

**Submission
No 75**

INQUIRY INTO PERINATAL SERVICES

Organisation: The Royal Women's Hospital

Date Received: 2 August 2017



the women's
the royal women's hospital

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Mr Paul Edbrook MLA
Chair – Family and Community Development Committee
fcdc@parliament.vic.gov.au

Dear Mr Edbrook MLA

RE: Inquiry into perinatal services

Please find attached the Royal Women's Hospital (the Women's) submission to the Family and Community Development Committees' *Inquiry into Perinatal Services*.

We understand that this submission is a public document and may be published on the committee's website and quoted in the committee's report to the Parliament.

For further information, please do not hesitate to contact Professor Louise Newman AM at the Women's Centre for Women's Mental Health on telephone [REDACTED]

Yours sincerely

[REDACTED]
Lisa Dunlop
Acting Chief Executive Officer



To: Family and Community Development Committee

From: Royal Women's Hospital

Regarding: Inquiry into perinatal services

Date: 25 July 2017

Introduction

The Royal Women's Hospital (the Women's) is Australia's first and largest specialist hospital dedicated to improving the health of women and newborns. As a leading tertiary provider within Victoria's maternity and neonatal care system, the Women's plays a vital role in supporting continuous improvement in the safety and quality of care, developing the workforce and translating evidence into models of care.

Best practice in perinatal care responds to the physical and mental health needs of women and newborns. In Victoria's service system, the missing element is a comprehensive model for integrating mental health care into maternity services. Mental health disorders in the perinatal period are increasingly recognised as a public health issue. They are prevalent in the population, cause significant morbidity and in extreme cases mortality, are predictable and preventable but often undetected and untreated. This is imposing a significant burden not only on women and their families, but on the broader health system.

Since the establishment of the Centre for Women's Mental Health in 2007, the Women's has made a unique contribution to advancing the evidence for effective identification and treatment of mental health conditions in women and infants. Translating this research into standard models of care across Victoria is essential to improving women's experience of pregnancy and motherhood, reducing the risk of obstetric and neonatal complications, and protecting and promoting the long term health and wellbeing of infants.

The following submission recommends integrating mental health care into all aspects of maternity care in Victoria. Such a model can draw on services, programs and training already tested and evaluated at the Women's. This recommendation is explained in the context of the Women's state-wide leadership in maternity and neonatal care, including initiatives to build the capability of service providers, predominantly in regional and rural Victoria.



Recommendations

1. That the Family and Community Development Committee note the Women's contribution to strengthening clinical governance and service capability in the maternity and neonatal care system in Victoria, predominantly in rural and regional Victoria.
2. That the Victorian Government develop a Perinatal Mental Health Plan that delivers an integrated model of care for perinatal and infant mental health in Victoria.
3. That the Department of Health and Human Services establish an Expert Reference Group to advise on the development of this model and implementation of this plan.
4. That planning include strategies to build system wide capability through research, evaluation and workforce development.

Relevance to the Inquiry's Terms of Reference

The Family and Community Development Committee's terms of reference for this inquiry touch on many aspects of the Women's role in maternity services and neonatal care. We publicly report on the quality of care, our research, governance and achievement of annual priorities. These reports are available from our website¹.

The following submission is focused on mental health care and opportunities for strengthening Victoria's mental health service system for women, families and newborns. It included information about the impact of the withdrawal of funding for the National Perinatal Depression Initiative.

About the Royal Women's Hospital

The Royal Women's Hospital (the Women's) provides specialist maternity, neonatal, gynaecology and breast and gynaecological cancer care. Women referred to the Women's can access specialist mental health care, social work support and other allied health services. Our care is provided within a social model of health, which is sensitive to the impact of social determinants such as housing, personal safety, education and income on health outcomes. We are a major teaching hospital, internationally recognised for our research in women's health and newborn care and a trusted source of health information to the community and health professionals around Australia.

The Women's strategic goal is that patients and consumers are at the heart of everything we do. The Women's Declaration, which describes our vision and mission, and our strategies for achieving this goal are detailed in our Strategic Plan 2016 – 2020².

¹ <https://www.thewomens.org.au/about/reports-publications/>

² <https://www.thewomens.org.au/strategic-plan-2016/>



The Women's Maternity Care

The Women's is one of three state-wide tertiary referral centres for maternity care in Victoria. In 2016/17, we managed over 9,000 births across our Parkville and Sandringham facilities. Our maternity services are provided by multi-disciplinary teams that include obstetricians, midwives, social workers and other allied health professionals including physiotherapists, psychologists, dieticians, educators and pastoral care workers.

The Women's Neonatal Care

The Women's is one of four state-wide tertiary referral centres for neonatal care in Victoria. In 2016/17 our neonatal services managed over 2,200 sick and premature babies, twelve percent of whom were transferred from other hospitals. Since September 2016, the Women's has managed the special care nursery at Sandringham.

Our leadership in maternity and neonatal care

The Women's is sharing its expertise to strengthen clinical leadership and corporate governance to provide women and newborns with better, safer care. The Women's is leading;

- the Maternity Services Education Program, including the Maternity and Newborn Emergency program, in regional and rural Victoria,
- the Regional Maternal and Perinatal Mortality and Morbidity Committees, and
- the state-wide Victorian Perinatal Autopsy Service.

We work in collaboration with hospitals, community based specialists and regional health services, with funding from the Department of Health and Human Services.

Maternity Services Education Program

Since 2004, the Women's Maternity Services Education Program (MSEP) has provided multidisciplinary education on site through workshops to clinicians in Victoria's maternity services. MSEP is a mobile program strongly committed to providing high quality education that is clinically focused, relevant, accessible and tailored to meet site-specific needs. Using patient simulation, structured reflection and clinical discussion, these interactive hands-on workshops aim to reinforce evidence based practice and assist individual levels of confidence, competence, knowledge and skills. Each workshop is based on principles for care that is woman-centred, high quality, evidence-based and culturally safe.

Workshops on culturally safe maternity care for Aboriginal and Torres Strait Islander women and the Koori Maternity Services Pregnancy Care program have been developed in partnership with the Victorian Aboriginal Community Controlled Health Organisation.

More recently, education sessions have been targeted to the workforce in the rural, level 2 to 4, maternity services to enhance understanding of immediate management for maternity emergencies as well as promoting



an understanding of the need for timely consultation, collaboration and referral to support the best outcome for mothers and babies. The workshops highlight the opportunity for services to develop a site specific action plan in collaboration with the MSEP team to identify changes to improve care.

In February 2017 the Women's launched MANE, the new Maternity and Newborn Emergency program developed in partnership with the Royal Children's Hospital for introduction into 12 rural hospitals. Specialist staff from both hospitals provide training to interdisciplinary teams in order to improve capability to manage maternal and newborn emergencies.

For explanation of the different capability levels in maternity and neonatal care, see the Victorian Government's *Capability Framework for Victorian Maternity and Newborn Services* (2010)³.

MSEP also facilitates programs for clinicians in non-maternity services and paramedics including care for birthing women and babies experiencing an emergency or unexpected birth outside of hospitals. The emergency care workshops have been developed and facilitated in partnership with the Royal Children's Hospital's Paediatric Infant Perinatal Emergency Retrieval (PIPER) service and Ambulance Victoria.

Regional Maternal and Perinatal Mortality and Morbidity Committees

In 2015 the Women's was funded to lead the establishment of six new Regional Maternal and Perinatal Mortality and Morbidity Committees in rural and regional health services. These committees provide the forum for a collaborative approach to reviewing cases, sharing clinical data, learning from best practice arrangements. The committees are working to embed a consistent and standardised process for multidisciplinary peer review relating to clinical or corporate governance that complies with standards and guidelines for evidence based practice. This work is strengthening the capability of regional and rural maternity service providers to identify actions and recommendations then monitor their implementation, to improve maternity care at a local level and reduce avoidable harm to mothers and babies.

Victorian Perinatal Autopsy Service

In 2015 the Women's was funded to lead the establishment of the new Victorian Perinatal Autopsy Service (VPAS). A perinatal autopsy is a highly specialised procedure that depends for its effectiveness on access to a range of technologies and equipment and sophisticated clinic-pathological integration. The perinatal autopsy service is only provided by Victoria's three tertiary maternity services (and their associated pathology providers) who are expert in high quality post mortem examinations and reports. VPAS provides a co-ordinated state-wide service that ensures a consistent standard of practice in the clinical investigation of perinatal deaths across Victoria, as well as a strengthened quality assurance and improvement framework. The Regional Maternal and Perinatal Mortality and Morbidity Committees support regional maternity services' awareness of VPAS.

Each of these initiatives is strengthening the state-wide system for maternity and neonatal care, through embedding robust processes for reviewing feedback and benchmarking performance against peers, based on

³ <https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/perinatal-reproductive/maternity-newborn-services/maternity-newborn-care>



principles of transparency, learning and continuous improvement. This is essential to developing the next generation of clinical leaders in maternity care.

Recommendation

1. That the Family and Community Development Committee note the Women's contribution to strengthening clinical governance and service capability in the maternity and neonatal care system in Victoria, predominantly in rural and regional Victoria.

Perinatal and infant mental health⁴

Research clearly shows the burden of mental illness, including depression and anxiety, in the perinatal period. This is not only a source of significant distress to women, it complicates their transition into parenthood, with associated poor outcomes for both fetal and neonatal development. There is now a robust evidence base supporting early identification of women at risk of mental illness and offering interventions to prevent long term harm to women and infants⁵. Risk factors such as mental disorder, experiences of child abuse and neglect and current stress relating to family violence can all increase rates of perinatal mental health issues. It is therefore imperative that the maternity service system has the capability to identify and refer women for mental health care as early as possible.

Victorian women and their health care providers urgently need access to mental health expertise that is skilled in recognising and responding to perinatal and infant mental health. It is imperative that the Victorian government provide policy and funding support for the development and implementation of a strategy that addresses the spectrum of need from acute inpatient services to step down care in the community and home based supports.

About the Centre for Women's Mental Health

The Centre for Women's Mental Health is Australia's leading research and teaching unit in the area of women's mental health and is internationally recognised for its translational research. Through this work, the Centre brings a uniquely gender sensitive, violence sensitive and attachment sensitive lens to mental health. Its clinical approach is based on attachment theory and the importance of early emotional care relationships for infant brain and psychological development⁶.

Evidence of need

Perinatal depression is thought to impact up to 20% of women in this period and is frequently associated with high levels of anxiety. Serious psychotic illness (puerperal psychosis) occurs in 1 in 1000 live deliveries and is a serious illness. Significant numbers of women with pre-existing mental disorders including schizophrenia and

⁴ The Centre for Perinatal Excellence has just released the new draft of the *Australian Clinical Practice Guideline for effective mental health care in the perinatal period*; these are provided as an attachment to this submission.

⁵ Newman L, Mares S & Warren b (eds) (2005) *Clinical Skills in Infant Mental Health The First Three Years* Acer Press Sydney

⁶ For specific details, see <https://www.thewomens.org.au/research/research-centres/centre-for-womens-mental-health/cwmh-overview/>



bipolar disorder will have difficulties during pregnancy and the rate of relapse of their illness in the post delivery period is up to 30%-40%.

There is now a significant body of developmental research suggesting that an infant's early development is influenced by factors such as parental stress and mental disorder in utero as well as the quality of postnatal care. High levels of stress in pregnancy affects fetal development in utero with poor growth, higher rates of premature delivery and poor neonatal developmental outcomes. In the longer term, child development is shaped by maternal mental health, particularly where a mother has prolonged experiences of depression and anxiety that affect her availability to her infant and her ability to parent sensitively and responsively⁷.

Identifying women at high risk of depression and anxiety due to underlying vulnerabilities, engaging with them during pregnancy to support their psychological transition to parenthood and actively dealing with mental health issues is an important component of reducing risks and offering an integrated approach to providing the best possible start to life. This is particularly valuable for women with backgrounds of early trauma, current exposure to conflict and violence in relationships, and a poor understanding of the requirements of parenting. Interventions in the perinatal period are a significant strategy for improving safety, health and wellbeing for mothers and infants.

Integrating mental health into maternity services

For these reasons, it is vital to integrate mental health services into antenatal and postnatal care. This means that health professionals can;

1. support a mother's mental health and adjustment during pregnancy and identify risk factors for adjustment difficulties
2. actively treat women with serious mental disorders to optimise their mental health through the perinatal period
3. support positive interactions with the infant and attachment relationships that optimise infant development.

The Women's provides a model of integrating mental health care into perinatal services. This model aims to identify women with risk factors for their own mental health and parenting, and their infant's attachment and adjustment, during the antenatal and post-natal period. We offer a range of mental health services and programs, described below, that are delivered in partnership with pregnancy care, social work support and referrals to community services. This integration is facilitated by training and guidelines for mental health experts as well as generalist health professionals.

⁷ Newman et al (2015) Attachment and early brain development - neuroprotective interventions in infant-caregiver therapy *Translational Developmental Psychiatry* December 3:1,pp1-12



Specialist Care

The Centre provides targeted services for women needing high level mental health care during the perinatal period, when the needs of women with major mental illness are increased. Psychiatric and psychological supports are essential to monitor the progress of women's conditions during this time, due to the high risk of relapse.

Early intervention programs

Women referred to the Centre have access to early intervention programs alongside therapeutic treatment services. The Mind Baby Body and Parenting with Feeling group programs and the Newborn Behavioural Observation brief intervention have been developed to improve mothers' capacity for safe and effective parenting. The two group programs and the brief intervention are manualised and can be delivered in universal settings, such as maternity services, and the community, particularly maternal and child health services.

– Mind Baby Body

The Mind Baby Body group is a five week program of mindfulness techniques for stress management, preparation for birth and exercises that promote women to **think about** their relationship with the infant. Evidence shows the importance of supporting vulnerable parents in preparation for parenthood, managing anxiety and other mental health issues and promoting understanding of the parental role and early needs of the infant. Parents are keen to engage with these issues, with high retention rates and positive evaluations of the group.

Current research at the Women's is examining the outcomes from this program, in terms of infant attachment and development, through a randomised control trial. Existing research has found that engagement with the program has a positive effect on anxiety and depressive symptoms in pregnancy.

– Parenting with Feeling

Parenting with Feeling is a ten week group program of two hour long sessions for mothers and infants from 2 months of age. This approach has been developed and evaluated by Professor Louise Newman AM; it is an attachment-based program specifically designed for vulnerable mothers with parenting and mental health risk factors including early trauma, depression, substance abuse issues, social exclusion and experiences of family violence.

The program focuses on each mother's development of their;

- capacity to be a consistent attachment figure
- increased understanding of infant communication and how to respond
- coping strategies for the demands of early parenting and managing emotions
- dealing with past trauma.



The program is trauma-focussed and incorporates current understanding of the importance of early interaction for infant development. Evaluation research has found that it is acceptable to participants, who report greater parenting competence, reduced stress and improved understanding of infant developmental needs and strengthened self-perception as a parenting figure.

Newborn Behavioural Observations

The Newborn Behavioural Observations (NBO) is a simple and innovative clinical tool that builds parents' understanding of the social capacities and caregiving needs of their newborn and their ability to form a mutually-rewarding relationship that supports infant development. Sessions are collaborations with new parents that provide education through direct demonstration of their infant's ability to engage and to communicate their needs. Multi-disciplinary professionals can use the NBO as a brief intervention in multiple settings and with diverse families. The NBO session can be provided universally on the postnatal ward or in a clinic, can be integrated into individual and group therapeutic programs, or offered as part of intensive home-visiting programs for high risk families. This is an exciting new alternative to information-based parenting education.

Training for Health Professionals

The Centre for Women's Mental Health trains students, mental health professionals and generalists to identify women;

- with symptoms of mental disorders, such as depression and anxiety
- with a history of serious mental illness who need specialist perinatal psychiatric care
- who are socially isolated or lack social support
- who are experiencing trauma and domestic violence and/or who have experienced past trauma and abuse
- who will need support to make the adjustment to parenting and infant care.

The Centre trains clinical psychologists, psychiatrists and other mental health professionals as well as generalists such as maternal and child health nurses, social workers, midwives and family support workers, in the ways that infants communicate their social and emotional needs, as well as using specific mental health assessment tools in standard clinical practice.

In the absence of standardised professional education for psychiatric trainees in perinatal mental health, the Centre provides a well-subscribed elective in Perinatal Mental Health through the Masters of Psychiatry course at the University of Melbourne.

The Women's is the training centre in Australia and New Zealand for NBO, with brief and affordable workshops available across Australia. Since June 2013, the Women's has trained 632 professionals; this includes maternal and child health nurses, midwives, social workers and family workers, mental health nurses, doctors and



psychologists, paediatric doctors and nurses, general practitioners and educators. Feedback has been very positive and many attendees report that the training has been recommended by previous trainees.

Translational Research

Current research programs in the Centre for Women's Mental Health are developing and evaluating interventions designed specifically for vulnerable women and their infants. These aim to improve mental health and wellbeing for participants and to build on the evidence base for psychological support.

Programs include;

- the BEAR study (Building Early Attachment and Resilience), which offers clinical support for women with depression, anxiety and related risk factors in pregnancy and early parenting.
- The Safe Mothers, Safe Babies Program is identifying women experiencing, or at risk of, family violence in pregnancy and linking them to services and mental health treatment.

Trials of the NBO in women experiencing depression are currently underway.

The Centre's research agenda includes modifying these programs and interventions for use in the community, so that they can be delivered by a variety of health professionals, particularly maternal and child health nurses, and in a range of settings including the home.

National Perinatal Depression Initiative

The National Perinatal Depression Initiative was a significant development in strengthening clinical expertise and service delivery for women's and infant's mental health. The Women's Centre for Women's Mental Health contributed to this initiative in Victoria through membership of the Perinatal and Infant Mental Health Advisory Group, training health professionals, evaluating the Perinatal Emotional Health Program and delivering the Perinatal Psychotropic Information Service. Following the withdrawal of dedicated funding, there has been a significant reduction in the availability of community based parent-infant supports and specialist services.

Perinatal Emotional Health Program

While there is increasing knowledge and understanding in the community about postnatal depression, there are ongoing problems with the availability, accessibility and cost of appropriate mental health services in Victoria. For women in regional Victoria, concerns about stigma and inaccurate knowledge and negative beliefs about service providers and mental health treatments increase the barriers to seeking care.

Under the National Perinatal Depression Initiative, the Perinatal Emotional Health Program (PEHP) provided psychological support to women in regional areas of Victoria during pregnancy and for up to a year after birth. This program was an example of the successful integration of community mental health and maternity care in rural and regional areas of Victoria. The Centre's evaluation of the Early Motherhood Service in north east Victoria, which was funded through PEHP, found that it was highly valued by women, improved participants'



mental health outcomes and offered comprehensive, accessible and non-stigmatizing care⁸. The withdrawal of funding for PEHP has significantly limited the availability of supports in rural and regional areas, with the majority of services now based in metropolitan areas.

Perinatal Psychotropic Information Service

It is vital that primary care, generalist mental health services and maternity services have immediate access to accurate information about the safety and utility of psychotropic medications during the perinatal period, including while breast feeding. The Women's was previously funded under the National Perinatal Depression Initiative to provide the Perinatal Psychotropic Information Service (PPMIS). This was a comprehensive service offering internet-based up-to-date resources, an information telephone service from a pharmacist and secondary consultation from a consultant perinatal psychiatrist.

The PPMIS was a well-utilised national service, with almost 34,000 website visits between January 2011 and June 2015. With the cessation of Commonwealth funding, the National Perinatal Depression Initiative began winding down in 2013. State government funding enabled the Women's to continue the service in Victoria until 2015.

The loss of this service has left a significant gap in perinatal service provision in Victoria and more broadly. The Women's now offers a more limited service through the online *Pregnancy and Breastfeeding Medicines Guide*⁹. This guide provides fully referenced, peer reviewed and up-to-date information and recommendations on medicine use in pregnancy and breastfeeding to all health professionals in public hospitals, through the Clinician's Health Channel, as well as subscription-based access for private providers.

These two services were instrumental in strengthening the capability of community based services, through supporting women and infants in their transition from acute services to the community and providing primary care providers with timely access to specialist mental health expertise.

Opportunities for strengthening perinatal and infant mental health

In 2015 the Victorian Government released its *Ten Year Mental Health Plan*. While the Plan recognises the gendered aspects of mental illness and the increased risk to mental health during pregnancy and childbirth, there is little detail about prevention, early intervention and treatment services for vulnerable mothers from pregnancy through the post-partum and early infancy period.

There is an urgent need for a co-ordinated, comprehensive and planned approach to service development across Victoria that is focused on the needs of mothers and infants as they transition through specialist, community and home based services. The service system needs innovative approaches that build service capability such as stepped up maternal and child health services and stepped down day stay units. Areas that

⁸ Judd F et al (2015) 'The Early Motherhood Service: an acceptable and accessible perinatal mental health service', *Australasian Psychiatry*, Vol 19, No.3, June 2011.

⁹ See link from <https://www2.health.vic.gov.au/clinicianshealthchannel>



need urgent review include the role of mother-baby psychiatric units in the mental health system and the integration of parenting centres, early childhood services, maternal and child health and first point of call services such as PANDA, Perinatal Anxiety and Depression Australia. Under current arrangements, responsibility for funding, policy and planning for these services is spread across each level of government and multiple government departments.

The workforce in general mental health services has limited expertise in the assessment of mental disorders during the perinatal period or in providing infant mental health services. There is an urgent need to strength this sector's understanding of the identification and management of perinatal and infant mental health.

The *Ten Year Mental Health Plan* includes a commitment to a workforce development strategy. Despite the strong evidence for interventions in the perinatal period, there is a shortage of training opportunities for professionals. Priorities for workforce development need to include;

- building the capability of the maternity workforce
- training existing child and adolescent mental health services to provide targeted programs for parents and infants and in early childhood
- training maternal and child nurses to provide community based interventions and follow up for at-risk mothers.

Research and support for training and evaluation of parent-infant and perinatal mental health programs is needed to strengthen the evidence base for perinatal mental health interventions. The Centre for Women's Mental Health's role as an international leader in translational research is integral to the Women's capacity to offer specialist services and programs, including innovative responses to the growing demand for services, and to building the capacity of the mental health workforce. Maintaining this research agenda is dependent on our success in attracting grants.

Recommendations

2. That the Victorian Government develop a Perinatal Mental Health Plan that delivers an integrated model of care for perinatal and infant mental health in Victoria.
3. That the Department of Health and Human Services establish an Expert Reference Group to advise on the development of this model and implementation of this plan.
4. That planning include strategies to build system wide capability through research, evaluation and workforce development.

Conclusion

The Women's is a leader in maternity and neonatal care and is committed to sharing its expertise to strengthen the capability of the service system in Victoria. Women's and infants mental health care needs to be recognised



as an essential component of perinatal care and integrated into the service system for women and newborns. Women and their families need to know that there is a comprehensive model of health care that is inclusive of early intervention, specialist treatment and support to transition between acute and community based programs and services. A comprehensive plan for Victoria needs to strengthen the skills and confidence of clinicians across maternity, mental health and early childhood disciplines and provide support for research and evaluation to deepen the evidence base for clinical care and support.

The Women's Centre for Women's Mental Health has a decade of expertise and experience to share with the broader perinatal, early childhood and mental health sectors to foster these outcomes

Attachment

Centre of Perinatal Excellence (2017) *Effective mental health care in the perinatal period Australian clinical practice guideline* Draft — 2 June 2017