

Rural Maternity Initiative

Consideration of submissions will be based against the following key criteria to determine suitability for funding

1. NEED / VALUE

- ◆ Type of model - meets project objectives
 - Midwife as consistent carer through continuum either in collaborative or lead role
 - Care provided within woman's own community – most of care eg. ante & post natal /domiciliary care in local community with labour/birth at other site acceptable
 - Accessible for women at all levels of risk where possible
 - Improved access to publicly funded antenatal care
 - Collaborative practice facilitated / enhanced
- ◆ Regional Role
 - Leadership
 - Mentorship of smaller services
 - Support of smaller services
- ◆ Introduction of service model also contributes to:
 - Enhanced service viability
 - Improved service delivery
 - Improved access for women to varied options of care
 - Improved/enhanced collaborative practice
 - Improved health professional relationships
 - Health professional satisfaction

2. SPONSORSHIP

- ◆ Service model has
 - Executive Support
 - Medical Support
 - Broad based professional support
- with health service commitment to a sustainable service

3. CAPABILITY

- ◆ Sustainable service model post RMI funds
- ◆ Financial considerations – ability to implement within defined budget of project and health service, taking into consideration:
 - Establishment costs
 - Recurrent costs (to be met by hospital in succeeding years)
 - Cost offsets
 - Additional costs
- ◆ Workforce availability and appropriate skill base (current or planned enhancement) – midwifery clinical skills

4. SERVICE PROVISION FRAMEWORK

Provision for:

- ◆ Delegated authority structure and accountabilities – referral pathways
- ◆ Service provision standards and guidelines appropriate to the context of the model eg. use of ACM National Midwifery Guidelines for Consultation and Referral
- ◆ Professional education – plan for ongoing maintenance of skills
- ◆ Appropriate service evaluation framework