

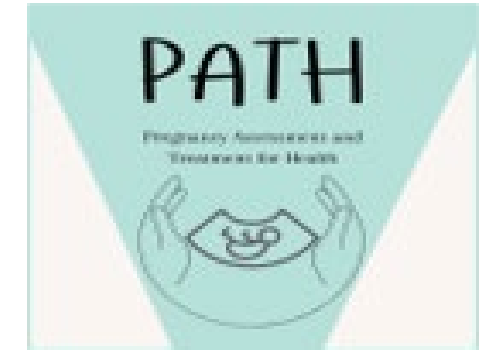


Hunter New England
Local Health District

PATH Project

Pregnancy Assessment and Treatment for Health

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Case for change

Five cases of preterm pre-eclampsia could be prevented each year at our hospital. Why does this matter? This disease results in preterm birth with lifelong consequences for babies and their families, as well as potentially severe illness in the mother. In a year at Maitland hospital, ten pregnant people and their babies were transferred to our tertiary referral facility, one mother was admitted to ICU, seven babies were admitted to NICU and one baby sadly passed away due to this disease. The financial cost to the health district per year due to pre-term pre-eclampsia in patients receiving antenatal care at our hospital is >\$800 000.

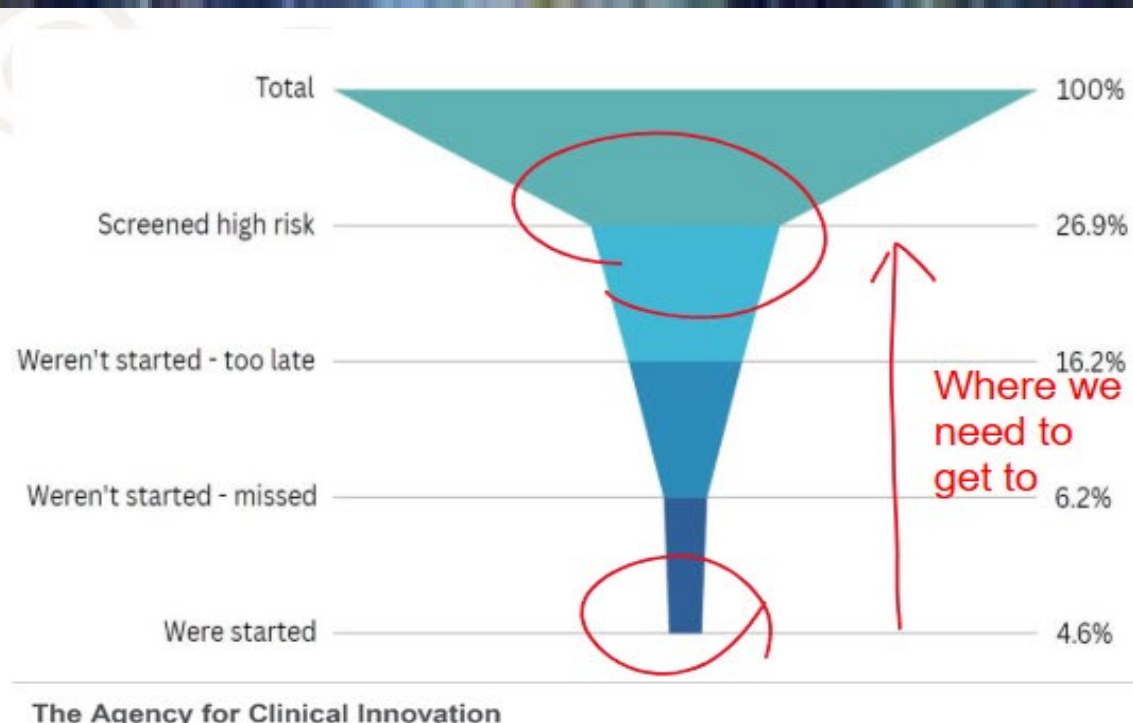
Goal

Reduce the risk of pre-eclampsia in pregnant individuals at Maitland Antenatal Clinic (MAC) through preventive healthcare measures by June 2025.

Objectives

1. Reduce the average gestation at booking visits from 18/40 to under 16/40 by February 2025.
2. Increase high-quality history-based pre-eclampsia screening in the Maitland Hospital catchment from 77% to 100% by April 2025.
3. Improve the timely delivery of pre-eclampsia preventive care for pregnant individuals at Maitland Hospital.

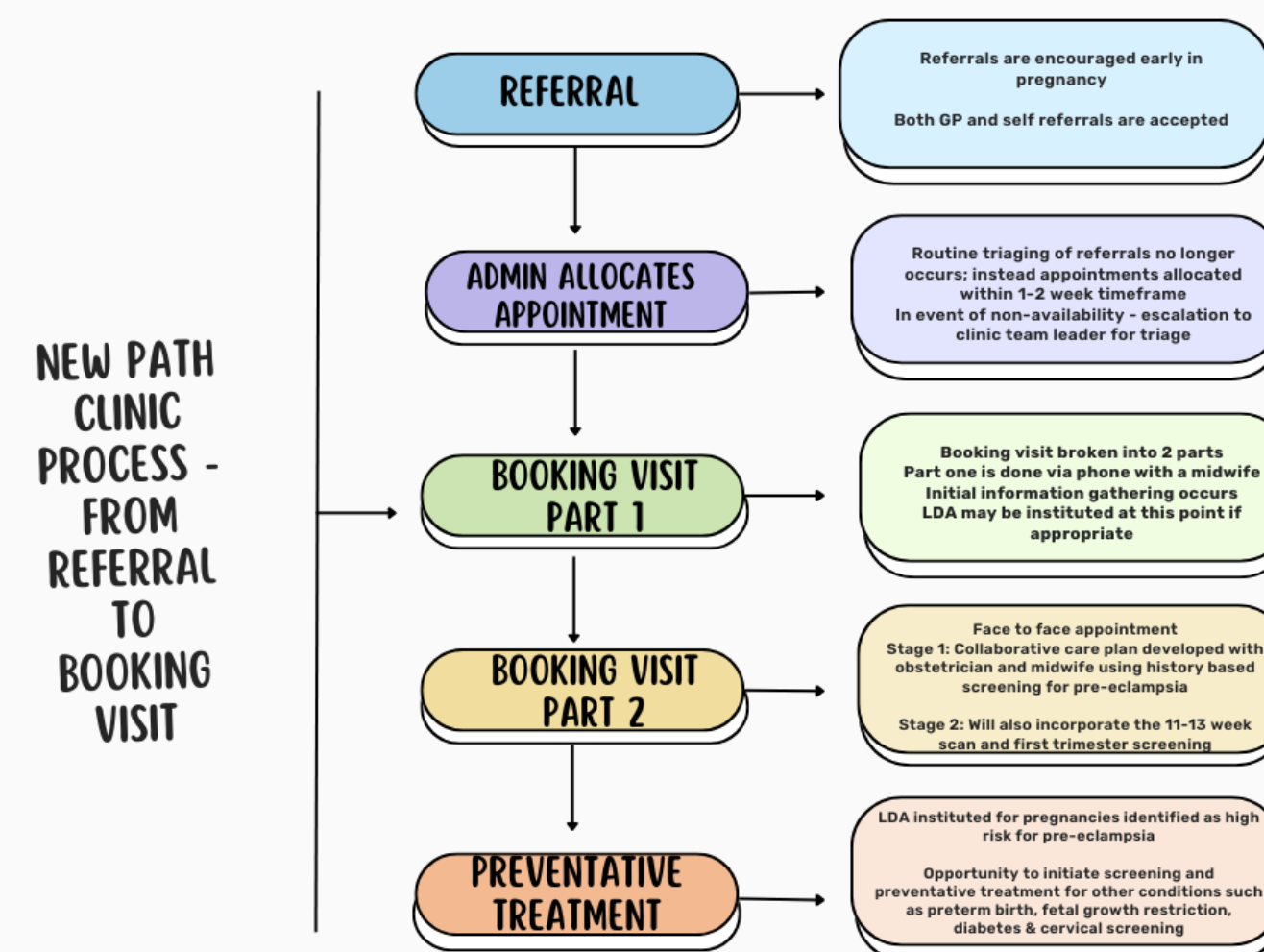
Diagnostics



Results

Whole of service implementation occurred in March 2025. Results from the first month revealed:

- Gestational age at time of referral was earlier post implementation (12 vs 14 weeks)
- Gestational age at booking visit was slightly earlier post implementation (18 vs 18+2 weeks)
- High quality history-based screening had improved to >99% of all pregnancies (previously 77%)
- Timely provision of low dose aspirin (LDA) as prevention for pre-eclampsia in pregnancies identified as high risk had improved to 66% of all high-risk pregnancies (previously 17%)



PATH Clinic Team

Clinic Team Leader, Rhiannon Robertson, Obstetrician Eliza Griffiths & Midwives Sonia Ellis and Natalie Hughes

Acknowledgements

Nicole Williams	Ashley Booth
Jenny Martin	Vanessa Fellows Megan Brown
Rhiannon Robertson Sarah Penfold	Naomi Evans
Kirsten McSweeney Michelle Redford	Ailsa Foster
Gina Moore Mel Rigney	The ACI Team

Sustaining change

- Use Qflow to track billing and justify resource allocation, including booking visit numbers.
- QIDS to monitor booking timing and preterm pre-eclampsia rates.
- Staff and consumer surveys to compare diagnostic vs post-implementation satisfaction.

Contact

If you're interested in learning more about The PATH Project, please feel free to reach out to:

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Conclusion

The lessons learned from the first stage of our project have proven to be highly adaptable and transferable to other services and settings. Key takeaways, such as the importance of early screening, timely intervention, and the integration of existing hospital systems like Qflow and QIDS, can be applied in different healthcare environments to improve patient outcomes. The approach has demonstrated its ability to streamline processes, enhance resource allocation, and improve the quality of care, making it relevant for broader implementation across various settings.

The potential for further transfer is significant, particularly as the healthcare landscape continues to focus on preventative care and resource optimisation. With the ongoing support of key stakeholders and adequate training for staff, this model could be feasibly expanded across additional NSW Health settings, driving consistent improvements in maternal and neonatal care outcomes.

