



MAREEBA CASE LOAD MIDWIFERY MODEL

CAIRNS BIRTHING SUMMIT

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Camperdown

- Case load GP obstetrician model
- Total care of pregnancy with distant obstetrician backup
- Midwives under-skilled
- 95% attendance at birth, 24/7 on call



Corangamite Managed Clinical Network

- Virtual obstetric unit
- Developed in response to workforce changes
- Clinical governance framework
- Midwives & GPs delivering antenatal care
- Research



Infertility care

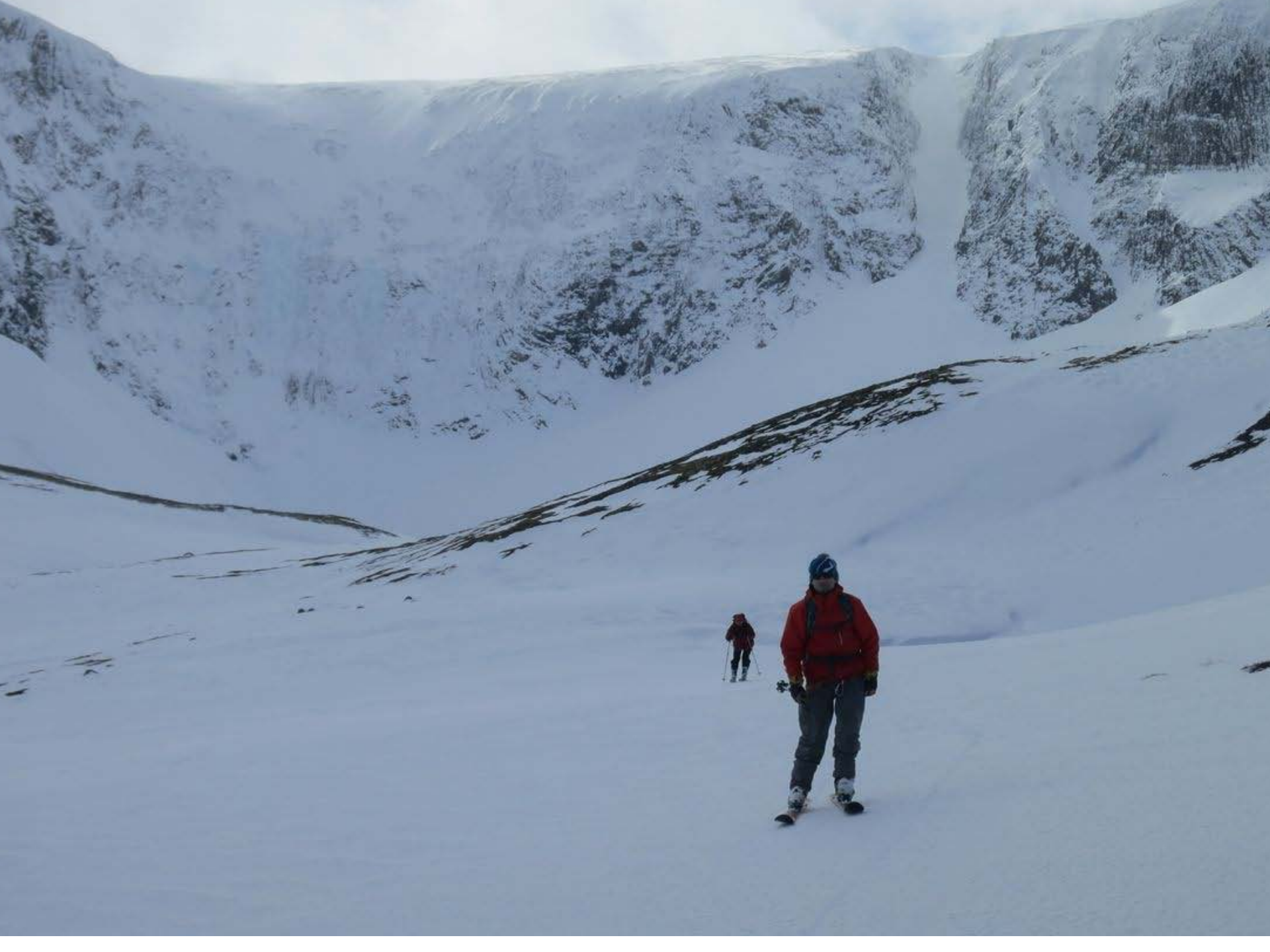
- Professor James B Brown
- Ovulation Meter: Empowering women with knowledge and conception/contraception choice
- Camperdown rural infertility clinic



CAMPERDOWN THEATRE

- ↑ Mortality and morbidity for mothers and babies without a local birthing service
 - Birthing in the homeland
 - Caesarean Section capacity means:
 - Access to anaesthetic service
- And therefore:
- Emergency airways management for everyone







My vision

- Women are at the centre of the birthing service
- Empowered women have better birth outcomes and life time medical journeys
- Risk is reduced by:
 - informed decisions,
 - clinical governance
 - appropriate infrastructure



The Story Of Mareeba Birthing Service

- Community demand
- Passion and commitment of midwives
- Clinical governance structure
- The ability to adapt to change
- The reintroduction of a complementary medical model



Clinical Governance

involvement of patient/carer in delivery of services, risk management, clinical audit, evidence based practice, staff management, life long learning, training and CPD, leadership and information management.

Commission for Health Improvement







Mareeba Maternity Services Steering Committee

The role is to provide

- strategic direction, advice and recommendations to the District Executive
- safety & quality performance improvements in:
 - Universal Postnatal Contact Services
 - Continuity of Carer
 - Closing the Gap projects.



Objectives of the Mareeba Maternity Service

Are to:

- Develop and monitor the implementation of the model
- Ensure consistency with state and national best practice.
- Promote transparency & consultation
- Engage key stakeholders in working parties and sub-committees.



The Process

- Risk Stratification into ACM Category A/B/C
- Allocation to midwife for case load
- Midwife on-call with CBH back up
- Category A ,B ,C clinics.
- Reclassification of risk as appropriate
- Core Midwives



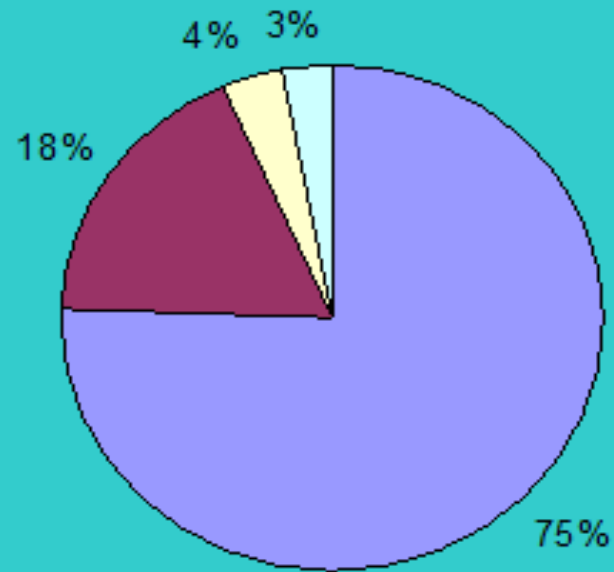
The Outcomes

YEAR	Total Births in Mba	Bookings for MGP	Mba Share	CBH Share	Partial Care	Births Not Booked	TOTAL Clients for Year
2009	128	164	3	25	32	4	228
2010	125	168	3	28	28	7	234
2011	164	200	4	28	36	2	270
2012	177	204	13	30	29	1	277



Combined MGP & Obstetric Shared Client Outcomes 2009 - 2010

- NVB in Hosp
- LSCS
- VE or Forceps
- Home birth or BBA





Transfers Intrapartum 09-10

Total Intrapartum	54
MGP + Intrapartum	39
1st Stage	30
2nd stage	4
3rd Stage	2
preterm	3



Intrapartum Transfer - Birth times

Average length of time from departure from MMU to birth	538 minutes
	9.0 hrs
Timeframe	Number of Transfers
<2hrs	2
2 - 3hrs	2
3 - 4 hrs	4
4 - 6hrs	5
6 - 12hrs	13
12 - 24hrs	7
>24hrs	1



Outcome in Mareeba compared with Queensland

	Mareeba Hospital	Queensland Health
Pharmacological Analgesia	29.4%	65.5%
Non Pharmacological Analgesia	68.1%	48.8%
Water Immersion	32.5%	3.9%
Normal Vaginal Delivery	90.2%	56.5%
Instrumental Delivery	3.7%	9.5%
Caesarean Section	6.1%	33.9%





A goal for the Summit

- Birthing Services in **all FNQ Hospitals**
- Engaged Community
- Clinical Governance
- Category A Caseload Model as base camp
- Build the Model into a Cat A midwifery Caseload one supported by local GP obstetricians



13/12/2012