



Consumer Guide to the Current Review of Maternity Services in NSW

The NSW Health Minister has established a taskforce to plan for the current and future health needs of people living in the greater metropolitan Sydney area. The task force is known as the Greater Metropolitan Transition Taskforce (GMTT). The goal of the taskforce is to consider the quality of services, access and resources and one area of consideration is maternity services.

What changes are proposed for maternity services?

There are a number of recommendations currently under consideration. In our opinion, some of these recommendations will result in poorer outcomes for birthing women.

The taskforce suggests:

- Birth Centres should be co-located with obstetric centres
- There should be fewer units, with larger units remaining
- Antenatal and postnatal care should be available as close to home as possible, in an "outpatient clinic" style of operation
- The majority of women are comfortable with travelling to a hospital of their choice to deliver their babies so proximity to home is not so important for the birth
- Women should give birth in a 'centre of excellence' and then return to a hospital near their home for postnatal care

Specific recommendations include:

- All birthing services move from Manly to Mona Vale and antenatal and postnatal continue at Manly
- All birthing services move from Camden to Campbelltown and antenatal and postnatal continue at Camden
- All birthing services move from Wyong to Gosford and antenatal and postnatal continue at Wyong
- All birthing services move from Ryde to Royal North Shore and antenatal and postnatal continue at Ryde
- All birthing services move from Shellharbour to Wollongong and antenatal and postnatal continue at Shellharbour
- Blue Mountains Hospital cease providing maternity services and all women travel to Nepean until options for a midwifery led unit can be developed.

Why are we concerned?

- Maternity consumers have not been consulted, rather they are referred to as 'needing to be educated'!
- The needs of maternity consumers are different to those of general health services. Maternity consumers are essentially healthy and well. By incorporating a review of maternity services into a whole of system review, it increases the likelihood of maternity services becoming increasingly medical (increasing interventions & procedures) and a loss of focus on women being healthy and well.
- By locating antenatal and postnatal care at a different location to the birth, women lose the opportunity to have continuous care from their choice of health provider. This has been shown to lead to poorer health outcomes for birthing women.
- These changes are not supported by international experience or clinical evidence. No evidence has been produced to demonstrate that centralised birthing environments lead to improved safety or quality of care.
- Women tell us that they prefer birthing environments that allow them to be involved in decisions affecting their birth, they want continuity of carer, and a holistic, flexible approach to their needs. We believe that smaller, more intimate, birthing environments are more likely to achieve this.
- This review only incorporates the greater metropolitan area and will lead to disparities between the maternity care received by rural & city women.
- The time frame for these changes is only 12 months.
- Birthing women have been sidelined in this review!

What can we do?

We need women to tell the decision makers that they are not happy!

You can:

- Write to your local MP
- Write to the State Health Minister, Craig Knowles

Send us a copy and we will continue to speak on your behalf.