



Improved access to woman-centred continuity of care models

Background

Continuity of maternity care models, particularly midwifery-led continuity of care, provide women with care from one or a small team of known caregivers throughout pregnancy, birth, and the postnatal period. Research that measures outcomes for continuity models demonstrates significantly improved breastfeeding outcomes while reducing interventions and improving satisfaction for caregivers and women. Despite this evidence, only a small percentage of Australian women can currently access continuity models.

There are a number of continuity models of maternity care in Australia:

Midwifery Continuity Models (strongest evidence for better breastfeeding outcomes)

- Caseload midwifery/Midwifery Group Practice (MGP); low risk, all-risk or targeted for priority populations
- Team midwifery (small teams of 4-6 midwives); low risk or all-risk or targeted for priority populations
- Private practice midwives providing homebirth
- Private practice midwives providing shared care with or without hospital visiting rights

Medical Continuity Models

- GP shared care models
- Private obstetric care (same obstetrician throughout pregnancy and birth)

Team-Based Approaches

Collaborative care involving known midwives, doctors, and other health professionals

First Nations community-controlled birthing services with Indigenous health workers

Breastfeeding benefits in these models result from:

- Consistent information and approach¹
- Relationship based care and trust development^{5,8}
- Timely identification and management of breastfeeding challenges^{2,7}
- Enhanced maternal self-efficacy and confidence⁹
- Extended support during critical breastfeeding establishment^{4,6}

Current situation

Despite evidence supporting these models, and high demand from women, access remains limited:

- Only 8-15% of women in Australia access midwifery continuity models
- GP shared care with enhanced breastfeeding support is inconsistently available
- There are very few continuity models in regional, rural/remote communities and for priority populations
- Funding models don't adequately support extended postnatal care

Advocacy points

When advocating for continuity of care, emphasise:

1. **Specific breastfeeding benefits:** Clear evidence for improved initiation and continuation
2. **Extended postnatal support:** Critical for establishing successful breastfeeding
3. **Cost-effectiveness:** Long-term savings through improved breastfeeding rates
4. **Equity:** Importance of extending access to all women, especially priority populations
5. **Workforce development:** Need for lactation training across continuity providers
6. **Systems approach:** Integration of continuity models with broader breastfeeding support
7. **Choice:** Ensuring women have access to different continuity models that suit their needs

Talking points

"Continuity of care creates a foundation for successful breastfeeding through consistent support and information."

"Women who know and trust their caregivers are better positioned to overcome breastfeeding challenges."

"The Woman-centred care strategy 2019 and the Australian National Breastfeeding Strategy 2019 and Beyond identify continuity of care as a key enabler for improved breastfeeding rates."

"Investment in continuity models pays dividends through improved maternal and infant health outcomes."

"Every woman deserves access to a continuity model that meets her individual needs and preferences."

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