessing maternity services.</p> <p>Jurisdictions, through the National Perinatal Depression Initiative, continue to provide training, mentoring and supervision of staff undertaking perinatal mental health screening.</p>	Jurisdictions	National Perinatal Depression Initiative	Nil	<p>Perinatal mental health screening is offered to all women accessing maternity services.</p> <p>Training, mentoring and supervision is provided to staff undertaking perinatal mental health screening.</p>

Action	Initial year action	Middle years action	Responsibility	Funding	Linked to Action	Signs of success - end of year 3
2.3.2	<p>States and territories establish formal referral pathways for women experiencing depression and mental illness with perinatal mental health services.</p> <p>States and territories develop options to overcome separation of mothers from their babies while receiving mental health care.</p>	<p>Jurisdictions, through the National Perinatal Depression Initiative map, formalise and expand, if required, formal referral pathways for women experiencing depression and mental illness in the perinatal period.</p> <p>Jurisdictions consider options for overcoming separation of mothers from their babies when receiving mental health care.</p> <p>Jurisdictions develop a framework to evaluate referral pathways for women experiencing depression and mental illness and expanded options for overcoming separation of mothers from their babies when receiving mental health care.</p>	Jurisdictions	Within jurisdictional resources	Nil	Formal referral pathways for women experiencing depression and mental illness are expanded.

Action	Initial year action	Middle years action	Responsibility	Funding	Linked to Action	Signs of success - end of year 3
2.3.3	Australian governments progress investigation of the range of models of maternity care for at-risk women, including: - pregnant adolescents - women with pre-existing medical conditions - women from CALD communities - women in prison - obese women - women using cigarettes, alcohol and illicit substances - older women - women experiencing domestic violence - women who have experienced various forms of female genital cutting	Jurisdictions map and implement evidence-based maternity care models for at-risk women, including: - pregnant adolescents - women with pre-existing medical conditions - women from CALD communities - women in prison - obese women - women using cigarettes, alcohol and illicit substances - older women - women experiencing domestic violence - women who have experienced various forms of female genital cutting Jurisdictions develop a framework to evaluate evidence-based maternity care models for at-risk women.	Jurisdictions	Within jurisdictional resources	Nil	Evidence-based maternity care models for at-risk women are expanded and implemented as required.

### 3.1 Plan and resource to provide an appropriately trained and qualified maternity workforce that provides clinically safe women-centred maternity care within a wellness paradigm

Action	Initial year action	Middle years action	Responsibility	Funding	Linked to Action	Signs of success - end of year 3
3.1.1	AHMAC recommends to Health Workforce Australia the investigation of drivers of productivity, performance and retention of the maternity workforce.	<p>The National Workforce Innovation and Reform Strategic Framework for Action and Clinical Training Reform Program provides mechanisms to support productivity, performance and retention of the health workforce.</p> <p>Health Workforce Australia undertakes national consultation on the Rural and Remote Health Workforce Innovation and Reform Strategy to gather information about workforce needs including the maternity workforce.</p>	Health Workforce Australia	Health Workforce Australia	3.1.2 3.1.3 3.2.1 3.4.1	Strategies are investigated to improve productivity, performance and retention for the maternity workforce.

Action	Initial year action	Middle years action	Responsibility	Funding	Linked to Action	Signs of success - end of year 3
3.1.2	AHMAC recommends to Health Workforce Australia that work is undertaken to guide the future development of requirements for education and clinical training for the maternity workforce, and ensure that training places meet this need.	<p>A National Training Plan is developed by Health Workforce Australia, providing national estimates of student and trainee requirements for Obstetricians, Gynaecologists and Midwives for each year to 2025, under various planning scenarios. These estimates will be updated annually to reflect recent data releases and any significant changes in the planning context.</p> <p>Health Workforce Australia scopes rural generalist medical and allied health projects which will complement the National Training Plan.</p>	Health Workforce Australia	Health Workforce Australia	3.1.1	National Training Plan estimates are used to inform future decision-making for both medical and midwifery education and clinical training.

Action	Initial year action	Middle years action	Responsibility	Funding	Linked to Action	Signs of success - end of year 3
3.1.3	The Nursing and Midwifery Board of Australia applies the professional requirements for the recognition of eligible midwives.	The Nursing and Midwifery Board of Australia continues to apply the professional requirements for the recognition of eligible midwives. Health Workforce Australia works collaboratively with the Australian Health Practitioner Regulation Agency and the Australian Institute of Health and Welfare to ensure timely and accurate national monitoring of eligible midwives.	Nursing and Midwifery Board of AustraliaHealth Workforce Australia, Australian Health Practitioner Regulation Agency and the Australian Institute of Health and Welfare	Health Workforce Australia	3.1.1	Registered midwives continue to have access to eligibility recognition. The number of eligible midwives is monitored.

### 3.2 Develop and support an Aboriginal and Torres Strait Islander maternity workforce

Action	Initial year action	Middle years action	Responsibility	Funding	Linked to Action	Signs of success - end of year 3
3.2.1	AHMAC recommends to Health Workforce Australia that strategies are developed to increase access to a range of programs, including Certificate IV Aboriginal Health Worker, midwifery and medical training, which lead to an increase in the number of Aboriginal and Torres Strait Islander people in the maternity workforce.	Health Workforce Australia conducts the next stage of the Aboriginal and Torres Strait Islander Health Worker project, including consideration of the supports required to assist participation of the Aboriginal and Torres Strait Islander health workforce	Health Workforce Australia	Health Workforce Australia	3.1.1	There is an increase in the number of Aboriginal and Torres Strait Islander people in the health workforce, including those working in maternity services

Action	Initial year action	Middle years action	Responsibility	Funding	Linked to Action	Signs of success - end of year 3
3.2.2	Australian governments, through Closing the Gap initiatives, continue to provide support to increase the number and capacity of Aboriginal and Torres Strait Islander people in the maternity workforce across all disciplines and qualifications.	Jurisdictions, through Closing the Gap initiatives, continue to provide support to increase the number and capacity of Aboriginal and Torres Strait Islander people in the maternity workforce across all disciplines and qualifications.	Jurisdictions	Within jurisdictional resources in collaboration with HWA	Nil	Ongoing support is provided to increase the number and capacity of Aboriginal and Torres Strait Islander people in the maternity workforce across all disciplines and qualifications.

Action	Initial year action	Middle years action	Responsibility	Funding	Linked to Action	Signs of success - end of year 3
3.2.3	The Australian Government provides scholarships (under the Puggy Hunter Memorial Scheme) for the training of Aboriginal and Torres Strait Islander people for the maternity workforce.	The Australian Government continues to provide scholarships for the training of Aboriginal and Torres Strait Islander people for the maternity workforce.	Australian Government	Puggy Hunter Memorial Scholarship Scheme	Nil	Scholarships are provided for the training of Aboriginal and Torres Strait Islander people for the maternity workforce.

### 3.3 Develop and support a rural and remote maternity workforce

Action	Initial year action	Middle years action	Responsibility	Funding	Linked to Action	Signs of success - end of year 3
3.3.1	The Australian Government continues to provide locum support for the rural and remote maternity workforce. The Australian Government considers expanding locum support for the rural and remote maternity workforce.	The Australian Government continues to provide subsidised locum support for the rural and remote maternity workforce.	Australian Government	Australian Government	1.3.1 1.3.2	Rural and remote women have enhanced access to high quality local obstetric care.
3.3.2	The Australian Government provides scholarships for training to increase the maternity workforce in rural and remote Australia.	The Australian Government continues to provide training scholarships to increase the maternity workforce in rural and remote Australia.	Australian Government	Australian Government through the 2009-10 Maternity Reform Budget Package	1.3.2	Training scholarships are provided to increase the maternity workforce in rural and remote Australia.

Action	Initial year action	Middle years action	Responsibility	Funding	Linked to Action	Signs of success - end of year 3
3.3.3	Australian governments explore options for the flexible delivery of education and training for the rural and remote maternity workforce.	Jurisdictions consider the implementation of flexible delivery of education and training for the rural and remote maternity workforce.	Health Workforce Australia	Within jurisdictional resources in collaboration with Health Workforce Australia	Nil	Education and training for the rural and remote maternity workforce is delivered in flexible models.

### 3.4 Facilitate a culture of interdisciplinary collaboration in maternity care

Action	Initial year action	Middle years action	Responsibility	Funding	Linked to Action	Signs of success - end of year 3
3.4.1	AHWMC considers the recommendations arising from the Core Competencies and Educational Framework for Primary Maternity Services Final Report (June 2010).	AHMAC in collaboration with Health Workforce Australia and the Australian Health Practitioner Regulation Agency implements the recommendations arising from the Core Competencies and Educational Framework for Primary Maternity Services Final Report.	Health Workforce Australia	Health Workforce Australia	3.1.1	Agreed actions arising from the Core Competencies and Educational Framework for Primary Maternity Services Final Report are implemented.
3.4.2	The Australian Government, through the NHMRC, develops the National Guidance for Collaborative Maternity Care.	Jurisdictions consider the use of the National Guidance for Collaborative Maternity Care in the development of maternity care policy.  The maternity workforce incorporates the National Guidance for Collaborative Maternity Care in their clinical practice.	Jurisdictions Relevant colleges and representative organisations.	Within jurisdictional resources	Nil	Maternity care policies incorporate the National Guidance for Collaborative Maternity Care.  Maternity clinical practice incorporates the National Guidance for Collaborative Maternity Care.

#### 4.1 Ensure all maternity care is provided within a safety and quality system

Action	Initial year action	Middle years action	Responsibility	Funding	Linked to Action	Signs of success - end of year 3
4.1.1	The Australian Government works with the RANZCOG and ACM to inform the development of consultation and referral guidelines for maternity care	No further action at this time.	Nil	Nil	Nil	Nil
4.1.2	Nil	AHMAC maps current practices for the transfer of information and referral from maternity care to child and family health care, including general practice.	HPPPC - Maternity Services Inter-Jurisdictional Committee	AHMAC cost shared budget 2012-13	1.2.7	Current information transfer and referral practices between maternity care and child and family health care, including general practice, are identified.
4.1.3	AHMAC develops a national woman-held pregnancy record.	Jurisdictions use the national woman-held pregnancy record as a template for the development of nationally consistent women held records.  Jurisdictions develop a tool to evaluate the use of the National Woman Held Maternity Record.	Jurisdictions	AHMAC cost shared budget allocation 2011-12  Within jurisdictional resources	Nil	Jurisdictions use the national woman-held pregnancy record as a template for the development of nationally consistent women held records.  An evaluation tool for the use of the National Woman Held Maternity Record is available.

Action	Initial year action	Middle years action	Responsibility	Funding	Linked to Action	Signs of success - end of year 3
4.1.4	The Australian Government, in consultation with key stakeholders, commences planning for the introduction of a Personally Controlled Electronic Health Record system.	The Mater Shared Electronic Health Record, a Wave 2 Personally Controlled Electronic Health Record project, will develop and implement a Shared Electronic Health Record.	Australian Government	Australian Government under the 2009-10 eHealth Budget Package	Nil	Implementation of the Mater Shared Electronic Health Record informs the future implementation of Personally Controlled Electronic Health Record System infrastructure and standards in other sites. The Mater Shared Electronic Health Record project informs the development and implementation of consumer oriented portals.
Action	Initial year action	Middle years action	Responsibility	Funding	Linked to Action	Signs of success - end of year 3
4.1.5	The Australian Government funds the development of nationally consistent maternal and perinatal data collections.	The Australian Government through the Australian Institute of Health and Welfare, undertakes Phase One of a project to develop a nationally consistent Maternal and Perinatal Mortality and Morbidity Data Collection, to enhance the existing Perinatal National Minimum Data Set. The Maternity Information Matrix, which provides an electronic inventory of maternity data in Australia, is published.	Australian Government through the AIHW	Australian Government through the 2009-10 Maternity Reform Budget Package	1.1.3 2.1.2 4.2.4	The Phase One Report informs the development of a business case to the National Health Information Standards and Statistics Committee for implementation of an enhanced Perinatal National Minimum Data Set. The Maternity Information Matrix is made publicly available.

Action	Initial year action	Middle years action	Responsibility	Funding	Linked to Action	Signs of success - end of year 3
4.1.6	Nil	Jurisdictions explore options for innovative technology solutions to assist the provision of specialist consultation and care to women in rural and remote locations.	HPPPC - Maternity Services Inter-Jurisdictional Committee	Within jurisdictional resources	4.2.3	Innovative technology solutions to provide specialist consultation and care to women in rural and remote locations are available.

## 4.2 Ensure maternity service planning, design and implementation is woman-centred

Action	Initial year action	Middle years action	Responsibility	Funding	Linked to Action	Signs of success - end of year 3
4.2.1	AHMAC examines tools to assist in future planning for maternity care, including in rural and remote communities.	AHMAC develops a rigorous methodology to assist in future planning for maternity care, including in rural and remote communities.	HPPPC - Maternity Services Inter-Jurisdictional Committee	AHMAC cost shared budget allocation 2011-12	Nil	Clinical service planning methodology, assisting future planning for maternity care, including rural and remote communities, is available.

Action	Initial year action	Middle years action	Responsibility	Funding	Linked to Action	Signs of success - end of year 3
4.2.2	AHMAC develops a National Maternity Services Capability Framework for the provision of maternity care.	The National Maternity Services Capability Framework is print ready and available on the internet. Jurisdictions use the National Maternity Services Capability Framework as a template to guide the development of local resources to promote national consistency.	HPPPC - Maternity Services Inter-Jurisdictional Committee	AHMAC cost shared budget allocation 2011-12	Nil	Jurisdictions have developed a service capability framework for maternity services consistent with the National Maternity Services Capability Framework as a template.

Action	Initial year action	Middle years action	Responsibility	Funding	Linked to Action	Signs of success - end of year 3
4.2.3	<p>Australian governments, through Closing the Gap initiatives, continue to provide supported accommodation and travel options for Aboriginal and Torres Strait Islander women and key family members who travel to access appropriate levels of maternity and neonatal care.</p> <p>States and territories review existing accommodation and transport support mechanisms for women and key family members who travel to access appropriate levels of maternity and neonatal care.</p>	<p>Jurisdictions, through Closing the Gap initiatives, continue to provide accommodation and travel options for Aboriginal and Torres Strait Islander women and key family members who travel to access appropriate levels of maternity and neonatal care.</p> <p>Jurisdictions explore options for increasing support for women and family members who travel to access appropriate levels of maternity and neonatal care.</p>	Jurisdictions	Closing the Gap initiative funding	4.1.6	Accommodation and travel options are available for Aboriginal and Torres Strait Islander women and key family members who travel to access appropriate levels of maternity and neonatal care.
4.2.4	Nil	Definitions for midwifery models of care are developed and agreed.	Australian Government	Australian Government through the 2009-10 Maternity Reform Budget Package	1.1.3 1.2.1 1.2.4  4.1.5	Agreed definitions of models of care are developed and used to inform the core maternity indicators middle years action (1.1.3).

Action	Initial year action	Middle years action	Responsibility	Funding	Linked to Action	Signs of success - end of year 3
4.2.5	The Australian Government introduces MBS and PBS subsidies for antenatal, intrapartum (excluding homebirth) and postnatal care provided by eligible midwives. States and territories use best endeavours to amend the relevant drugs and poisons legislation to enable appropriate prescribing rights for midwives to facilitate access to PBS subsidies for women.	The Australian Government monitors the effectiveness of the introduction of MBS and PBS items and professional indemnity insurance in increasing access for women to local, private primary maternity services (excluding homebirth). A prescribing course for midwives is made available. Jurisdictions develop strategies to identify and address barriers to the uptake of MBS and PBS subsidies by women and health professionals.	Australian Government          Jurisdictions	Australian Government through the 2009-10 Maternity Reform Budget Package Within jurisdictional resources	1.2.1          1.2.5	The uptake of MBS items and PBS medicines is monitored. A prescribing course is available for midwives. Strategies are developed to identify and address barriers to the uptake of MBS and PBS subsidies by women and health professionals.

## Acronyms

AHMAC	Australian Health Minister's Advisory Council
HPPPC	Health Policy Priorities Principal Committee
MBS	Medicare Benefits Schedule
PBS	Pharmaceutical Benefits Scheme
AHIA	Australian Health Insurance Association
HIRMAA	Health Insurance Restricted Membership Association of Australia
APHDPC	Australian Population Health Development Principal Committee - Child Health and Well-being Sub Committee
AHWMC	Australian Health Workforce Ministerial Council
NHMRC	National Health and Medical Research Council
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
ACM	Australian College of Midwives
AIHW	Australian Institute of Health and Welfare