



Submission No. 1

Good Afternoon,

I am writing in regards the Community Law Reform Project to raise concerns in regards the Birth notification process.

As the largest Maternal and Child Health Service within Victoria with 4440 Birth Notifications for the last financial year, receiving approximately 80 Birth notices a week the processing of Birth Notifications (BN) is vitally important to the efficacy of the service as well as being able to provide a timely response to support members of the community following the birth of their baby.

Casey's Maternal and Child Health service have had ongoing issues with both the public and private hospital sector of the last 2-3 years regarding the issue of late and erroneous birth notifications.

The issues include:

- Birth notifications received outside of the Act's requirement of 48 hours – this can be at least 3 days later and up to 10 days later
- Not receiving birth notifications at all – the families contact the service requesting we visit them
- Birth Notices sent to the wrong council – most hospital databases include a number of surrounding councils to which the birth notice could belong, the staff at times pick a council rather than investigating whom it might belong to
- Errors on the birth notice itself including
 - Incorrect names
 - Incorrect Addresses
 - Incorrect phone numbers (including no phone number)
 - Incorrect date of birth
 - Incorrect gestation
 - Incorrect language spoken
 - Incorrectly identified as being admitted to the nursery, or not being notified of being admitted to the nursery
 - Not being made aware the mother was unwell and admitted to ICU or CCU
 - After discussions with other councils finding out the BN has gone to 3 different councils

City of Casey has been pro-active in dealing with these errors and have put the following strategies put in place:

- Contacting the hospital and requesting that they update their information
- Sending the BN back for follow up with staff directly
- Sending through information related to the Child Wellbeing and Safety Act (which when

- questioned many hospital staff indicate they have no information on or have never heard of)
- Sending collated data through to the Director of Nursing at the hospital on a monthly basis informing them of ongoing errors
- Providing an information book on the City of Casey's Maternal and Child Health Service (not all hospitals have received this up to this date) including
 - Where we are located
 - What is the MCH Service
 - Who can access the service
 - How they can access the service
 - What support does the MCH service provide
 - What is Enhanced MCH and how to refer
 - Who are the Hospital Liaison and Discharge Officers and how can they be contacted
 - When and How to communicate with the service
 - A copy of the page of the Child Wellbeing and Safety Act that pertains to the notification of a birth
 - Information on the central booking number
 - Fliers
 - DVD containing information on the service
 - List of street names on Casey's boundaries, that do not fall within Casey and the councils that they do fall in.

To ensure that clients private information is correct and dealt with in an appropriate manner and that the MCH Service is able to provide a timely and accessible service for families, I believe that the following strategies could assist to improve this process:

- A standard Birth Notification document that contains information that (at this point we receive 21 different birth notification templates): (Western General's Template is very good containing much of the required information)
 - Clearly identifies the mother – name, dob, address, phone number
 - Clearly identifies the dob of the baby, gestation and type of delivery
 - Clearly identifies the wellbeing of the baby and mother post delivery ie admission to SCN, NICU, ICU CCU etc
 - Clearly identifies country of origin, indigenous status, language spoken
 - Clearly identifies alternative contact details for the mother
 - Can be delivered electronically and date stamped
- A state wide database for hospital sectors that enables staff to make changes to the database post admission to hospital
- A state wide database for Maternal and Child Health that can "talk to" the hospital database improving communication
- Improved education for all staff working in the field related to the importance of the Acts related to this process

I would be happy to be contacted if further information is required.

Kind regards,

Cathie

Cathie Arndt
 Team Leader Maternal and Child Health
 City of Casey