



ANZCA
FPM

Victorian Maternity Taskforce – Invitation to provide a written submission (March 2025)

This written submission is in response to a request for submission from the Victorian Maternity Taskforce dated 5 February 2025, based on the on Taskforce's four key pillars of maternity services: access to services and models of care, maternity workforce, quality and safety, and consumer experience.

Introduction

Maternity care and anaesthetists

Anaesthetists provide essential care and play a critical role in maternity across Victoria. Predominately by providing pain management during labour, including epidurals and spinal analgesia and administering anaesthesia for caesarean sections and emergency post-partum surgery to ensure the safety of both the pregnant patient and baby(ies). They are involved in perioperative care, optimising the health of high-risk pregnant patients and facilitating decision-making around analgesia and anaesthesia options. Anaesthetists are also key in managing complications such as haemorrhage, preeclampsia or difficult labour, and they assist in postpartum pain management through various techniques. Additionally, they provide expert monitoring of vital signs, ensure safe anaesthesia use and are trained to respond to life-threatening emergencies, including resuscitation of the pregnant or postnatal patient and neonate when necessary.

About ANZCA

The Australian and New Zealand College of Anaesthetists (ANZCA) ANZCA is one of the largest medical colleges in Australia and New Zealand. The college is responsible for training, assessing and setting standards for all specialist anaesthetists. Fostering the highest standards of clinical practice, safety and high-quality patient care is at the heart of everything we do.

ANZCA has an active [Obstetric Anaesthesia Special Interest Group](#) whose objectives are to improve patient care and outcomes in obstetric anaesthesia. This is through promotion of education, quality and safety and research. The group is highly collaborative with other groups within ANZCA and also other societies, colleges and groups nationally and internationally. The group coordinates resources, provides education and delivers updates to anaesthetists who care for obstetric patients as part of their regular clinical work and those who are occasionally required to manage obstetric patients. Also available are [resources](#) for anaesthetists interested in obstetric anaesthesia, including those available through the ANZCA library.

Feedback

Models of care

Maternity services

A key document for reference is the [Victorian Maternity Capability Framework](#) which outlines anaesthesia's presence in different levels of care.

Maternity care in Victoria is provided through a range of level 1-6 maternity units, with patients generally receiving care in their local maternity units. Any maternity service where the pregnant patient can give birth must have an anaesthetist. In the lesser acuity levels of service, the anaesthesia service may be provided by a General Practitioner Anaesthetist whereby in the level 5 and 6 maternity units, a specialist anaesthetist must be available to provide care.

Aligning anaesthesia options with the preferences and needs of expectant pregnant person, while maintaining optimal outcomes, is central to providing quality care. Current challenges in the care model include antenatal education, multidisciplinary care coordination, referral pathways, and medical record access.

Referral pathways and medical record access

A significant challenge in maternity care, including anaesthesia, lies in effective referral pathways and the access to medical records. Pregnant people may require specialist anaesthesia services, particularly if they have complex medical or obstetric conditions or require a planned caesarean delivery. The smooth transition between primary care, obstetricians, midwifery and anaesthetists is important to ensure wholistic care.

Additionally, the lack of seamless access to medical records and test results can affect anaesthesia management. A patient's medical history, including medical and obstetric history, previous surgeries, reactions to anaesthesia should be available to the anaesthetist for proper risk assessment and planning of safe analgesia and anaesthesia.

Victoria's push towards digital health initiatives, such as the adoption of electronic medical records (EMRs), aims to address these issues. By improving data sharing, anaesthesia teams will have better access to crucial patient information, ensuring safer and more effective decision-making. However, challenges remain, due to siloed EMR systems in health services and primary care providers. Also, pregnant people that live more remotely where digital services are less robust will less likely benefit from these systems.

Safety and quality

Outside of the duty to report sentinel events and maternal deaths to Safer Care Victoria, individual health services have individual processes for auditing, reporting, investigating and providing recommendations for anaesthetic complications. There are many anaesthetists that choose to use [WebAIRS](#), a national anaesthetic incident reporting system. The formation of large, statewide databases would enable the collection and analysis of comprehensive data, offering valuable insights into anaesthetic complications in maternity care. By aggregating information on both common and serious anaesthetic events, these databases would allow for the benchmarking of outcomes across different regions and healthcare facilities. This data-driven approach would facilitate the identification of trends, risks, and areas for improvement, enabling evidence-based decision-making and enhancing the overall safety of anaesthesia in maternity settings. Ultimately, statewide data collection would foster a culture of continuous improvement, driving higher standards of care, reducing the occurrence of preventable complications, and optimising outcomes for both pregnant people and babies across Victoria.

Maternity workforce

Service delivery across Victoria

Remote and rural units often face additional challenges, as they may have limited access to specialist medical services, critical care resources, including blood products and advanced medical equipment. One of the key challenges is ensuring that these more remote units are adequately supported during critical events. It is important to facilitate timely access to expert advice and support from higher-acuity units to manage emergencies effectively and co-ordinate patient transfer. An example would be South Australia's [Perinatal Statewide Consultant Advice Line](#).

For pregnant people, investing in and providing telehealth options and/or remote monitoring will assist in providing ongoing care and planning through the pregnancy. This can be used alongside primary care givers near to their home to ensure continuity of care. Telehealth, in most instances, is an adequate surrogate for a face-to-face appointment for an anaesthetic review. Prioritising research around different models of care for the pregnant person will help inform the best model of care whilst taking the pregnant person's preferences and needs.

Consumer experience

Aligning anaesthesia options with preferences and choices

As in other aspects of maternity care, pregnant people in Victoria are encouraged to make informed choices about their anaesthesia options during labour and delivery. Given the diversity of the Victorian population, providing language appropriate resources antenatally and access to interpreter support is a current challenge in providing information and education.

Given the range of current models of care, early referral and consultation with anaesthetist prior to delivery can help the pregnant person make decisions aligned with their preferences and medical needs, including any misinformation in relation to epidurals and health outcomes. This is particularly important given the increasing age and co-morbidities in pregnant people.

To help with this ANZCA has developed patient resources in relation to "[Pain relief and having a baby](#)".



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