



College Statement

Title	Joint Consultative Committee on Obstetrics (JCCO) of the RANZCOG/RACGP/ACRRM Policy statement on shared maternity care obstetric patients in Australia
Statement No.	WPI-9
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Next review due:	May 2009

Statement

The local evolution of shared care guidelines represents an opportunity for professional cooperation.

Shared Maternity Care represents an opportunity to practise collaborative holistic obstetric care by combining the varied skills of Midwife, General Practitioner and Obstetrician to the benefit of the community, and mutual understanding between colleagues.

DEFINITIONS

Shared Care

A cooperative arrangement whereby antenatal and postnatal care of the pregnant woman is shared between a Shared Care Provider and a specialist obstetrician, GP obstetrician or hospital-based obstetric unit.

Shared Care Provider

A registered health medical practitioner or registered midwife engaging in shared care with a specialist obstetrician, GP obstetrician or hospital-based obstetric unit.

This includes, but is not necessarily limited to:

- registered midwives
- general practitioners
- rural and remote medical practitioners
- Royal Flying Doctor Service
- Aboriginal Medical Service

Shared Care Programme

A programme set up with appropriate structures and guidelines by a local hospital unit, a specialist obstetrician or a GP obstetrician in conjunction with shared care providers to facilitate shared antenatal and postnatal care in a safe and acceptable manner (taking into account the many variables involved in providing health care throughout Australia).

Coordinating Body

An entity with representation from both the hospital or other health facility where intrapartum care of women in a shared care programme occurs and shared care providers which is responsible for maintaining the coordination, standards and evaluation of the programme.

MODELS OF SHARED CARE

A shared care provider may, utilising these guidelines, share care with one of the following entities:

- a) a hospital antenatal clinic
- b) a specialist obstetrician accredited to a hospital
- c) a GP obstetrician accredited to a hospital.

It is also recognised that on occasions, less formal arrangements of shared care may be appropriate, for example between a rural based practitioner and a metropolitan based private obstetrician.

CREDENTIALLING

In keeping with professional and community expectations the coordinating body needs to ensure that shared care providers are registered practitioners within their professional organisation, are covered by professional indemnity, are of good character, and have adequate maternity care training and experience or supervision.

The minimum educational requirement for shared care providers will be determined by the coordinating body taking into account the local conditions in which the shared care is going to be provided.

Whilst the DRANZCOG (or equivalent qualification) might be desirable, it is recognised that this is not a prerequisite for a shared care programme or the provision of good antenatal and postnatal care.

Applicants meeting criteria as decided by the coordinating body will be accepted as shared care providers for a limited time as determined by the coordinating body but not exceeding three years, subject to recredentialling.

RECREREDENTIALLING

The coordinating body shall ensure that shared care providers undertake appropriate education to aid compliance with the policies and guidelines of the shared care programme and should establish criteria for recredentialling based on compliance with the policies and guidelines of the shared care programme and continuing professional development (CPD). CPD may include locally arranged events, perinatal review meetings, involvement in a programme of continuous quality improvement, and CPD activities accredited for the maintenance of each participant's registration with their professional organisation. Shared care providers complying with the policies, guidelines and CPD requirements of the shared care programme will be recredentialled for a limited time as determined by the coordinating body but not exceeding three years.

Perinatal review meetings and other relevant hospital-based educational activities should be open to shared care providers. Hospitals involved in shared care should hold an annual CPD meeting specifically on shared care to which shared care providers are invited.

SHARED CARE IN PRACTICE

The organisation of and participation in a shared care programme is voluntary. Shared care programmes are local entities and their form, structure, guidelines and management are at a local level. There is no need for conformity at a regional, state or national level other than adherence to good antenatal and postnatal obstetric practice.

The coordinating body shall formulate guidelines on maternity visit schedules and content, including investigations.

Most pregnant women are suitable for a degree of shared care.

The coordinating body shall develop policies and guidelines pertaining to the shared care programme, including criteria for inclusion of women in the shared care programme. Such policies and guidelines should reflect local and cultural and geographical needs of the community, as well as the provision of evidence based principles of good obstetric care and take into account the facilities available in the community and local health facilities.

The degree of complexity of care undertaken by a shared care provider will vary between intrapartum care providers (hospitals, specialist obstetricians and GP obstetricians) and reflect the obstetric competence of the shared care provider, practice location and patient demographics.

The complexity of the maternity care undertaken by an individual shared care provider should be determined by that doctor in conjunction with the coordinating body and in accordance with their clinical skills, practice location and patient demographics as occurs for other disciplines. All practitioners involved in shared maternity care should recognise that the timely referral for support and assistance in the management of complex maternity care and psychosocial problems is entirely appropriate. Where appropriate referrals should be within the local shared care programme.

If the intrapartum care provider considers that a pregnant woman is no longer suitable for shared maternity care, the intrapartum care provider has a responsibility to notify the shared care provider prior to the next maternity visit falling due. The coordinating body shall be responsible for the resolution of any disagreement between an intrapartum care provider and a shared care provider regarding the suitability of a pregnant woman for shared care and shall establish a suitable dispute resolution policy.

POSTNATAL CARE

There should be a postnatal check at an appropriate time to determine the well-being of both mother and baby and to carry out a postnatal review (*ie.* pap smear if appropriate, contraceptive advice, vaccinations, etc.). This should be conducted by the shared care provider or intrapartum care provider as appropriate.

Postnatal care education, including information on the recognition of postnatal depression and management within the local community, should be available to both mothers and their carers.

COMMUNICATION

Within a multidisciplinary team, care should be taken to ensure the continuity of care and advice given to expectant mothers. This involves the development of effective communication to ensure that all parties involved in the care of mother and baby are informed of decisions and management plans around the time of delivery and perinatal period.

All shared care programs should have maternity record cards for the mother to carry with them and this card should detail all the relevant clinical information as the pregnancy progresses.

Shared care providers should be provided with timely details relating to intra- and post-partum events to assist the shared care provider in discussing details about the events surrounding the

birth and postnatal period. Where possible summaries should be generated at the time of discharge from the intrapartum care facility and forwarded to the shared care provider. The patient should be given clear instructions regarding followup arrangements.

ASSESSMENT OF SHARED CARE PROGRAMMES

Shared care programmes should have regular ongoing assessment of

- a) their practicality
- b) the effectiveness of the shared care programme as indicated by outcome-based parameters determined by the coordinating body
- c) patient satisfaction with the shared care programme.

CONCLUSION

The JCCO believes that a properly established shared care programme (as outlined) can deliver a satisfactory outcome for the mother and her baby with a high degree of safety and satisfaction for both the mother and her baby and the shared care providers.

These guidelines will be formally reviewed by the JCCO Working Party every two years.

Endorsed RANZCOG Council meeting (November 2006)

Endorsed RACGP Council meeting (30 May 2007)

Endorsed ACRRM Board meeting (10 April 2007)

Reviewed and updated November 2003

Links to other related College Statements

C-Gen 2	Guidelines for consent and the provision of information regarding proposed treatment.
WPI-5	Hospital access for the practice of obstetrics by general practitioners
WPI-6	Guidelines for the assistance of hospital privileges committees in the delineation of clinical privileges for general practitioners practising obstetrics
WPI-10	Antenatal care in Australian public hospitals

Disclaimer

This College Statement is intended to provide general advice to Practitioners. The statement should never be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of each patient.

The statement has been prepared having regard to general circumstances. It is the responsibility of each Practitioner to have regard to the particular circumstances of each case, and the application of this statement in each case. In particular, clinical management must always be responsive to the needs of the individual patient and the particular circumstances of each case.

This College statement has been prepared having regard to the information available at the time of its preparation, and each Practitioner must have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that College statements are accurate and current at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become available after the date of the statements.

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