



Midwifery Group Practice—An essential change in practice for rural women.

Authors: Christine Trevena, Caitlin Fehring & Wendy Lunghusen

Background: Cohuna District Hospital (CDH) has co-designed a Midwifery Group Practice (MGP) model of care, aimed at servicing the estimated 115 women who give birth annually in the Gannawarra Shire and surrounding catchment. With the cessation of birthing services due to retirement of the sole practicing GP obstetrician, CDH was determined to ensure equitable access to healthcare for all women, and utilization of a strong empowered workforce of midwives.

Project Contributors: Maternity Governance Committee, LMRHN CMC Sarah Watts, Project Consultant Fiona Faulks, CDH Board of Management, CDH CEO Bernadette Loughnane. Regional and sub-regional Health Services

Cohuna District Hospital is located in the Gannawarra Shire, an area of documented social disadvantage, with rural residency directly associated with social disadvantage, and an evidenced correlation to perinatal outcomes, such as increased risk of PPH, caesarean section, low birth weight infant and premature birth¹.

Evidence supports midwifery led models of care to deliver on positive perinatal outcomes in marginalized communities such as those in the Gannawarra Shire. including; increased chance of spontaneous vaginal birth, reduced risk of preterm birth and still birth and reduced chances of instrumental birth and episiotomy ²

Consumer consultation at the commencement of the project revealed a strong desire for women to be “seen and treated as individuals” with the “opportunity to build relationships with midwives” while being cared for as close to home as possible key to success in meeting the communities needs. These crucial triggers formed the building blocks upon which CDH sought to be innovative, and implement an all-risk collaborative model of maternity-led care

An empowered workforce was also central to planning and implementation of the model of care. Midwives expressed a desire to care for women at full scope of practice across the

The 4 key considerations in the implementation and planning for the midwifery group practice were:

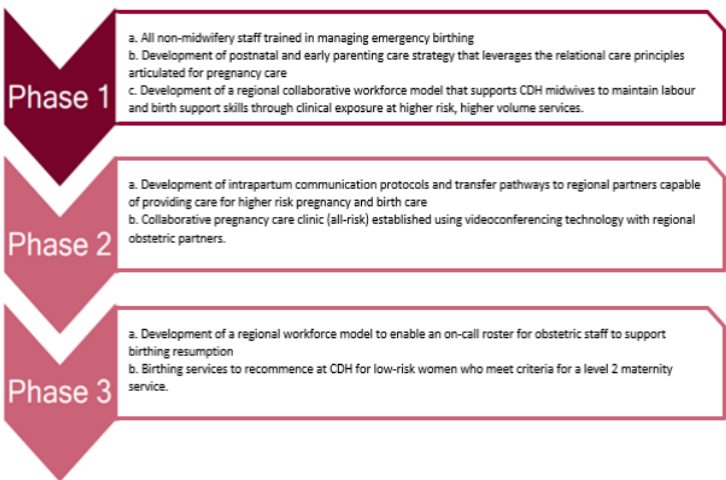
- 1) Collaborative partnerships across the Loddon Mallee Region
- 2) Alignment with the COAG strategic directions for Australian Maternity Services woman centered care principles
- 3) A welcoming maternity model of care that recognizes a woman’s right to self-determination in terms of choice, control and continuity of care and
- 4) Sustainability and feasibility of the model and workforce

Formal evaluation of the CDH MGP model of care, has been made possible through the Violet Vines Marshman Partnership Funding. Key performance indicators that will be measured are: accessibility, feasibility and perinatal outcomes including, antenatal and postnatal episodes of care, mode of birth including induction rates, exclusive breastfeeding and neonatal outcomes.

“I felt extremely supported and advocated for during my recent pregnancy whilst in the care of the CDH MGP Midwife in Cohuna.” (Participant 2)

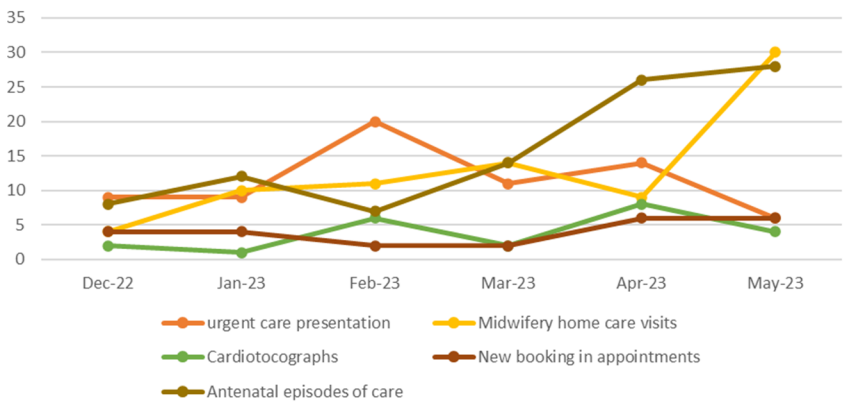
Operational Model of Care redesign phased approach

There are 3 phases to the maternity redesign and implementation at Cohuna:



Pictured: Dillon, Alissa, Caitlin holding Finley, Rachel holding Dolly, Georgia, Nellie, Jaicey

Maternity Activity three (3) months pre-implementation versus three (3) months post implementation



The above data demonstrates, a reduction in urgent care presentations of 96% and the associated increase in midwifery home care services by 92% was a direct response to women receiving postnatal care at home from the MGP team. This combined with a 120% increase in antenatal appointments indicates that the care of women in pregnancy and early parenthood within the Gannawarra Shire is being diverted away from urgent care centres, being provided by a known midwife, with increased engagement and enhanced individualization. The above quantitative data, supported by the qualitative feedback from women, has evidenced that implementation of the MGP at CDH is already delivering on expected perinatal outcomes for women, who are receiving early intervention and assessment by a known care provider meeting an identified need of the community.

“I felt safe in my Midwife’s care and she provided a lot of helpful advice. I felt empowered and encouraged to reach out to her when I needed guidance and she helped me have a positive mindset about pregnancy and birth.” (Participant 3)

Concluding statement: The anticipated benefits to women and workforce are many including for women, the provision of care that is accessible , equitable, safe and woman centered, and for workforce the ability to work to full scope of practice as part of an active and engaged rural service collaboratively with the Regional services⁴

For reference list please access the QR code. For further information please contact - wlunghusen@cdh.vic.gov.au and/or cfehling@cdh.vic.gov.au

