

"Applying the best available evidence and expertise to maternity care in Victoria, Australia."

3centres
collaboration

Mercy Hospital for Women
Monash Medical Centre
The Royal Women's Hospital

Report to Department of Health

July 2009 – June 2010

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Objectives of the 3centres Collaboration

The 3centres Collaboration (3centres) refers to the collective decisions undertaken by a joint Steering Committee comprised of obstetric and midwifery directors from the Mercy Hospital for Women (MHW), the Royal Women's Hospital (RWH), Southern Health (SH), the Perinatal Emergency Referral Service (PERS), Maternal Newborn Clinical Network (MNCN) and two Department of Health (DH) representatives. It also refers to the strategic plan, joint work program undertaken and the underpinning principles for this work.

2009-11 objectives:

1. To provide regular bimonthly forums for multidisciplinary leaders which model collaborative behaviour within the group and with other stakeholders, including MNCN, PERS and the Department
2. To support informal networking which facilitates synergy between other maternity service projects, through the Maternity Project Community of Practice
3. To provide an advisory role for PERS
4. To maintain, update and disseminate high quality consumer information
5. To establish and maintain formal collaborative relationships with the MNCN and other stakeholders to represent tertiary maternity service issues, clarify the roles for tertiary maternity services and investigate areas of mutual concern
6. To improve the consistency of evidence based practice and uniformity of guidelines within tertiary maternity services, with initiatives which have benefits across the system

A detailed strategic plan and work program (2009-11) are available on the website: www.3centres.com.au

3centres is supported by the Department of Health (DH) and the funds are currently held and administered by Southern Health. This report to DH is provided as a requirement of the funding agreement.

This report is structured under each of the project objectives and main activities for 2009-11 and reports against the indicators agreed by the steering committee.

3centres Steering Committee membership 2009-10

Co-chairs: Tanya Farrell, Director, Maternity Services, RWH,
Euan Wallace, Director of Obstetrics, SH

Treasurer: Kym Forrest, Director of Nursing, SH

Voting members:

Bernadette White, Clinical Director, MHW

Karen Clark, Director of Midwifery and Patient Services, MHW

Therese Bowditch, Deputy Director of Nursing, Maternity and Neonatal Services, MHW

Louise Kornman, Director, Maternity Services, RWH

Jacqui Smith, Director, PERS

Debbie Rogers, Coordinator, MNCN

Non-voting members (DH):

Julie Jenkin, Manager, Maternity Services, Programs Branch

Ex-officio:

Wendy Cutchie, Manager, Guideline Development Project

Robyn Aldridge, Clinical Expert, Guideline Development Project

Catherine Chamberlain, 3centres Project Coordinator

1. Providing regular bimonthly forums for multidisciplinary leaders

1.1 3centres meetings

The 3centres Steering Committee met bimonthly in September, October, December (2009) and February, April and June (2010). Membership changes included Kym Forrest replacing Helen Gillies as Treasurer, and Debbie Rogers replacing Jeremy Oats as a representative of the MNCN. Wendy Cutchie (Manager Guideline Development Project) and Robyn Aldridge (Clinical Expert Guideline Development Project) joined the team.

The meetings have focussed on development of clinical guidelines (see page 3) during 2009-10. Meeting records have been less formal and the chairs have felt that the meetings have been well attended and constructive.

1.2 Consensus and planning

The steering committee is responsible for developing the work program, and the project coordinator is responsible for managing the work program.

Project briefs for 2010-11 are to be finalised

1.4 3centres website

The 3centres website has been rebuilt to incorporate contemporary features and accommodate the new guidelines. The website now includes guidelines available in html and pdf format.

2. Supporting informal networking to promote synergy (Maternity Project Community of Practice) (MPCoP)

2.1 MPCoP Meetings

The MPCoP meetings are held three times a year and have continued to provide a valuable forum for sharing ideas and experiences between maternity service projects.

There are now 20 MPCoP members, and approximately five members attend each meeting. The meetings focus on sharing information about projects and supporting each other with challenges involved with implementing projects and change.

2.2 MPCoP Newsletters

One MPCoP newsletter was produced and disseminated throughout an extensive maternity service mailing list (March 2010). These newsletters provided a succinct update of a range of maternity service projects, an update from the Department, contact details for further information, and any information about upcoming activities, new projects, policy initiatives, conferences/workshops, or relevant maternity service consultations. Positive feedback was received about the value of the newsletters from clinicians in rural Victoria.

2.3 Annual twilight forum

A twilight forum is planned on *Leading Change in Maternity Services* by Jo Campbell in August 2010. Over 45 professionals from across Victoria are registered to attend the forum in person and nine rural sites are registered to participate by videoconference, which indicates a clear interest in the dynamics of *change* in the field. This forum has been accredited for two *Midplus* CPD points.



3. Providing an advisory role for the Perinatal Emergency Referral Services (PERS)

3.1 PERS Reports

A report on PERS has been circulated to 3centres members and issues discussed where needed.

4. Providing high quality consumer information

4.1 A guide to tests and investigations in uncomplicated pregnancies

11280 copies of *A guide to tests and Investigations in uncomplicated pregnancy* were distributed from July 2009 to April 2010. The process of distributing the booklets was outsourced directly to the printing company in November 2009. Health services can download an order form from the 3centres website and submit it directly to the printing company, which eliminates the requirement for the project coordinator to maintain a supply and process all orders through Southern Health. 3centres has maintained the copyright for the booklet and 10% of the sales are returned to 3centres at quarterly intervals. This income allows for funds to update the booklet as required and improves the sustainability of this element of the project.

4.2 Translation of consumer information

A working group was established in 2007 to investigate the feasibility of translating the *Guide to tests and Investigations* into languages other than English (LOTE). The work is being led by the Multicultural Centre for Womens Health (MCWH), in collaboration with representatives from MHW, SH and the RWH. The group have collaborated to prioritise the content of a generic pamphlet of pregnancy information (with a small section on tests and investigations), and another on birth. The final information will be translated into eight languages.

4.3 Caesarean Section Consumer Information

A Better Health Channel fact sheet on *Caesarean Section* was reviewed and a need was identified to conduct thorough consultation to produce some high quality evidence based information for consumers. A representative group of clinical experts from MHW, SH, RWH and the MNCN, 3cs and consumers has been established and a first draft has been prepared. There are two further meetings planned to produce the final draft of the information, which is scheduled to be completed by the end of 2010.

4.4 Cochrane Systematic Review on *Interventions to Promote Smoking Cessation in Pregnancy* (externally funded)

The review was published on the 8th July 2009 and a national subscription to the Cochrane Library sponsored by the Commonwealth Government enables free access to the review from within Australia at <http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/C0001055/frame.html>

In 2009-10, the 3centres project coordinator worked with two academic teams to prepare two evidence briefings for a National Institute of Clinical Excellence (UK) Guideline on Smoking Cessation in Pregnancy:

- Smoking Cessation in Pregnancy: Learning about Equity from Randomised Controlled Trials
- The safety and efficacy of nicotine replacement therapy in pregnancy

A paper entitled "*The safety and efficacy of Nicotine Replacement Therapy in pregnancy*" has been submitted for peer review publication, with a 3centres Collaboration byline.

5. Developing collaborative Relationships with the Maternal Newborn Clinical Network (MNCN)

5.1 Establishing formal relationships with MNCN

The 3centres co-chairs are also members of the MNCN Leadership Group. This has enabled development of collaboration between 3centres and the MNCN, with the 3centres chairs representing the steering committee on MNCN discussions and providing feedback to the rest of the committee at the regular bimonthly meetings. The MNCN project coordinator is also a member of the 3centres steering committee.

5.2 Emergency Caesarean section audit

An audit of indications for caesarean sections was conducted from August-November 2007. The purpose is to identify potentially modifiable factors to improve decisions around caesarean sections. An audit report has been drafted and the aim is to share this information with the steering committee and consider implications for practice.

5.3 Participate in national and statewide smoking cessation initiatives

The 3centres project coordinator was seconded to the Victorian Aboriginal Community Controlled Health Organisation in 2009 to assist development of an action research protocol and ethics application for a project entitled *Reducing smoking amongst Victorian Aboriginal women during pregnancy: an holistic approach*. The ethics submission was successful and the project is now being implemented.

National Pregnancy Guideline Project

The National Pregnancy Guideline project is underway and it is anticipated that these guidelines will replace the 3cs antenatal consensus guidelines.

6. Improving the consistency of evidence based practice and uniformity of guidelines within tertiary maternity services

6.1 Development of tertiary maternity service guidelines

The steering committee identified six priority guidelines for development across tertiary maternity services from 2009-10:

1. Pre-eclampsia
2. Antepartum Haemorrhage
3. Cervical shortening
4. Placenta Praevia
5. Preterm Labour
6. Preterm Rupture of Membranes

These topics were prioritised as it was felt that these areas of care lacked uniformity across the three tertiary services. When there are major differences in the care provided, it may be:

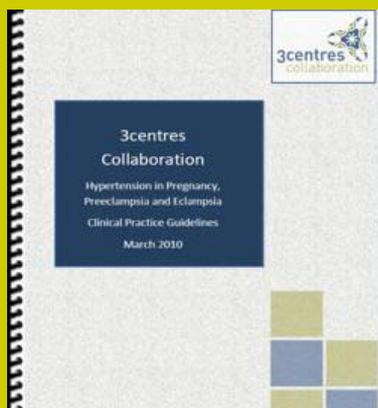
- Confusing and frustrating for the women accessing care in the tertiary centres.
- Potentially confusing and detrimental for primary and secondary service providers who transfer patients with these conditions to tertiary services for ongoing care.

It is anticipated that development and implementation of evidence based guidelines will lead to improved consumer satisfaction, quality of care and pregnancy outcomes.

The guidelines are being developed in collaboration with members of the 3centres. Internationally recognised guidelines and position statements from professional bodies are being used to create these evidence based guidelines. Where there has been a lack of evidence, robust randomised controlled trials or meta-analyses have been used to form the evidence for the 3centres guidelines. In one instance a survey distributed via the Women's Hospitals Australasia helped to guide the development of the guideline.

At the time of writing the Pre-eclampsia guideline has been completed. Both the Antepartum Haemorrhage (including placenta praevia) and the Cervical Shortening guidelines are close to being finished. Currently research is underway for the Preterm Labour and Preterm Rupture of Membranes Guidelines.

The project has been summarised and is going to be presented as a poster at the "Breathing New Life into Maternity Care" Conference, Alice Springs, July 2010 and at the International Society for the Study of Hypertension in Pregnancy 17th World Congress in Melbourne, October 2010.



Principles which guide the work of the 3centres Collaboration

To the greatest extent possible care is:

Safe & Scientific

The safety and wellbeing of mothers and babies is fundamental to maternity care. Care is based on relevant, evidence-based research and reviewed regularly.

Woman-centred

Women are acknowledged as individuals who differ in their needs, values and preferences. Informed choice is an integral part of decision-making throughout the continuum of care.

Equitable & Accessible

Care is available to women regardless of socioeconomic or cultural background, ability to pay, disability or place of residence.

Cost Effective

Care is delivered in an efficient and cost effective manner to maximise health outcomes. Consultant and medical expertise is used where there is the greatest need or risk.

Collaborative

Doctors, midwives and allied health staff adopt a multidisciplinary team approach to care, consultation and referral. Every woman is a partner in the decision-making process. Her support network is acknowledged and valued. Care providers and consumers are expected to treat each other with honesty and respect. Women are supported and prepared for pregnancy, birth and recovery. Doctors, midwives and allied health staff learn, practice and improve their skills. There is a positive environment for training undergraduates and postgraduates. Women are consulted regularly regarding their experiences of care and their insights considered in the planning, delivery and quality of maternity care.