Select Committee on Reproductive, Maternal and Paediatric Health Services in Tasmania,
House of Assembly,
Parliament House,
Hobart, TAS, 7000

To The Secretary

The following submission to the Inquiry into Reproductive, Maternal and Paediatric Health Services in Tasmania is presented to you in confidence.

My work has not yet been published, but it will be soon.

As I live in NSW, this submission details my findings in relation to the NSW Blue Print and in response to the recent Birth Trauma Inquiry. I have been asked to share this with you by consumers in Tasmania, who feel The Birth Map offers a solution within this space.

I welcome discussion, and will avail myself to you for further details, and am happy to provide publications as they become available.

[redacted]

Thank you for the opportunity to share my findings with your committee.

In gratitude,

Catherine Bell

The Birth Map:

Improving Maternity Experiences Through Effective Communication and Supported Maternal Decision Making

Catherine Bell

My PhD thesis (title above) will be submitted next month. The findings paper will be published soon. In light of the timing of the inquiry, I offer you this insight, as it may have impact for your decision making:

ABSTRACT

The concept of the birth plan was introduced to provide a sense of agency to women in an increasingly medicalised maternity care system in which the cultural messaging and power imbalances dismiss women's experiences. Birth plans were intended to improve communication between women and their care providers. However, in the 40 years since their introduction, birth plans have been reduced to restrictive templates and checklists that hinder communication, impeding informed decision making and bringing the validity of consent into question. The term 'plan' has been widely criticised for its perceived lack of flexibility, and there is a call for a new term and a universal approach to birth preparation that reclaims its intended purpose.

In response to these issues, The Birth Map was developed as a consumer-driven, woman-centred, and structured approach to birth preparation. It encourages communication and confident decision-making, whilst acknowledging the importance of the experience for women. In the form of a book, it provides an overview of the maternity system, with question prompts to engage with care providers and suggested resources to aid in knowledge building.

We wanted to know: Does *The Birth Map* facilitate communication, enhance experience and aid decision making?

These questions were explored using Realist Evaluation, with self-recruited participants from various models of care throughout Australia. Participants were asked to record periodical reflections throughout pregnancy, and after birth; a cross-section of participants provided in-depth interviews postpartum. Short surveys provided quantitative information on their experiences with respect and decision making.

Their valuable insights into *The Birth Map* were instrumental in shaping the resulting theory.

The evaluation found that *The Birth Map* did facilitate communication, enhance experience and aid decision making for the women. However, barriers to communication included short appointment times and dismissive care providers, which impacted the experience negatively and impeded decision making. Whilst the birth map helped alleviate this impact, the clear difference where care provider engagement was respectful and relationship-focused highlights the importance of effective communication.

We developed a theory for an Informed, Supported, and Confident maternity journey, with a guideline for how to put this into practice. This involves

providing *The Birth Map* to women and training care providers. This training needs to focus on compassionate care and supporting maternal decision making. Women must be acknowledged as the decision makers with an understanding that the context of each journey will differ. This context includes the woman's background and circumstances, the care providers' skills, and the facility provisions.

Embedding this approach into the maternity system by providing *The Birth Map* (adapted based on participant insights) to women in early pregnancy, along with training for practising care providers through in-service and students within the curriculum, has the potential to lead to effective communication, supported maternal decision making and an enhanced experience for all.

Background

The tool I have been evaluating is a book called *The Birth Map: boldly going where no birth plan has gone before*. I wrote this book to fill a gap I saw as a Mother, and after training as a doula and breastfeeding counsellor. The book primarily consists of a series of question prompts to help engage with care providers. Women use these questions to build an understanding of their options and a relationship with the care providers. This then aids in confident decision making, which is important for informed consent.

My evaluation found the potential of *The Birth Map* across different models of care to facilitate communication, aid decision making and enhance the experience. The primary barriers are short appointments and dismissive care providers. A combination of giving *The Birth Map* to women and training care providers is recommended to bridge the communication gap. Providing the book acknowledges that women are the decision makers and recognises the need to have means to make those decisions. Training for care providers builds awareness of the process and enables them to support decision-making rather than focus on 'gaining consent', which is part of the problem highlighted by the NSW birth trauma inquiry.

Three Steps to Implementation

I've had some promising discussions with WSLHD and SNSWLHD about implementing the birth map and its potential for a TRGS submission. They've shown great enthusiasm, but funding is the driver. They are suggesting three steps, beginning with a smaller (20 woman) RCT study using an easier-to-get $10K grant, followed by TRGS next year (very competitive up to $500k), then with NMHRC, and ultimately, a book in the hands of every woman in public care. In November I am meeting with the Westmead Hospital childbirth education team to discuss how to imbed The Birth Map into their education program.

In light of the NSW birth trauma report, faster action is warranted and possible.

Recommendation 18 (suggested by RANZCOG) seeks an 'evidence-based birth plan'. The Birth Map is the only consumer-acceptable evidence-based option. My results are positive for the book but show we need to provide some training (which meets Recommendation 17). I know that the Maternity Consumer Network is seeking for the consent training they have developed to be used for recommendation 17, and I feel that incorporating the birth map is a practical step in that training.

The Birth Map concept meets goals 1, 2, 5, 6 and 8 in *connecting, listening and responding: A blueprint for action - Maternity Care in NSW*
(also highlighted in Birth Trauma Report Recommendation 1).
Specifically, my solution is relevant to Objectives 1.1, 5.2, 5.3, 6.3, 6.4, 8.1 and 8.2 in the Blueprint for Action.

Of particular note:

6.3 Women are supported to make informed decisions about their care and their choices and preferences are respected.

The book provides an overview so that women have an advanced understanding of possibilities. As the name suggests, women are creating multiple pathways to help guide them as birth unfolds. As decisions are made during labour, they can better know where they are and where they can go,

having already considered the risks and benefits of various interventions. They can make more confident decisions based on the circumstances faced. If there is something that they cannot consent to, this is discussed well in advance, and all parties understand the acceptable outcome, which may be death or injury (as is her right).

8.1 Women are provided with complete, timely, unbiased and tailored information about the possible health outcomes associated with interventions during labour and birth.

The Birth Map helps women do this within their timeframe and self-determine what they need to explore. It provides links to up-to-date, evidence-based, consumer-friendly and neutral resources. It should be issued at the booking appointment and promoted in early pregnancy.

8.2 Maternity staff and women understand the requirements for valid consent for birth related tests, procedures and interventions.

The Book has a detailed section about decision making.

A recommendation from my study is that maternity staff be familiarised with the birth map concept, which focuses on 'supporting maternal decision making'. This may look like staff being given access to online self-directed learning, and/or reading the book. It is also possible to conduct an in-service. The Maternity Consumer Network will be pushing for their consent training to be rolled out, which may complement The Birth Map. The Birth

Map has the advantage of being more than information or explanation; it gives a clear guide to follow and document.

One aspect worth further insight is the recommendation to replicate the QLD 'refusal of recommendation' protocol. The Birth Map negates this need for additional and potentially disrespectful protocol. It approaches all decisions with the same rigour and should give care providers confidence that any documented decision is valid (be it consent or otherwise).

From *Woman-centred care: strategic directions for Australian maternity services*, *The Birth Map* could just be the "Nationally agreed tool" needed, meeting all the enablers for strategic direction 9:

3.2.
Informed decision-making
Principles Women are supported to make informed decisions and choices about their care. Women's choices and preferences are sought and respected throughout maternity care.

Strategic direction 9. Improve the availability of high quality evidence-based, easily understood information about choices in care and associated outcomes during the perinatal period. Rationale Women have reported that their choices are not always respected. Every woman has the right to freedom from coercion. Structured antenatal education that is suited to the individual can help women to be informed about pregnancy, birth and parenting. Having prior knowledge about the risks and benefits of care during the perinatal period enables women to make informed choices about their model of care and informed choices during labour.

Enablers

> *•As part of antenatal education, women are provided with evidence-based information about options, outcomes and implications of choices made regarding prenatal screening and models of care for antenatal, birthing and postnatal care.*
> *• Nationally agreed tools to support evidence-based decision-making by women are developed that traverse all models of care.*
> *•Jurisdictions have processes and communication pathways to support women and health professionals to maintain a care partnership when women decline recommended care.*

The Birth Map as a Ready to Go Solution

Birth Mapping is a trauma-informed training option (Birth Trauma Report Recommendation 13). If incorporated into antenatal classes and the book is provided (National Strategy 9), Birth Trauma Report Recommendation 14 can be met; WSLHD is keen to see it translated for CALD.

I can meet the urgent need for Recommendation 15 training, which can only be achieved if women are resourced to provide confident decisions (be that consent or otherwise) and staff are supported to support that maternal decision. Consent is only consent if it is a conscious decision. This also connects to Recommendation 21, where 'declining recommended care' needs to be addressed respectfully. As mentioned above, I do not think the QLD approach is respectful or the only option. I can offer 'similar to Qld' but in a respectful way using the birth map concept.

I have a very strong case for rolling out The Birth Map, with LHD, and, most

importantly, consumer support. It is a consumer-designed concept, neutral, and evidence-based.

The three steps outlined above are painstaking and repetitive and will ultimately cost more. I would welcome discussion for alternative pathways, including with a consumer-led consultation.

Catherine Bell

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