Alecia Staines
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2nd April 2016

To:

Dr Peter Gillies
CE Darling Downs Health and Hospital Service
DDHHS@health.qld.gov.au

Cc:
Mr Mike Horan, Chairman of DDHHS Board -
DDHHS_Board@health.qld.gov.au
Mr Trevor Watts- Member for Toowoomba North -
toowoomba.north@parliament.qld.gov.au
Dr John McVeigh
Toowoomba.South@parliament.qld.gov.au
Hon Cameron Dicks, Minister for Health –
Health@ministerial.qld.gov.au

Dear Peter,

I am a local mother-of-three, and President of the recently formed Maternity Consumer Network, based on the Darling Downs.

I am writing this letter on behalf of our local 120 plus member network, all from the Darling Downs, most who are disappointed they are unable to access continuity of midwifery care at their local hospital. Toowoomba, Dalby, Chinchilla are the local birthing options for most of our members.

We are well aware the current model of continuity care at Toowoomba Base Hospital via the Birth Centre is well received for local women, so well in fact, there is a huge shortfall in the number of mother's who can access this service. The "low risk" model has more demand than can be serviced under current staffing arrangements. There has been no move in the last five years to expand on this "gold standard" model of care, above the current 10% of birth at TBH. The National Maternity Services Plan (2010-2016) was an agreement by all State and Territory Health Ministers to fulfil a commitment to evidence-based care, local care and continuity of care. Continuity of midwifery care is the model of care we would like to see cater for the majority, rather than a very small minority of birthing mothers.

The latest Cochrane Systematic Review by Stanley et.al (2015), involving 15 studies and 17,764 women on continuity of midwifery care, found women

experience less intervention during labour and birth, their babies were 24% less likely to be born preterm, 16% less likely to die than other models of care, women were more satisfied and it was the most cost effective model of care. We believe every woman and every baby needs access to this model of care across this HHS, and there are various ways to achieve midwifery group practices to suit all levels of “risk” of pregnancy, suit staffing capabilities and budgets.

What are the current targets for continuity of midwifery care at Toowoomba Base Hospital and across other hospitals offering birthing services across the Darling Downs HHS?
What timeline will this implementation of targets be achieved in?

We would also like a review and evidence-based approach to the categorical assignment of women’s risk in the Birth Centre program at Toowoomba Base Hospital, as evidently, it has been up to care provider to determine what is a “low risk” and “high risk” pregnancy. We would implore a shared dialogue with consumers about what comprises “risk” level, and also some transparency in how risk level is ascertained via evidence based approach.

We propose the Darling Downs HHS form a Maternity Services Review Committee to review current services and capabilities, develop targets, set timelines and develop services matched to consumer demand, improve health outcomes for women and babies, and provide a sustainable maternity service across the Darling Downs HHS. As consumers, we welcome a collaborative and evidence based approach to improving maternity care.

Yours expectantly,

Alecia Staines
Maternity Consumer Network
Darling Downs Branch

MATERNITY CONSUMER NETWORK