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Our ref: C-ECTF-24/3614

Queensland Health

Dr Nick Yim
President
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Associate Professor Gino Pecoraro
President
National Association of Specialist Obstetricians and Gynaecologists

Dr Brett Dale
Chief Executive Officer
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Ms Claire Leonard
Chief Executive Officer
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Email: [REDACTED]

Dear Dr Boulton, Associate Professor Pecoraro, Dr Dale and Ms Leonard

Thank you for your letter dated 5 March 2024, in relation to data regarding private versus public maternity costs and outcomes in Queensland, I apologise for the delay in responding.

I appreciate your concern regarding the rising costs for healthcare and particularly in relation to birthing services, both across the private and public sector. The matters regarding costs and outcomes for birthing provided in the private sector rest with the Commonwealth Government, who have portfolio responsibility for funding under the Medicare Benefits Schedule and the operation of private health insurance policies and coverage, particularly in relation to recommendations regarding government affordability of private maternity care and universal inclusion of maternity care in private hospital insurance policies.

In relation to the costs data and the differences between the public and private sectors, I can advise that when assessing the costs, particularly when using more than one data set, this can give rise to challenges in obtaining meaningful and reliable comparisons, as noted in your letter.

Interpretation of cost information is also impacted by where the costs are represented, noting that if a birthing outcome resulted in the birth being transferred from a private hospital to a public hospital, then the outcome and costs would be attributed to the receiving hospital. It is also acknowledged that costs for birthing services have been increasing, driven by the increased cost of system inputs, most notably labour and clinical supplies. For these reasons, any conclusions regarding the cost difference and differing cost pressures between public and private birthing services and in outcomes requires careful consideration and detailed analysis to ensure that any conclusions are sound.

For its part, Queensland Health, responsible for the provision of birthing services within the public hospital system, is committed to continuing to deliver safe and accessible birthing services at no cost to the women giving birth within the public system.

In relation to quality of outcomes for birthing, I can advise that as part of the \$42 million over four years under the Rural and Regional Birthing Services budget measure, the Department of Health is undertaking maternity models of care appraisals. The objective of this program is to independently appraise maternity services including antenatal, intrapartum, postnatal and child health services within regional and rural services across Queensland, with the intention of identifying areas for improvement or expansion. This program of work supports the ministerial priority to bring birthing closer to home for families in regional and rural areas.

Additional work to improve the quality of birthing outcomes will occur with the Getting it Right the First Time (GIRFT) Maternity program, which is expected to commence in late 2024, following the outcomes of the appraisals. The GIRFT Queensland program commenced as a ministerial priority in 2019 in partnership and under license and consultancy agreement with the Royal National Orthopaedic Trust, National Health Service, United Kingdom who pioneered the quality framework and methodology that supports clinicians to continually deliver high quality services by understanding variations in care and their implications. The GIRFT Queensland program is clinician-led and data-driven, aiming to improve quality of care through decreasing unwarranted variation with a focus on improving outcomes, access, and efficiencies to ensure a sustainable system and will be applied to the maternity context. The GIRFT methodology generates local and/or system improvement recommendations based upon findings at the end of each program quality cycle.

In relation to your concerns regarding birthing outcomes data, Queensland Health continually uses available data to identify trends and learnings that can be applied system-wide to improve outcomes. To strengthen this process and capability, funding from the Rural and Regional Birthing Services budget measure was provided for an ongoing midwifery position to analyse stillbirths statewide to identify any learnings that may inform improvements and reduce stillbirth rates.

In relation to perinatal mortality rates more broadly, interjurisdictional comparisons of data should be made with caution, as there are two annual national publications of perinatal mortality rates including:

- the Report on Government Services which reports fetal and neonatal mortality from the Australian Bureau of Statistics Deaths Registration Collection; and
- The AIHW Australia's Mothers and Babies which reports fetal and neonatal mortality from the National Perinatal Data Collection.

There exist differences between the collections and across jurisdictions as a result of differences in legislative definitions, data validation processes, how termination of pregnancies are treated in the data and timeliness of reporting. Queensland Health has approached the Productivity Commission to request a review of the data source and the current definition utilised to ensure a more reliable compatibility between jurisdictions can be achieved.

The Queensland Maternity and Perinatal Quality Council have recently undertaken a review of Queensland cases to provide insight to the increase in perinatal deaths. Preliminary findings of this review has found no evidence to suggest that maternity care has contributed to this increase and the contributing factors identified were consistent with known stillbirth risk factors and current risk screening. The publication of the final report is imminent.

The Department remains committed to improving birth outcomes and undertakes additional activities to improve birthing outcomes, including:

- the Safer Baby Bundle implementation across all Hospital and Health Services which incorporates the Stillbirth Centre of Research Excellence evidence-based bundle of care;
- expanding maternity care modules including the Growing Deadly Families program;
- Queensland Health partnership with the Australian Preterm Birth Prevention Alliance; and
- Women's Healthcare Australasia and the Institute of Healthcare Improvement to implement evidence-based strategies proven to safely reduce preterm birth in Hospital and Health Services across the state between 2022-24.

In relation to homebirth, homebirth is a suitable option for women who have been assessed as having a low-risk pregnancy which is defined as having a full-term pregnancy with no pre-existing or occurring medical conditions that may impact on the pregnancy, birth, or postpartum period (for both the mother and the baby). Queensland Health will assess the outcomes of the service by evaluating various factors, including safety, quality, benefits to women, consumer interest, consumer feedback and sustainability. This evaluation will guide future planning, including the effectiveness and feasibility of expanding homebirth across Queensland.

I appreciate you bringing this work and the detailed analysis to my attention. Queensland Health continues to be committed to providing safe, accessible and free birthing services to the women of Queensland, regardless of where they live. The Queensland Government is committed to ensuring women are able to choose how and under what circumstances they give birth and is supportive of any initiatives that the Commonwealth Government may be undertaking to make birthing services under private health insurance more attractive and inclusive and to reduce the out-of-pocket costs for women who choose to give birth in the private sector.

Thank you again for writing to me. Should you require any further information in relation to this matter, I have arranged for Dr Helen Brown, Deputy Director-General, Clinical Excellence Queensland, on telephone [REDACTED] to be available to assist you.

Yours sincerely



Michael Walsh
Director-General
29/07/2024