



# Creating an Ideal Pregnancy Journey

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## Case for change

- COVID-19, Flooding and Fires suspended face-to-face antenatal clinic appointments
- Women were isolated from antenatal services
- Support people were unable to attend appointments due to visitor restrictions
- Telephone was our only option which created a sense of disconnect for the women, their families and midwives
- An alternative way of providing antenatal care during times of pandemics or disasters needed to be implemented

## Goal



By April 2022 the project team will have implemented a functional virtual model of care that assists in providing antenatal care to women across the Hastings Macleay Clinical Network.

## Objectives

- 80% of women using the virtual model of care in maternity services to ensure the experience is a positive one compared to 34.6% by June 2022.
- 20% of pregnant women who are registered in the Hastings Macleay Clinical Network antenatal service will have used the virtual mode of care compared to 0% by June 2022.
- 90% of staff are trained and confident in providing antenatal care via a virtual mode of care compared to 0% by April 2022

## Method

- Local guideline developed
- Ongoing satisfaction surveys for women and staff

- Virtual model of care trialled
- New processes developed



- Identifying and engaging stakeholders
- Scoping and defining

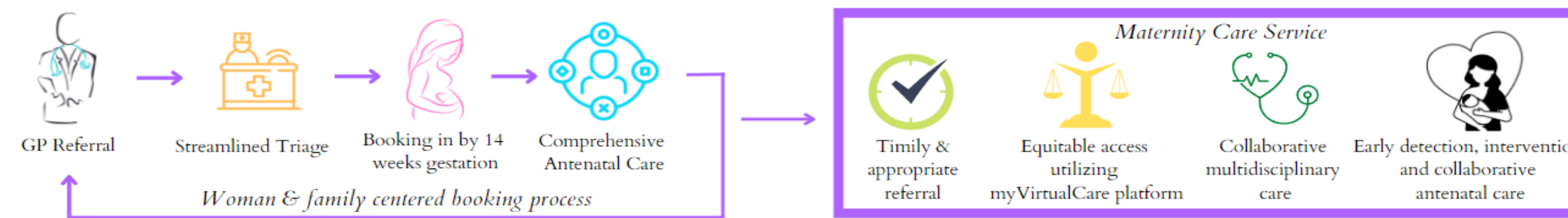
- 22 midwives surveyed
- 60 women surveyed
- 313 notes audited
- Focus groups with 81 participants
- Process mapping with 103 participants
- Identified and prioritized issues

- Brainstorming with steering committee
- Benchmarking and literature reviews
- 3 themes identified
- Training sessions organized

The project was undertaken using the ACI Redesign Methodology

## Results

### Vision for a woman-centred pregnancy journey



### Process Solutions

<b>Improved engagement from women</b> Women are able to engage with antenatal services during isolation or when transport to specialists out of area is a concern	<b>Streamlined referral process</b> Communication sent to all GPs within the MNCLHD = improved GP engagement, women referred with all pathology and ultrasounds now attended prior to booking in	<b>Streamlined triage process</b> Shorter initial booking in appointment allows for additional appointments to be made available = shorter waitlist times while cost neutral	<b>Utilisation by specialists</b> Ability to be able to integrate specialists from various parts of Australia in the one virtual appointment using the myVirtualCare platform
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### Capacity Building Solutions

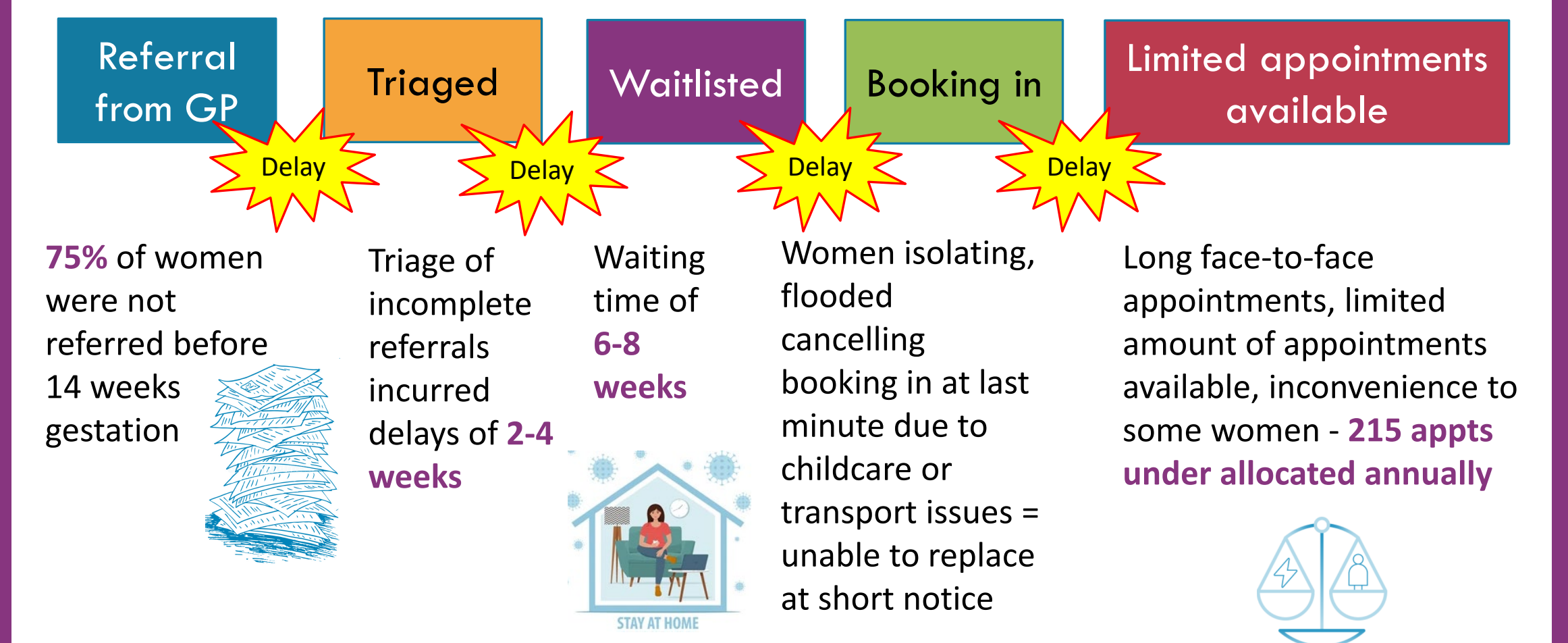
<b>Future Proofing</b> = ability to increase booking in appointment numbers without increasing FTE, takes into consideration 13% population growth for MNCLHD	Ability to do after hours and adhoc appointments at short notice = women-centred care and decreases "did not attend"
Staff trained as part of their orientation process = no need for paid off-site training days	<b>Cost Neutral</b> = utilisation of pre-existing myVirtualCare platform, clinical rooms, hard and soft ware devices

### Initial Results

<b>Objective 1</b> 82.5% of women using service report positive experience <i>Achieved</i>	<b>Objective 2</b> 85% of women booked into service report have used the myVirtualCare platform <i>Achieved</i>	<b>Objective 3</b> 96% of staff trained in the use of myVirtualCare <i>Achieved</i>
<b>16% increase</b> in women booked into the service over 3 months due to earlier referrals and booking ins	<b>Earlier detection and intervention</b> of maternal and foetal conditions = allows for appropriate referral and collaborative management	<b>Women-centred care</b> = providing women with a choice and flexibility with how they access healthcare. Therefore earlier engagement with multidisciplinary team

## Diagnostics

Highlight in this part the key findings. You can use pictures, graphs, etc.



Not being able to have my partner with me due to visitor restrictions was scary

I rang maternity and was told I couldn't book in for another 8 weeks, I felt so alone

I was one of 73% of women not booked in before 14 weeks

## Conclusion

- Trust the methodology
- Leverage the influence of the project sponsor to garner support
- The redesign of using virtual care to assist in the delivery of comprehensive antenatal care during episodes of external disasters is a priority for the MNCLHD. This project has provided the foundation by which comprehensive antenatal care can be integrated to enhance current best practices and seeks to improve the women's overall pregnancy experience
- Integration of the myVirtualCare platform into antenatal care has seen improved early referral into the service, shorter waitlist times, increased booking in rates prior to 14 weeks gestation and better engagement from women during periods of isolation or external disaster
- This project has been able to be adapted and utilised by other NSW Health clinical departments such as high risk antenatal clinics, diabetes teams and home midwifery services and can be implemented into any maternity service within Australia

## Sustaining change

- All new staff and new graduate midwives will be trained in the use of the myVirtualCare platform to confidently provide antenatal care
- Information and training package has been designed and located on the local drives for all staff to access
- All rotating staff will be rotated through the antenatal clinic and will be to the myVirtualCare platform
- Ongoing 3 monthly monitoring of 14/40 booking is a key performance indicator
- Reporting on key performance indicators to Committee Meetings
- Communication poster to key stakeholders
- New referral pathways have been implemented and communicated with all local GP's
- Clinical champions have already been trained in the use and troubleshooting of the myVirtualCare platform
- Communication to broader community regarding new mode for receiving antenatal care

## Acknowledgements

- Olivia Tierney, Project Sponsor and District Midwifery Manager
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- Pregnant women accessing care on the Mid North Coast

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