

## SCOPE DEFINITION

Operational framework title: *Maternity shared care*

Scope framework	
<b>Population</b>	<ul style="list-style-type: none"> <li>Pregnant women engaging in antenatal care</li> <li>Healthcare professionals providing care to pregnant women in a variety of settings</li> </ul>
<b>Purpose</b>	<ul style="list-style-type: none"> <li>Identify and clarify the roles and responsibilities of different healthcare professionals involved in various models of antenatal care</li> </ul>
<b>Outcome</b>	Support: <ul style="list-style-type: none"> <li>Collaboration and communication between providers</li> <li>Women's choice in healthcare providers and models of care</li> <li>Individual healthcare providers roles and responsibilities</li> <li>Facilitation of high quality care by all partners providing antenatal care</li> </ul>
<b>Exclusions</b>	<ul style="list-style-type: none"> <li>Routine clinical care</li> <li>Principles included in the Queensland Clinical Guideline <i>Standard care</i></li> </ul>

## Clinical questions

Question	Likely Content/Headings/Document Flow
<b>Introduction</b>	Queensland specific statistics for choice of maternity providers
1. What are the principles of maternity care?	<ul style="list-style-type: none"> <li>Models/definitions of shared care</li> <li>Collaboration between providers</li> <li>Pregnancy health record (electronic or handheld)               <ul style="list-style-type: none"> <li>Clinician and woman use</li> <li>Information provision</li> </ul> </li> </ul>
2. What are the specific roles and responsibilities of maternity shared care partners?	<ul style="list-style-type: none"> <li>Primary care providers (e.g. general practitioners (GPs), private practice midwives, public and private facilities)</li> <li>GP alignment and professional development</li> <li>Birth facility responsibilities               <ul style="list-style-type: none"> <li>Communication</li> <li>Labour and birth</li> </ul> </li> </ul>
3. How is shared care provided?	<ul style="list-style-type: none"> <li>Complex care needs (including perinatal mental health)</li> <li>Consultation and referral</li> <li>When recommended care is declined</li> <li>Ongoing care after birth</li> </ul>

## Potential areas for audit focus (to be refined during development)

*Audit items will relate to the desired outcomes and the clinical questions*

- Proportion of women who choose:
  - GP shared care during pregnancy
  - Other models of shared care
- Proportion of clinical encounters documented in the primary healthcare record
- Proportion of clinical handover summaries that are sent to the primary healthcare provider (either antenatally or postnatally)
- Proportion of women with complex care needs in the antenatal period that have their care transferred to another service provider (with clarity of triggers to consultation and referral for care escalation, with communication/clarity re this decision making process)