



Health
Southern NSW
Local Health District

2020

YASS MATERNITY CLINICAL SERVICES PLAN (REVIEW)

SNSWLHD and Yass Health Service acknowledge the traditional custodians of the land on which the health service operates, the Ngunnawal Nation. The service pays respects to Elders past, present and emerging and all Aboriginal and Torres Strait Islander people living or visiting locally, and welcomes all Aboriginal and Torres Strait Islander patients and their families to the service.



Contents

Contents.....	1
Executive Summary.....	2
1. Context of the Service Plan.....	4
Policy Framework.....	4
Partnerships.....	4
2. Catchment Profile.....	5
Current demographics.....	5
Population growth.....	5
Social determinants of health.....	5
Population health.....	6
3. Current Services and Activity.....	6
Yass Valley Births.....	6
Maternal Outcomes.....	6
History of Yass Maternity.....	7
SNSWLHD Maternity Services.....	8
Travel times.....	8
Yass Valley Maternity Model of Care.....	8
Birthing options.....	10
4. Outcomes of Consultation.....	11
Community consultation.....	11
Stakeholder consultation.....	12
5. Projected Service Demand.....	12
6. Future Models of Care – Options considered.....	13
7. Service Gaps/Opportunities for Development.....	14
8. Implementation and Evaluation.....	15
9. References.....	16
10. Appendices.....	17
Projected demand – Obstetric SRG’s.....	17
Role Delineation Yass Health Service.....	18

Yass Maternity Clinical Services Plan for SNSWLHD developed February 2020. The Health Service Planning Team acknowledges the clinical contributions of RN Midwife Liz Perks, Clinical Midwifery Consultant Maree Hatton, and Clinical Midwifery and Maternity Risk Consultant Amanda Gear.

Executive Summary

The Yass Maternity Clinical Service Plan has been prepared to inform the review of the current maternity services and options for women residing the Yass local government area (LGA).

The objectives of this plan are to analyse the historical and current data relevant to maternity care, service utilisation and trends, community feedback, workforce, current and evidenced based models of care to provide recommendations for future service options.

Yass Valley is located in the Southern Tablelands region of NSW, within the SNSWLHD and is approximately one hour from Canberra. The Yass Valley LGA has an estimated population of 16,953 people with the total population of Yass Valley projected to increase to 17,100 by 2041 (DPE, 2019). The largest growth in young families in Yass LGA is predicted to be on the fringes of Canberra, in the peri-urban areas with a large number of daily commuters to Canberra for work, education and also preferred health services.

The Yass Health Service is supported by the overarching Yass Health Service Integrated Clinical Services Plan 2016. This endorsed CSP has supported the \$8 million redevelopment, including 24-hour access to emergency care, an additional treatment bay, dedicated ambulance entry point, an increase in patient beds from 10 to 12, improved community and allied health facilities and ongoing access to X-ray services. The redevelopment does not include the return of birthing services.

The Yass Health Service provides integrated acute and community health services and is a role delineated 1-2 facility. Maternity services were closed in 2004 due to reduced demand for the services with a significant number of women choosing Canberra over the Yass service, ageing infrastructure and declining workforce availability. It has remained a 'no planned service' delineation for both Maternity and Newborn services since that time.

Outreach Midwifery services from the Goulburn Health Service are provided to women in Yass Valley pre and postpartum. Three maternity care units with various birthing options are located less than an hour from Yass, at Centenary Hospital for Women and Children at The Canberra Hospital, Calvary Public Hospital in the ACT and Goulburn Base Hospital. The Queanbeyan Hospital is just over an hour from Yass.

Births for women of Yass LGA have remained stable over the past 5 years. In 2018 there were 187 births recorded by the ABS to residents of Yass Valley LGA. The majority of births (72%) occurred in ACT Public hospitals with an around 20% occurring in NSW public hospitals (Queanbeyan and Goulburn). Given the limited population growth projected by the DPE to 2041, birthing rates are not expected to increase significantly for Yass Valley.

Consultation with the Yass community and stakeholders on this topic has been ongoing since the closure of the Maternity services at Yass Hospital. Community workshops have been conducted in Yass in collaboration with the PHN indicating no preference for a return of maternity services which is reaffirmed by the Community Consultative Committee (CCC) for Yass. SNSWLHD is currently undertaking broad consultation across the District to inform the District Health Care Services Plan 2020-2030, and preliminary feedback suggest that birthing services are not a current priority for the community. Conversely, a small community group have been advocating for many years to see a return of services to Yass Health Service. The group have recently drafted a feasibility plan advocating for low risk birthing services at Yass Health Service. This plan was presented to the Minister of Health who has since requested further examination of the issue.

Consultation has occurred with key staff, clinical experts (CMC's and Midwives), management, Executive of SNSWLHD and subject matter experts from the Ministry of Health including the NSW Health Chief Obstetrician and Director - Maternity, Child and Family, Health and Social Policy Branch. Modelling methodology and projected demand has been confirmed by the Ministry of Health's, Strategic Analysis and Investment Unit. These stakeholders have provided direction, guidance on evidenced based care and policy compliance in addition to providing recommendations for the final options considered in this review.

Recommendations:

The recommended service option identified in this clinical services plan to address demand and community expectations is to trial an enhancement of the current Yass outreach midwife services for the women in Yass Valley as a full time service. This model of care maintains the existing services of antenatal and postnatal services *only* with continued shared care arrangements with birth services of the women's choice at Goulburn, Queanbeyan or ACT.

The resource implications for this option is a workforce increase from 20hrs per week to 1FTE midwife for the Yass Outreach Midwife service. Current RDN funding arrangements will need further exploration to understand the absolute implications of increased service provision.

Given that projection methodology is unable to predict preferences around birthing choices, this option is proposed with a defined trial period and with a formalised evaluation framework to inform future service provision on the topic.

Recruitment processes should commence as soon as feasible to see this services become operational from June 2020 – June 2021.

Evaluation of the 12 month trial period should be conducted in July 2021 using a robust evaluation framework established on commencement of this service.

Other options considered included a trial expansion of the midwifery team practice (MTP) model from Goulburn Maternity Service to include Yass Valley women with the provision of a team of midwives providing antenatal care at Yass, birthing services at Goulburn Hospital and postnatal care at Yass. However, this change in model is considered too pre-emptive at this stage and requires analysis of the first option as noted above.

A return of comprehensive maternity or low risk birthing from Yass Health Service is not considered feasible, sustainable, viable or safe based on the current information available. Significant investment in infrastructure and workforce would be required to support the service which is not justified by the current utilisation data, projected growth and proximity and preference indicated for services provided in the ACT by Yass women.

1. Context of the Service Plan

The Yass Health Service is supported by the overarching *Yass Health Service Integrated Clinical Services Plan 2016*. This Yass Maternity Clinical Service Plan (CSP) 2020 has been developed in response to community advocacy for review of maternity options for women in the Yass Valley. The Yass Valley LGA has been used as the catchment for planning in this document, consistent with the region used in the 2016 Clinical Services Plan.

The Yass Health Service provides integrated acute and community health services. It consists of 10 inpatient beds (community acute, non-surgery, allocated to level 1-2 care), an emergency department, with radiology and physiotherapy services; and is a designated HealthOne site providing a range of community health services locally and via outreach. There is no inpatient Maternity or Neonatal service at the Yass Health Service. Outreach Midwifery services are provided to women in Yass Valley pre and post-partum from the Goulburn Health Service.

Policy Framework

This Plan is aligned with the following key frameworks and strategies:

- Australian Government priorities (Strategic intent & 'Closing the Gap')
- NSW Health Strategic priorities (NSW State Plan Towards 2021, NSW Rural Plan Towards 2021, Role Delineation of Clinical Services Guide, ACT Health & SNSWLHD MOU)
- SNSWLHD (Strategic Plan 2016-21, Service Level Agreements, Asset Plan, Leading Better Value Care)
- Consultation Framework
- NSW Health Planning Guidelines

In addition to the federal, state and district strategic plans, SNSWLHD Maternity services are delivered in line with the NSW Maternity and Neonatal Service Capability Framework (2016) as well as the following Policy Directives:

- NSW Health Policy Directive PD2009_003 Maternity – Clinical Risk Management Program
- NSW Health Policy Directive PD2010_022 Maternity – National Midwifery Guidelines for Consultation and Referral
- NSW Health Policy Directive Maternity - Towards Normal Birth in NSW (2010)
- NSW Health Policy Directive – SAFE START (2010)
- First 2000 Days Framework Policy Directive PD2019_008
- Tiered Network Arrangements for Perinatal Care in NSW Policy Directive PD2019_053

Lastly, the following clinical guidelines are relevant to the Yass Maternity CSP:

- Australian College of Midwives. National Midwifery Guidelines for Consultation and Referral 3rd Edition Issue 2. s.l., Canberra : ACM, 2014
- Australian Government Department of Health. Clinical Practice Guidelines – Pregnancy Care 2019 Edition. Canberra : s.n., 2018
- Australian College of Midwives. Maternity Emergency Guidelines for Registered Nurses 5th Edition. Sydney : s.n., 2014
- Australian Government. (2019). Pregnancy Care for Aboriginal and Torres Strait Islander Women
- Woman-centred care: Strategic directions for Australian maternity services (2019)
<https://www.health.gov.au/resources/publications/woman-centred-care-strategic-directions-for-australian-maternity-services>

Partnerships

Maternity is provided as part of a shared care arrangement between consumers, Midwives, GPs and Obstetricians. Partnerships and information sharing to support women and to ensure appropriate care is provided at the right time and in the right place will remain imperative.

SNSWLHD provides Perinatal Care in a tiered networked arrangement with ACT Health and the Sydney Children's Hospital Network to ensure women with high risk pregnancies can access specialised care.

2. Catchment Profile

Current demographics

Yass Valley is located in the Southern Tablelands region of NSW, within the SNSWLHD. The area comprises the town of Yass and villages of Binalong, Bookham, Bowning, Gundaroo, Murrumbateman, Sutton and Wee Jasper.

The Yass Valley LGA has an estimated population of 16,953 people; of which 477 individuals, or 2.8% identify as Aboriginal (State 3.5%). The portion of residents born in a non-English speaking country at 3.9% is significantly lower than the state at 21% (1, 2)

The median age for Yass residents is 41.8 which is above the state of 37.5, but younger than the rest of the SNSWLHD catchment. The estimated number of women between the ages of 15-49 currently residing in the Yass Valley is 3,671 individuals.

The Australian Bureau of Statistics documents a stable fertility rate in Yass Valley with the total number of births per calendar year for Yass Valley LGA as follows (3):

Yass Valley Local Government Area - Number of births per calendar year

LGA	2012	2013	2014	2015	2016	2017	2018
Yass Valley	215	214	208	173	185	185	187

Source: ABS Registered births LGA areas, NSW, 2012-2018, data for 2019 not yet published.

Population growth

The most recent population projections released by the Department of Planning and Environment (DPE 2019) project the Yass Valley LGA population to remain relatively stable between now and 2041 (4).

- The total population of Yass Valley will increase by 550 people between 2016 and 2041, from 16,550 to 17,100.
- Natural change, and to a lesser extent, the movement of people into Yass, will both add to future population growth in the area.
- The working age population (aged 15-64) is estimated to decrease from 10,400 in 2016 to 9,350 in 2041 – a change of 1,050.
- The number of children aged 14 and under is estimated to reduce by 800 children, from 3,600 in 2016 to 2,800 in 2041.
- The number of people aged 65 and over is estimated to increase from 2,550 in 2016 to 4,950 by 2041 - a change of 2,400.
- The number of women aged 15-49 (defined age of child bearing by the WHO) is anticipated to decrease from 3,664 in 2016 to 2,937 in 2041.

Conversely, the previous DPE population projections (2016) identified Yass Valley as a high growth area with the population anticipated to grow to 23,390 people by 2036. Potential ACT peri urban growth in developments such as the Yass/ACT Parkwood proposal may have impacted on these figures, however current 2019 DPE figures are mandated for NSW Health planning purposes.

Social determinants of health

The Yass Valley LGA region is less socially disadvantaged than the rest of the SNSWLHD district as indicated by the Index of Relative Socio-economic Advantage and Disadvantage (IRSAD); the Yass Valley has a higher score than the national average and the Yass Township is on par with the national average. The below table outlines the Yass region IRSAD compared with the surrounding regions (5).

Index of Relative Socio-economic Advantage and Disadvantage (IRSAD) by LGA and SA2 region, 2016

LGA SA2 region	IRSAD score	LGA	IRSAD score
Yass Valley LGA	1062	Queanbeyan LGA	1053
Yass	1010	Goulburn Mulwaree LGA	960
Yass Region	1084	Upper Lachlan Shire	998

Source: ABS, 2016 Socio-economic Indexes for Areas.

Population health

Residents of the Yass Valley region are rated among the healthiest in the SNSWLHD. Yass also has the highest private health insurance rates in the District at 65.3%. Key population health statistics for the Yass Valley region have been summarised below.¹

- The potentially avoidable death rate is stable and comparable with the State and LHD.
- The potentially preventable hospitalisation rate is significantly lower than the NSW average.
- The rate of high or very high psychological distress is lower than the LHD and State average.
- Smoking rates in Yass at 13% are significantly lower than the LHD 16%, and State average (14.4%). Rates of smoking during pregnancy 11.8% are higher than the State average 8.8% but one of the lowest in the District.
- Rates of harmful alcohol consumption at 17.3% are lower than the LHD (20%) and slightly above State average 15.5%.
- The percentage of those screened for breast cancer in Yass at 50.3% is lower than the state screening rate of 55.3% however both cervical and bowel screening rates for Yass are above LHD and State rates.
- More than two thirds of the adult population are overweight or obese (66.7%), on par with the State average.

3. Current Services and Activity

Yass Valley Births

Of the 187 births recorded by the ABS to residents of Yass Valley LGA in 2018, 38 births (20%) occurred in NSW public hospitals. Approximately 135 births or 72% were in ACT public hospitals in 2017-18. The remaining 8% include babies born in private hospitals, any home births, and the occasional birth in Ambulance or Emergency Departments. Ambulance and ED data does not support a large number of babies born before arrival (BBA) or any increasing trend in this over the last decade. For example in 2019 there was one unplanned birth in Yass Hospital.

Births to women from Yass Valley in 2018

Location	Number of births	Portion
NSW public hospitals	38	20%
ACT public hospitals	135*	72%
Other (includes private ACT, BBA and homebirths)	14	8%
Total	187	100%

Sources: ABS, FlowInfo V18 and ACT Health. ACT Health births data for 2017-18*.

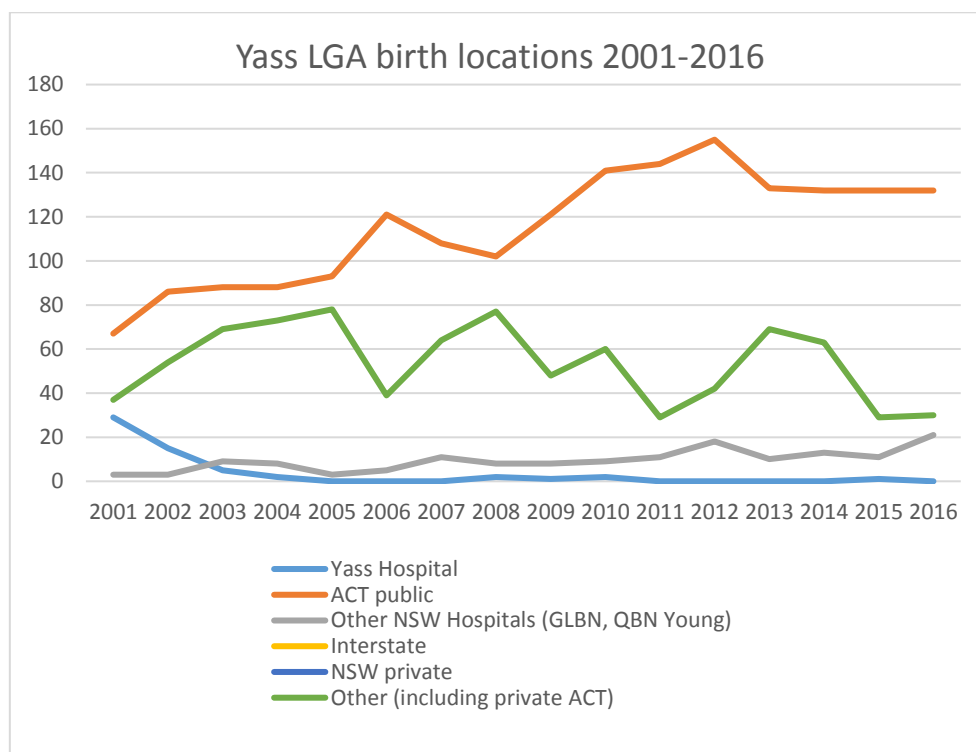
Maternal Outcomes

Of the total births from Yass women in NSW public hospitals in 2017/18, 35% were via caesarean, 65% were vaginal births. Outcomes for ACT births are unknown and therefore the above constitutes only 20% of the Yass cohort.

¹ Sources: NSW Health Stats, www.healthstats.nsw.gov.au; PHIDU Social Health Atlas of Australia, NSW & ACT, Data for LGAs, January 2020 release (6, 7).

History of Yass Maternity

Prior to 2004 the Yass Hospital included a maternity and birthing service. In the financial year 2001/2002 there were 29 births in Yass Hospital and 67 in ACT public hospitals, with the total number of registered births for Yass Valley recorded by the ABS in 2001 as 136 births, and in 2002 as 158 births. This leaves approximately 40-62 'other' births which are assumed to occur largely in private ACT hospitals. This number also includes small numbers of babies born at home and BBA.



Source: ABS Registered births LGA areas, NSW, 2012-2018, FlowInfo V18.

The pattern of service usage indicates that women of Yass LGA have chosen ACT public and private hospitals in greater volumes than the local Yass maternity service even whilst there was an available service at Yass.

Historical reasons for the pattern are quoted to include:

- the high number of working professionals commuting to Canberra daily and convenience of care.
- the indicative growth for Yass LGA in young families is in the peri-urban region on the periphery of Canberra which is the closest option.
- greater birthing options available within ACT, including low and high care services with access to specialised care if required.

In December 2004 the Maternity service and operating theatres at Yass Hospital were closed. The demand for the service had reduced and the operating theatres no longer complied with ACORN standards, therefore caesarean sections could no longer be performed. At this time there was also medical staff shortages (the only anaesthetist was also the only GP obstetrician remaining on staff). It was recommended that women plan to birth in a maternity service with adequate resources to safely manage emergencies, rather than risk delaying help due to the lengthy transfer.

Since that time there has been a role delineation of 'No Provided Service' for Maternity and Newborn Services at the Yass Health Service. Women in Yass Valley are given options to travel to either Canberra, Goulburn or Queanbeyan for labour and birth care. Pregnancy and postnatal care is offered through a Midwifery Outreach Service to Yass.

SNSWLHD Maternity Services

There are five Level 3 birthing services provided in SNSWLHD at Queanbeyan, Goulburn, Moruya, Bega and Cooma Hospitals. Geographically both Goulburn and Queanbeyan provide labour and birth support for women in the Yass region. Goulburn manages the outreach service. The ACT public birthing services also provide labour and birth support for the majority of women in Yass Valley.

Maternity services in Bega, Eurobodalla and Goulburn have high self-sufficiency for residents. However in all communities close to the ACT (e.g. Bungendore, Yass and Queanbeyan) a large portion of women opting to birth within Canberra facilities. Potential factors influencing women's maternity choices include; work commutes to the ACT, travel times, private hospital use, and maternity facility preferences. Note that some ACT residents also opt to birth in SNSWLHD maternity services with increasing numbers noted at the Queanbeyan Maternity service.

Travel times

The travel times to Maternity services within the District are shown in the table below. Data suggests that more women from the Yass region choose the maternity services at Calvary Public Hospital which is less than one hour's drive from Yass.

Community	Maternity service	Travel times
Yass - option 1	Calvary Public (ACT)	58.5km (51 min)
Yass - option 2	Queanbeyan	82.6km (1hr 6 min)
Yass- option 3	Goulburn	86.6km (1hr)
Delegate	Cooma	125km (1hr 28 min)
Bombala	Cooma	88.9km (1hr 2 min)
Jindabyne	Cooma	62.8km (48 min)
Eden	Bega	52.4km (42 min)
Narooma	Moruya	45.9km (39 min)
Maloneys Beach	Moruya	39.7km (38 min)
Crookwell	Goulburn	43.9km (33 min)
Gunning	Goulburn	48.3km (39 min)
Braidwood	Queanbeyan	74km (55 min)

Travel times > 1 hr drive

Yass Valley Maternity Model of Care

Yass Outreach Midwifery Service

The Midwifery Outreach Service is administered through the Rural Doctors Network (RDN) with Commonwealth funding, and managed by the Goulburn Maternity service as part of the SNSWLHD Northern Cluster. A midwife works 20 hours per week (3 days/week) and partners with women's chosen birth hospitals to provide antenatal and postnatal care. The service was first trailed in 2008 for six months and approved for ongoing funding by RDN in 2012.

Principles of the Yass Outreach Midwife model of care

The principle underlying the Yass Outreach Midwife model of care is continuity of antenatal care to improve postnatal care with a nominated midwife as lead carer. The Yass Outreach Midwife model is a primary health care model and includes:

- Antenatal and postnatal care provision through a mix of hospital and community care
- Provision of consistent information that facilitates self-efficacy and confidence
- Building trusting relationships with women and their families
- Flexible, individualised care that meets the woman's needs for information, education and support
- A smooth transition from hospital to home with the woman feeling supported and confident.

The Yass Outreach Midwife model is designed to:

- Enhance communication between women and health & community services including GPs, birthing Hospitals and Child and Family Health Nurses
- Improve referral and escalation of care
- Improve perinatal mental health outcomes and referrals
- Improve birthing outcomes
- Improve the Culturally and Linguistically Diverse community's access to maternity care and follow up.
- Improve breastfeeding initiation and duration
- Build parenting skills and confidence
- Address job satisfaction for midwives
- Improve midwifery retention to continuity models.

Antenatal care

- Women of all risk levels are eligible to access the model.
- Antenatal care is provided in collaboration with other health care professionals as per the ACM National Midwifery Guidelines for Consultation and Referral and the national Clinical Practice Guidelines – Pregnancy Care.
- Birthing options are confirmed and arranged as part of the service.
- Routine antenatal visits with the Yass Outreach Midwife occur in partnership with the woman's birth hospital.
- If a woman requires consultation at any time with other health care providers, a hospital appointment or an immediate admission is organised, in consultation with the woman's chosen birthing hospital.
- Routine antenatal care occurs in the midwife's clinical room at Yass Health Service.
- There are no antenatal education classes conducted as part of this service as they are provided by the women's birthing hospital. Expansion in this space to provide women with local peer connections should be considered into the future.

Intrapartum care

- The Yass Outreach Midwifery service does not provide direct labour or birth care but rather assists the women to make arrangements with their preferred birthing service.
- Intrapartum care is provided by the birthing service according to the duration of care required.

Postnatal Care

The Yass Outreach Midwife model is designed to support well women who have discharged from hospital to their home. The birth service refers women to the Yass Outreach Midwife for ongoing postnatal care that is provided in a part time capacity (up to 20hrs per week).

Ongoing home visits and telephone checks are provided by the midwife, as per the woman's needs.

Elements of postnatal care:

- The majority of postnatal care for well women and newborns occurs in the home.

- It is anticipated that six hours after birth well women and their babies return home from birthing services or if not, are admitted to the postnatal ward for a short period.
- For women in the Yass region returning home, postnatal visits are offered for up to 10 days with home visits or telephone consultation, as required. This averages to four visits per woman and newborn.
- A final discharge visit on or around day 10 occurs, to hand over care of the woman and newborn to the Child and Family Health service.

Current activity for Yass Outreach service

The following tables highlight the activities of the midwifery program:

Yass Outreach Midwife activities reported to the Rural Doctors Network (RDN) 1/1/2019 to 31/12/2019

Midwifery care	Number of Occasions of Service
Antenatal first booking in visits	22
Antenatal follow up care visits	61
Postnatal first contact visit	93
Postnatal follow up care visits	183
Total occasions of service reported to RDN	359
Readmissions	6

NB. Telephone consultations are excluded from these statistics, however the midwife may follow up an average of four women per day on the telephone. There was no midwifery service in Yass for the month of November 2019.

Birthing options

Women in Yass Valley can choose between the NSW birthing service options of Goulburn maternity service who provide governance over the current Yass Outreach Midwife, Queanbeyan maternity service or ACT maternity services (public and private hospitals). There are no private NSW hospitals within reasonable commute for women in Yass.

Women with vulnerabilities are supported through the regular SAFE START multidisciplinary meetings and networked to services to help their individual needs. There is currently no Aboriginal culturally specific maternity program available in Yass, although the District is exploring funding options for this service gap.

Goulburn Maternity Service

- The Goulburn Health Service is a Level 3 Maternity Service with 297 births in 2019. The hospital offers continuity of midwifery care through a team midwife model for most women. Privately insured women receive care from Private Obstetricians and Endorsed Midwives who service this area.
- The Yass Outreach Midwifery Service is managed by the Goulburn Maternity service.
- There is no Aboriginal Maternal Infant Health Service (AMIHS) available in Goulburn.
- Referral for postnatal care can be made to Yass Outreach Midwifery Service following discharge from the service. A subsequent referral will then be made to the Child and Family Health nursing team from the community health service in Yass.

Queanbeyan Maternity Service

- The Queanbeyan Health Service provides a Level 3 Maternity service, with 533 births in 2019. The hospital offers continuity of midwifery care through a shared care model (midwives and GP Obstetricians) for most women. Privately insured women receive care from Private Obstetricians and Endorsed Midwives who service this area.

- The Aboriginal Maternal Infant Health Service (AMIHS) is offered to Aboriginal women and women having an Aboriginal baby who choose to birth at Queanbeyan. A midwife and an Aboriginal Health Worker (AHW) work in partnership with the women to meet individual care needs and provide follow up to those living in the Queanbeyan region.
- Referral for postnatal care can be made to Yass Outreach Midwifery Service following discharge from the service. A subsequent referral will then be made to the Child and Family Health nursing team from the community health service in Yass.

ACT Health Maternity Services

- ACT Health provides a number of birthing services for women at The Centenary Hospital for Women and Children and Calvary Public Hospital in Bruce. These include a birthing centre, continuity of Midwifery care, specialised obstetric care, foetal medicine unit, home birth options, specific Aboriginal or Torres Strait Islander services and also shared care arrangements with private providers and GPs.
- Women residing in NSW including those in Yass, can request a referral to the ACT public Maternity services via an intake phone service².
- Yass women choosing to birth in the ACT can receive antenatal care through their ACT birthing hospital or request a shared care arrangement with the Yass Outreach Midwifery Service.
- Referral for postnatal care can be made to Yass Outreach Midwifery Service following discharge from the service. A subsequent referral will then be made to the Child and Family Health nursing team from the community health service in Yass.

4. Outcomes of Consultation

Community consultation

Consultation with the Yass community and stakeholders on this topic has been ongoing since the closure of the Maternity services at Yass Hospital. Community workshops and ongoing stakeholder events in the area have been conducted in Yass in collaboration with the PHN indicating no preference for a return of maternity services which is reaffirmed by the Community Consultative Committee (CCC) for Yass.

Recent community advocacy instigated a review of Maternity Services in Yass, with a group of three local women 'Yass maternity consumer group' lobbying for the reinstatement of maternity services at Yass Hospital. The group have raised concerns over an increase in babies being born before arrival, and high population growth in the area. A petition with 2000 signatures was submitted to the NSW Legislative Assembly in 2018 and a survey with 41 respondents was also undertaken by the group. Bias limiting design and methodologies applied during both have not been explored further. One member, a midwife by profession, has compiled a feasibility study paper for a low risk maternity service in Yass via university coursework and submitted this to NSW Health.

Subsequently, a review of services was requested by the NSW Minister for Health.

Previous community consultation undertaken by the Yass Consumer Consultative Committee on the Hospital services for Yass was conducted on 27 February 2019 with a total of 42 participants (29 female, 13 male). This community workshop did not identify maternity services as challenging to access (mental health and GP services were listed as most challenging).

Broader community consultation is underway as part of the engagement for development of the District wide Health Care Services Plan 2020-2030. Early survey analysis indicates that respondents are willing to travel for some maternity services but would like other maternity services provided locally. As at 31 March 2020, 83 community and staff members from Yass completed the survey. The most requested services to be provided locally include mental health, emergency care, palliative care, community health services and cancer services. Weekly reporting indicate that these top five priorities have remained consistent throughout the survey period. Face to face staff consultation undertaken on the 12th March 2020 at the Yass District Hospital indicated that

² <https://health.act.gov.au/services-and-programs/women-youth-and-children/pregnancy-and-birth>

the return of maternity services to Yass Hospital is not supported by the nursing staff in attendance on the basis of low demand when the service was offered.

Stakeholder consultation

Consultation has been undertaken with key staff, clinical experts (CMC's and Midwives including the current midwife for the Yass Outreach program), management of Yass and Goulburn Health services, SNSWLHD Executives and subject matter experts from the Ministry of Health including the NSW Health Chief Obstetrician and Director - Maternity, Child and Family, Health and Social Policy Branch. Modelling methodology and projected demand has been cross checked by the Ministry of Health's, Strategic Analysis and Investment Unit.

Stakeholders have provided direction, guidance on evidenced based care and policy compliance in addition to providing recommendations for the final options considered in this review.

5. Projected Service Demand

Projections for Maternity in Yass Valley have been completed using the Ministry of Health projection tool-HealthAPP using both 2016 and 2019 DPE population projections. Two scenarios for the Yass Valley at 2036 are outlined below. The Ministry of Health mandates the use of 2019 data projections for health service modelling with the resulting calculation of a total of 112 public births by 2036. However given the potential for variation in the peri-urban growth in the Yass Valley the 2016 higher projection series has been used to calculate a total of 179 public births by 2036. Full projection data for Obstetric SRG's at 2036 is available in the Appendix.

HealthAPP projections Data series used	Total population (2036)	Total public births for women living in Yass Valley (2036)
2016 projection series	23,390	179
2019 projection series	17,204	112

Data limitations include;

- No ACT Health data on ANC and PNC occasions of services for Yass Valley Women
- No ACT private data relating to births, ANC and/or PNC for Yass Valley Women
- Complex and non-comparable data collation systems for the current Yass Outreach Midwife services including the RDN data tool and NSW Health data tools
- Data relating to choice and preference for birthing services not available.

Given the limitation of the data available to inform fully the demand of future services, scenario modelling has been used to determine projected demand on Yass Outreach Midwife services for future Antenatal and Postnatal services.

A range of 112-179 births projected to 2036, comparable percentage of shared arrangements in SNSWLHD, and the evidenced based protocols for a standard pregnancy - 10 Antenatal consultations and 5 Postnatal consultations - has been used to determine the below scenarios for demand on Antenatal and Postnatal services.

Scenario 1 - 112 births by 2036

Probability scale: 1) Unlikely, 2) Likely, 3) Highly likely

	Assumptions	Methodology	ANC/PNC Consultations per year	Probability
Scenario 1.1	100% all ANC and PNC provided through Yass outreach midwife service	112 x 15 consults	1,680	Unlikely
Scenario 1.2	50% ANC and PNC provided via shared care arrangement (GP or Birthing service)	112 x 15 consults /.5	840	Likely

Scenario 1.3	All low risk women and 50% medium risk pregnancies are seen for ANC and PNC at Yass outreach midwife service	112 x 15 consults/ .33 (554) + 112 x 15 consults/ .33 / 2 (277)	831	Likely
---------------------	--	---	-----	--------

Scenario 2 - 179 births by 2036

	Assumptions	Methodology	ANC/PNC Consultations per year	Probability
Scenario 2.1	100% all ANC and PNC provided through Yass outreach midwife service	179 x 15 consultations	2,685	Unlikely
Scenario 2.2	50% ANC and PNC provided via shared care arrangement (GP or Birthing service)	112 x 15 consultations / .5	1,342	Likely
Scenario 2.3	All low risk women and 50% medium risk pregnancies are seen for ANC and PNC at Yass outreach midwife service.	179 x 15 consults/ .33 (886) + 179 x 15 consults / .33 / 2 (443)	1,329	Likely

The **current Yass outreach midwife service** provides approximately **350 ANC and PNC face to face consultations** each year and has approximately 100 women utilising this service throughout that period. These figures do not include phone consultations. This suggests that women are only using this service for around 3.5 of their 15 expected consultations.

Any service enhancement would need to consider the reality of any of the above scenarios given that the impact of choice cannot be calculated within this scenario modelling currently.

6. Future Models of Care – Options considered

A future model of care that provides comprehensive maternity services for the Yass Valley women needs to consider choice, demand, viability, sustainability, workforce, risk and financial and infrastructure considerations.

Current evidence based maternity models of care across NSW have been considered by clinical subject matter experts, SNSWLHD Executive and Management. Data and evidence to date suggests that the best future models of care for Yass Valley would be:

1. Trial expansion of the current Yass outreach midwife service as a full time service

Model	Provide antenatal and postnatal services only with continued shared care arrangements with birth services of the women's choice at Goulburn, Queanbeyan or ACT.
Result	Based on 1FTE midwife, average of 5 consultations per day (phone and visits) for an entire year (52 weeks), we anticipate capacity for a maximum of 1300 consultations per year. This is expected to address the demand of the most realistic scenarios modelled. Depending on uptake may also provide additional scope for potential education classes or other priorities as identified by the clinicians.
Investment required	Increase in workforce resourcing from the current 20hrs per week to 1 FTE midwife plus leave cover. This would require increased promotion of the service to increase uptake for a greater portion of the care provided to women of Yass region. There would also be requirements for IT resourcing to support mobility, fleet availability and support from the managing service for administration, bookings and data analysis/reporting.
Risks and mitigation strategies	Limited uptake of service by women based on continued preference for ACT services. Trial period mitigates impact and evaluation provides evidence for future investments and models of care.

Alternative options considered:

1. Trial expansion of the Midwifery Team Practice model from Goulburn Maternity service. Considered to be too pre-emptive and requires further analysis from the evaluation to make an informed decision regarding the investment required.

Model	Include Yass Valley women with the provision of a team of midwives providing antenatal care at Yass, birthing services at Goulburn Hospital and postnatal care at Yass.
Result	Provides comprehensive continuity of care as best practice across the women’s pregnancy continuum. Benefits for women suggest: <ul style="list-style-type: none"> • Improved clinical outcomes for women and babies. • More normal births. • More satisfying -women centred care. • Booking is <14 weeks. • Less waiting time. • Easier access to community-based clinics. • Higher perceived quality of care. • More positive experiences with amount of information received about labour and birth. <p>The model for Yass would be atypical in that the ANC and PNC are not offered at the same location as the birthing services, however, ensure that where possible, care as close to home as possible. It would also optimise the tiered Maternity network across SNSWLHD to ensure safe, viable, sustainable and evidenced based services for women.</p>
Investment required	Increase in workforce to compliment the current midwifery team at GBN to ensure a full time services could be provided at Yass for ANC/PNC and deliveries at Goulburn. Communication of the change in service model and consultation with community. Increased number of midwives to complement the existing Goulburn based team to accommodate the additional number of women enrolling into the model from Yass region. There would also be requirements for IT resourcing to support mobility, fleet availability and support from the managing service for administration, bookings and data analysis/reporting.
Risks and mitigation strategies	Limited uptake of service by women based on continued preference for ACT services. Trial period mitigates impact and evaluation provides evidence for future investments and models of care.

2. A return of maternity services to Yass Hospital is unjustified with the information available.

7. Service Gaps/Opportunities for Development

Service	Gap	Opportunity
The ACT Maternity Access Strategy aims to provide care to women at the most appropriate geographically located service to their residence.	Service continuity for women birthing in ACT who wish to access the Yass Maternity outreach midwife has been impacted by the new ACT intake process and cross referral practices.	This is an area for collaborative improvement as available service options in SNSWLHD are not always promoted to NSW residents contacting the intake centre. Confirmation of low risk birthing options for SNSW women provided within ACT and in close proximity for Yass women should be explored further to ensure that referral criteria permits access to the service as deemed appropriate.
Communication	Communication of all birthing options are limited.	Options should be provided to health professionals and members of the community through mechanism of ‘HealthPathways’, the PHN and community information sheets and sessions.

Service	Gap	Opportunity
Towards Normal Birth Policy Directive key measure: the number of women who receive postnatal care at home for at least two weeks following birth.	This extended length of time has been challenging to implement in Yass.	Based on the three day a week service, postnatal care means that the woman would receive home visits and/or phone calls from the midwife which is usually four consultations.
Support for mothers smoking during pregnancy is an area for focus. The model of care for indigenous women is supported by an Aboriginal Maternal Infant Health Service in Eurobodalla, Bega Valley and Queanbeyan.	Rates of smoking during pregnancy are higher across the district than the state average and are particularly high in Aboriginal women. There are no funded positions for Aboriginal Health Workers in Cooma, Yass and Goulburn.	Potential collaboration with appropriate service providers (NGO or LHD) who have Tackling Indigenous Smoking funding for certain parts of the district including those locations without an AHW Yass, Goulburn (and Cooma) should be further explored. This service could support smoking cessation support for Aboriginal pregnant women in partnership with the Yass midwife and at the Goulburn and Cooma maternity units.
Increased peri-urban growth in Murrumbateman.	The Yass Clinical Services Plan 2016 noted consideration of increased provision of outreach services.	This should be explored to identify in more detail the health services needs of this population.
Consideration for a return or new birthing service in Yass LGA.	There is no comprehensive risk assessment.	A comprehensive risk assessment should be conducted by a subject matter expert such as the Ministry of Health, Chief Obstetrician and relevant members of the maternal advisory group at the Ministry of Health.

8. Implementation and Evaluation

Whilst analysis of the demand in Yass Valley for antenatal and postnatal care supports the enhancement of the outreach maternity service to Yass Valley, the uncertainty of choice and preference on the reversals of care from other providers has also been identified.

The proposed increase in midwifery service should be undertaken as a time limited trial undertaken with a robust implementation and evaluation framework. The evaluation plan should capture both qualitative and quantitative analysis so that patient journey and experience is reviewed in addition to the clinical outcomes of the service.

Any future investment in the maternity services for Yass women should be informed by this evaluation, evidence of data and in collaboration with consumers and community.

9. References

- (1) Australian Bureau of Statistics (ABS). Population by Age and Sex, Regions of Australia, 2019.
- (2) Australian Bureau of Statistics (ABS). Estimates of Aboriginal and Torres Strait Islander Australians, June 2016.
- (3) Australian Bureau of Statistics (ABS). Births, Summary, Local Government Areas, New South Wales–2012 to 2018.
- (4) NSW Department of Planning & Environment: 2019 NSW State and LGA Household Projections, 2011 to 2036.
- (5) Australian Bureau of Statistics (ABS). Local Government Area (LGA) Index of Relative Socio-economic Disadvantage, 2016.
- (6) Centre for Epidemiology and Evidence. Health Statistics New South Wales. Sydney: NSW Ministry of Health.
- (7) Australian Health Survey, LGA data: 2017-18, via PHIDU Social Health Atlas, Torrens University.

10. Appendices

Projected demand – Obstetric SRG's

The full output from the Ministry of Health projection tool, HealthAPP, is shown in the table below. The base case uses 2016 DPE projection figures whereas the scenario is modelled uses 2019 DPE projection figures. Total births by 2036 are calculated as the combined vaginal and caesarean births which is; **179** births (128 +51) for 2016 series, and **112** births (80 + 32) for the 2019 series.

HealthAPP projections- Obstetric SRG, Yass Valley residents, public hospitals

	2015	2021	2026	2031	2036
721 - Antenatal admission					
Episodes	28	41	44	47	48
Episodes Scenario	28	32	32	32	30
Bed Days	48	65	67	71	71
Bed Days Scenario	48	51	49	48	44
722 - Vaginal delivery					
Episodes	106	113	119	125	128
Episodes Scenario	106	89	87	85	80
Bed Days	247	273	261	251	233
Bed Days Scenario	247	216	190	171	145
723 - Caesarean delivery					
Episodes	35	48	45	50	51
Episodes Scenario	35	38	33	34	32
Bed Days	137	196	172	176	166
Bed Days Scenario	137	155	125	120	103
724 - Postnatal admission					
Episodes	6	13	17	16	16
Episodes Scenario	6	10	12	11	10
Bed Days	11	31	36	38	36
Bed Days Scenario	11	24	26	26	22

NSW HealthAPP 2020: Base case 2016 projections, scenario 2019 projections

Role Delineation Yass Health Service

The Yass Health Service offers mainly **level 1 and level 2** services. This means that the complexity of the service is one of low acuity, with emergency department facilities for stabilisation and transfer of clients. The Role Delineation for maternity services is NPS as the service doesn't have capacity to offer this service with the current Role Delineation and no operating theatres. Any changes in service provision will need to consider the implications across all services at Yass, including the support services.

Role Delineation Yass Health Service 2018

General Information	
LHD	Southern New South Wales Local Health District
Facility	Yass Health Service
Service Plan Name	Yass Health Service
Status	Current
Effective From	27/02/2018

Category	Service	Level	Network Arrangements
Core Services	Anaesthesia and Recovery	1	No
Core Services	Operating Suites	1	No
Core Services	Close Observation Unit	NPS	Yes
Core Services	Intensive Care Services	NPS	No
Core Services	Nuclear Medicine	4	Yes
Core Services	Radiology and Interventional Radiology	3	No
Core Services	Pathology	2	No
Core Services	Pharmacy	2	No
Emergency Medicine	Emergency Medicine	2	Yes
Medicine	Cardiology and Interventional Cardiology	1	No
Medicine	Clinical Genetics	NPS	No
Medicine	Dermatology	NPS	No
Medicine	Drug and Alcohol Services	NPS	No
Medicine	Endocrinology	NPS	No
Medicine	Gastroenterology	NPS	No
Medicine	General and Acute Medicine	2	Yes
Medicine	Geriatric Medicine	NPS	No
Medicine	Haematology	NPS	No
Medicine	Immunology	NPS	No
Medicine	Infectious Diseases	NPS	No
Medicine	Neurology	NPS	No
Medicine	Oncology - Medical	NPS	No
Medicine	Oncology - Radiation	NPS	No
Medicine	Palliative Care	2	Yes
Medicine	Rehabilitation Medicine	NPS	No
Medicine	Renal Medicine	NPS	No
Medicine	Respiratory and Sleep Medicine	NPS	No
Medicine	Rheumatology	NPS	No

Category	Service	Level	Network Arrangements
Medicine	Sexual Assault Services	1	No
Medicine	Sexual Health	1	No
Surgery	Burns	NPS	No
Surgery	Cardiothoracic Surgery	NPS	No
Surgery	Ear, Nose and Throat	NPS	No
Surgery	General Surgery	NPS	No
Surgery	Gynaecology	NPS	No
Surgery	Neurosurgery	NPS	No
Surgery	Ophthalmology	NPS	No
Surgery	Oral Health	2	No
Surgery	Orthopaedic Surgery	NPS	No
Surgery	Plastic Surgery	NPS	No
Surgery	Urology	NPS	No
Surgery	Vascular Surgery	NPS	No
Child and Family Health Services	Child and Family Health	3	No
Child and Family Health Services	Child Protection Services	1	No
Child and Family Health Services	Maternity	NPS	Yes
Child and Family Health Services	Neonatal	NPS	No
Child and Family Health Services	Paediatric Medicine	NPS	No
Child and Family Health Services	Surgery for Children	NPS	No
Child and Family Health Services	Youth Health	2	No
Mental Health	Child/Adolescent Mental Health (Inpatient Care) - superseded		No
Mental Health	Child/Adolescent Mental Health (Community Care) - superseded		No
Mental Health	Adult Mental Health (Inpatient Care) - superseded		No
Mental Health	Adult Mental Health (Community Care) - superseded		No
Mental Health	Older Adult Mental Health (Inpatient Care) - superseded		No
Mental Health	Older Adult Mental Health (Community Care) - superseded		No
Mental Health	Adult Mental Health	2	No
Mental Health	Child and Youth Mental Health	NPS	No
Mental Health	Older Person Mental Health	1	No
Community Based Health Services	Aboriginal Health	6	No
Community Based Health Services	Community Health	2	No