

Where is your birthplace?

Lynelle Hill, Jane Wardle, Candace Douglass Central Coast Local Health District



Method

Our project followed the Clinical Redesign methodology.

Initiation /Project definition; Engage sponsors, confirm scope and objectives, engage stakeholders, form steering group, author and have endorsed project management plan.

Diagnostics; Stakeholder and steering group identification of data/information requirements, data collection, consumer and stakeholder feedback and surveys, collation of results, prioritisation voting.

Solutions; Root cause analysis, focus group brainstorms/blitzes/affinity grouping, literature review, priority voting for solution design.

Implementation; Steering committee, champion and stakeholder involvement in implementation plan development, working group formed model of care, guidelines, procedures, quick win activities.

Sustainability; Staff and consumer evaluation, data collection, analysis, feedback and forward planning for annual review and implementation of findings.

Solutions

Thorough collection and review of our birthplace options diagnostic data, resulted in four potential solutions, from which Homebirth was identified as the preferred solution.

Solution to provide women with a birthplace choice	Does it solve the problem?	Is it feasible?	Will patients be satisfied?	Will it be low cost?	Is it sustainable for the future?	Total
Homebirth	5	4	5	5	4	23
Birth house	5	3	5	3	4	20
Wyong Obstetric led birth unit	5	2	5	1	3	16
Private homebirth midwives have admission rights to Gosford	0	5	5	5	5	20

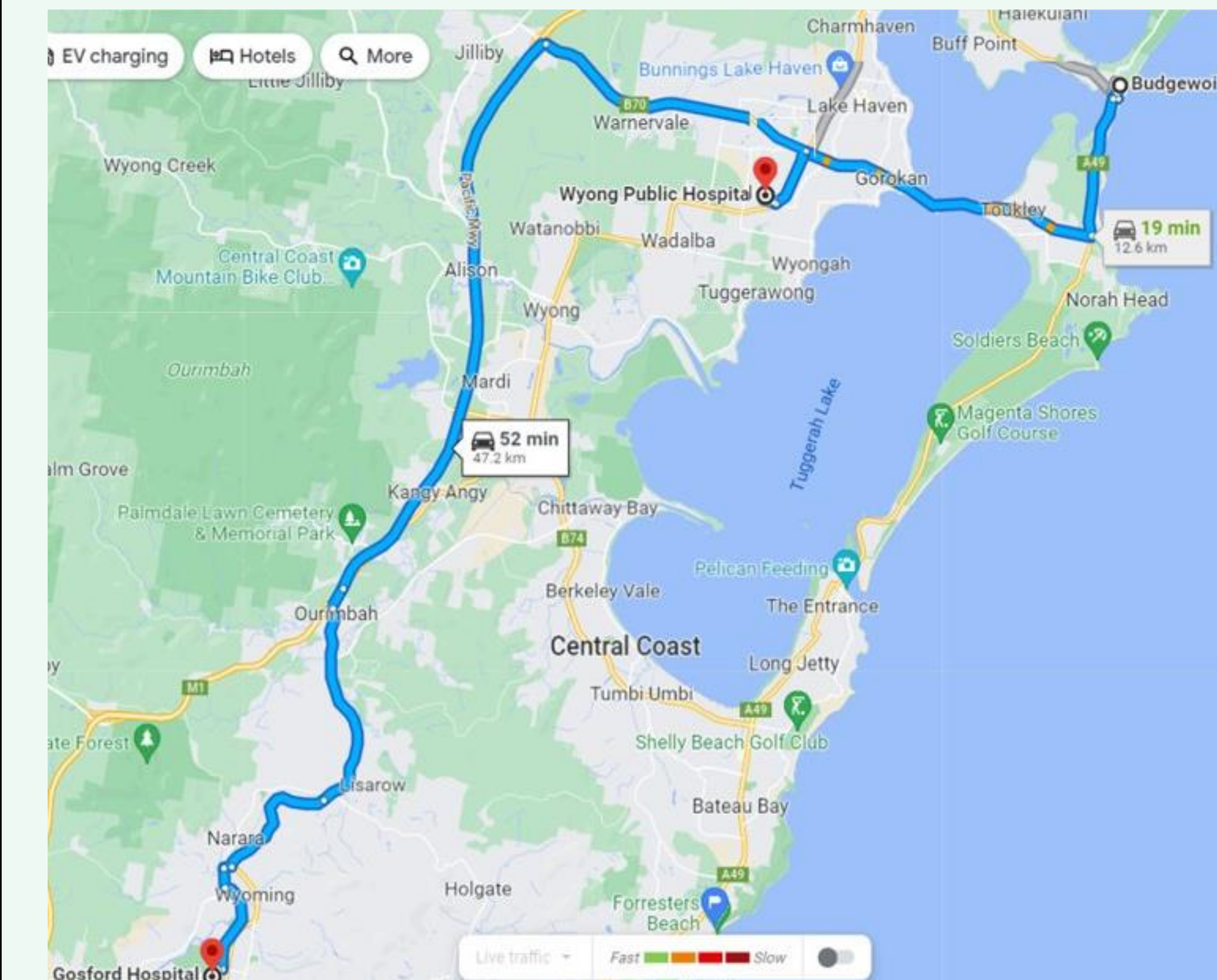
Implementation

	Complete
Suburban MGP Pods added to the MGP Operational Plan	Yes
Change of practice for presentations to the birth unit by MGP women to support MGP	Yes
CCLHD MoU with NSW Ambulance to direct admissions of unwell mothers to Gosford Birth Unit	Yes
Upskilling of midwives to mentor and support homebirth	Yes
CCLHD Homebirth Policies, Procedures and Guidelines developed	Yes
Homebirth as a birthplace launched for CCLHD	Awaiting CE sign off
CCLHD women are enrolled in MGP Homebirth program	Numerous women have expressed interest

Sustaining Change

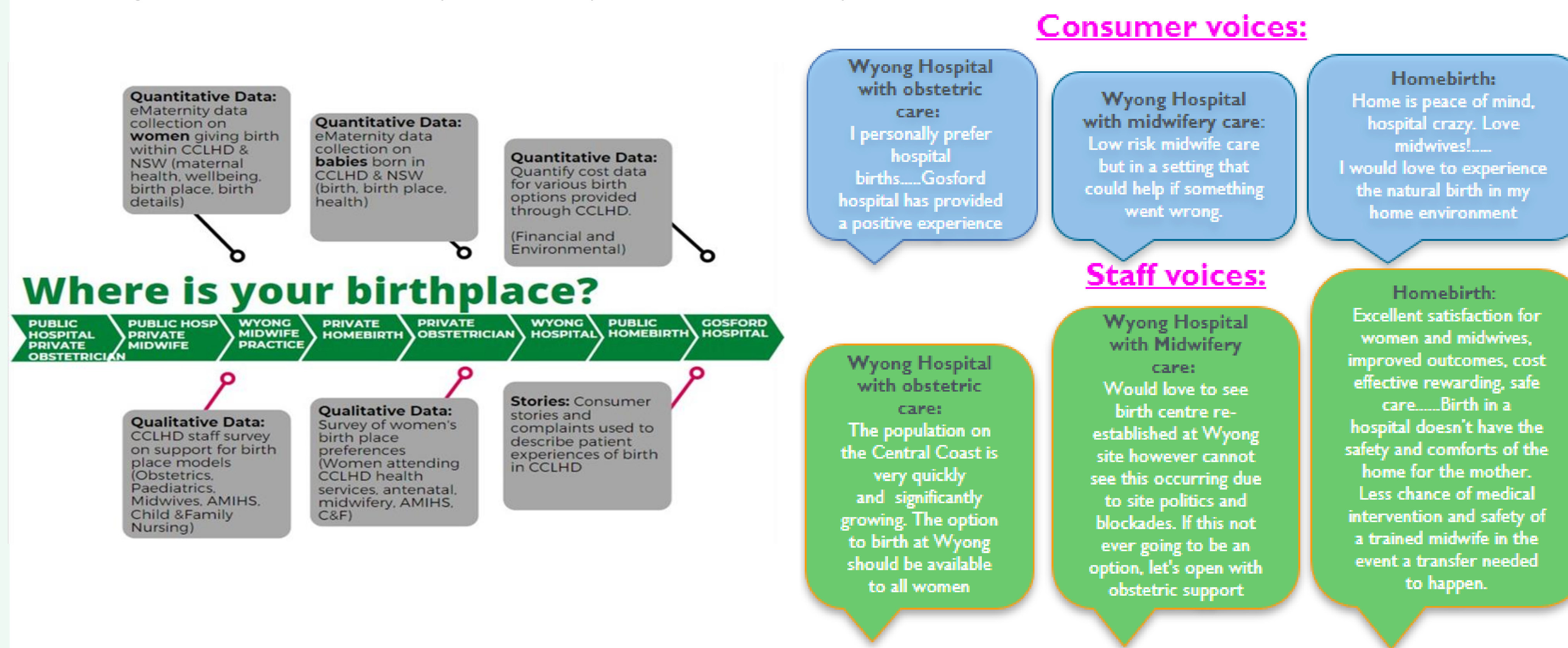
The key factors incorporated in our project to sustain our changes include;

- Gaining meaningful feedback from women on the change they want for themselves and others. Feedback on birth will continue to be collected on an ongoing basis, with the leadership goal of engaging with women and listening to their voices.
- Engaging staff across disciplines in the design of a solution to cater to the needs and preferences of our community.
- Collecting evidence on birth experiences and health outcomes will continue to occur and be presented to monthly midwifery meetings, supporting ongoing evaluation of the services we provide.



Diagnostics

Quantitative and qualitative evidence related to birthplace was identified as needed, and gathered from a range of sources including women, staff, community healthcare providers, e-maternity and finance.



WOMEN	MIDWIVES	CCLHD STAFF
Women would like to have for their next birth;	Midwives believe women would like to have for their next birth;	Staff specialists, child and family nursing and other CCLHD staff believe women would like;
<ol style="list-style-type: none"> 1. Gosford hospital with obstetric care 2. Public homebirth with public midwife 3. Wyong hospital with obstetric care 4. Private hospital 	<ol style="list-style-type: none"> 1. Wyong hospital with obstetric care 2. Public homebirth with public midwife 3. Gosford hospital with obstetric care 4. Wyong hospital with midwifery care 	<ol style="list-style-type: none"> 1. Wyong hospital with obstetric care 2. Gosford hospital with obstetric care 3. Public homebirth with public midwife 4. Wyong hospital with midwifery care

Conclusion

Evidence is clear that homebirth is safe and our project established that it is a model of care that midwives and consumers want. Cochrane compared Planned hospital birth versus Planned homebirth and published an article on the 8 March 2023, that articulated when care is provided by an experienced midwife, and transfer from home to hospital is available, homebirth is safe, and can minimise interventions and complications seen in hospital (Olsen & Clausen). We believe this is a service that should be implemented across all Maternity Services.

Homebirth is highly relevant to pregnant women, and we have a duty of care to offer this safe model of care to our consumers. We have seen an increased consumer request for this model of care at CCLHD. Our project offers other Maternity Services information and support on how to implement this essential model of care. We have received increased interest and requests from other NSW LHD's for our details. Our project will be easily transferable to all Maternity Services.

Acknowledgements

Thanks to the 121 women of the Central Coast who have told their stories, given feedback and participated in surveys to help plan birthplace services for the Central Coast.

Thanks also to Leanne Roberts, Kate McDonough, Mel Perry for your support of our project and the Steering committee and staff who responded to our survey.

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I live 5 minutes away from Wyong hospital but due to Wyong not having a birthing unit, I had to drive 45 minutes to Gosford. In the car I was screaming to my partner that I was ready to push. Upon arriving to the hospital, screaming in pain in the car park, someone ran upstairs to get a wheelchair. If this had not happened, I guarantee my baby would have been born in a hallway. Luckily, we made it into the birthing suite where I delivered my baby on the bathroom floor. The midwives I dealt with throughout my pregnancy and birth, were incredible midwives and my care could not have been better! My complaint lies with the hospital system and I know that my birth would have been a lot less stressful if I had of been able to drive to Wyong birthing unit. I know that if this was my birth experience, other mothers could have it 1000x worse.

Case for Change:

Following the closure of Wyong stand-alone birth centre **there is only one birthplace available for over 3000 women** accessing publicly funded birth on the Central Coast. The closure led to a 400% increase in complaints related to birthplace options, some of which were escalated to local members of parliament. Of the 121 women surveyed, **48% were dissatisfied** with current limited birthplace options, however **only 3.8% of these women would choose Wyong** stand-alone birth centre for their next birth, demonstrating that re-opening this unit is not what women want.

I live in Wyong and stressing about driving to Gosford when in labour, in case I don't make it.

I would like to choose the birthing place where I feel the safest and the least like my wishes were being intruded upon (home). I think homebirth should be free and accessible. It is a safe and empowering option.

I would prefer less interventions, continuous care and a more individual birthing option that is mother and baby centred as opposed to more medically centred.

Goal

To meet the needs of more women on the Central Coast by providing an alternative publicly funded birthplace option that women want, by December 2023.

Objectives

1. To **improve equity in healthcare** and **health outcomes** for mothers and babies, by providing an alternative birthplace by December 2023, as measured by the number of women accessing the alternative birthplace.
2. To **improve consumer experience**, evidenced by a 50% reduction in the number of complaints per year relating to birthplace, utilising consumer feedback data between March 2020- March 2022, compared to December 2023- June 2024.
3. To **lower the fiscal and environmental impact** of birthplace services, based on reduced cost and waste from women receiving antenatal, birth and postnatal care in the community compared to the women of same risk who birth in the current birth option.