



WOMEN'S
HEALTHCARE
AUSTRALASIA



AUSTRALIAN
Preterm Birth
Prevention
ALLIANCE

Institute for
Healthcare
Improvement

SCV
Safer Care
Victoria

The National Preterm Birth Prevention Collaborative

Improving health outcomes for women and babies by safely reducing preterm and early term birth across Australia.

Expression of Interest (EOI) Information Pack for applicants

Your health service is invited to express interest to participate in the National Preterm Birth Prevention Collaborative. The National Collaborative is an exciting new opportunity being offered by a joint collaboration between the Australian Preterm Birth Prevention Alliance, Women's Healthcare Australasia (WHA), the Institute for Healthcare (IHI) and Safer Care Victoria (SCV) that is being funded by the Commonwealth Government through the Women's & Infants Research Foundation. This nation-wide initiative aims to improve health outcomes for women and babies by safely reducing preterm and early term birth by 20% within participating maternity services by December 2023.

Why a Preterm Birth Prevention National Collaborative?

Preterm (earlier than 37 weeks' gestation) and early term (37 and 38 weeks' gestation) births increase the risk of life-changing adverse health events for babies, mothers, and their families. Preterm birth is the leading cause of death and disability in children up to five years of age in developed countries and is a major contributor to the global burden of disease¹. Research indicates that babies born early are at higher risk of ICU admission, neonatal death, serious complications, and long-term developmental and neurodevelopmental disability for the child, as well as, for mothers and families, psychological distress², post-partum depression³, and negative impacts on the quality of parent-child relationships⁴.

The rate of preterm and early term birth in Australia has been rising despite the significant evidence of its impacts. Eight percent of Australians are now born too early, and in Indigenous Australians the rate is nearly double, indicating systemic health care inequities⁵.

Peer-reviewed and published evidence from work in Western Australia, Tasmania, and the Australian Capital Territory have demonstrated that a package of clinical practice changes, when reliably implemented, can safely reduce rates of preterm birth and early term birth. Based upon this growing evidence base, the Commonwealth Government has funded the Australian Preterm Birth Prevention Alliance (through the Women and Infants Research Foundation) to deliver a national program of work over the next 18 months to safely reduce rates of preterm and early term birth across Australia.

To support this work, the Australian Preterm Birth Prevention Alliance has invited WHA, IHI and SCV to partner with them to design and implement a national-level Breakthrough Series Collaborative⁶ to achieve this aim.

¹ Chang HH, Larson J, Blencowe H et al. Preventing pre-term births: analysis of trends and potential reductions with interventions in 39 countries with very high human development index. *Lancet* 2013; 381: 223–234.

² Carson C, Redshaw M, Gray R, et al. Risk of psychological distress in parents of preterm children in the first year: evidence from the UK Millennium Cohort Study. *BMJ Open* 2015

³ Vigod S, Villegas L, Dennis C-L, Ross L. Prevalence and risk factors for postpartum depression among women with preterm and low-birth-weight infants: a systematic review. *BJOG* 2010;117:540–550.

⁴ Muller-Nix C, Forcada-Guex M, Pierrehumbert B, et al. Prematurity, maternal stress and mother-child interactions. *Early Hum dev* 2004;79:145–58

⁵ Australian Institute of Health and Welfare 2019. Australia's mothers and babies 2017—in brief. Perinatal statistics series no. 35. Cat. no. PER 100. Canberra: AIHW.

⁶ The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement. IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement; 2003. (Available on www.IHI.org)



What will this National Collaborative accomplish?

The National Collaborative will enable participating maternity services to achieve a measurable reduction in their rates of preterm and early term birth, resulting in improved outcomes for women and babies, as well as resulting in substantial and ongoing annual savings. The cost to government of preterm birth in Australia each year is estimated to be \$1.4 billion dollars, with more than two thirds of this borne by health services through the provision of newborn care to babies born early⁷. In achieving a 20% reduction in early births, the National Collaborative has the potential to reduce overall cost to health services by \$180 million dollars annually, not including the many other human and financial consequences that may result from any ongoing disabilities in children born early⁷.

What does participation in the National Collaborative involve?

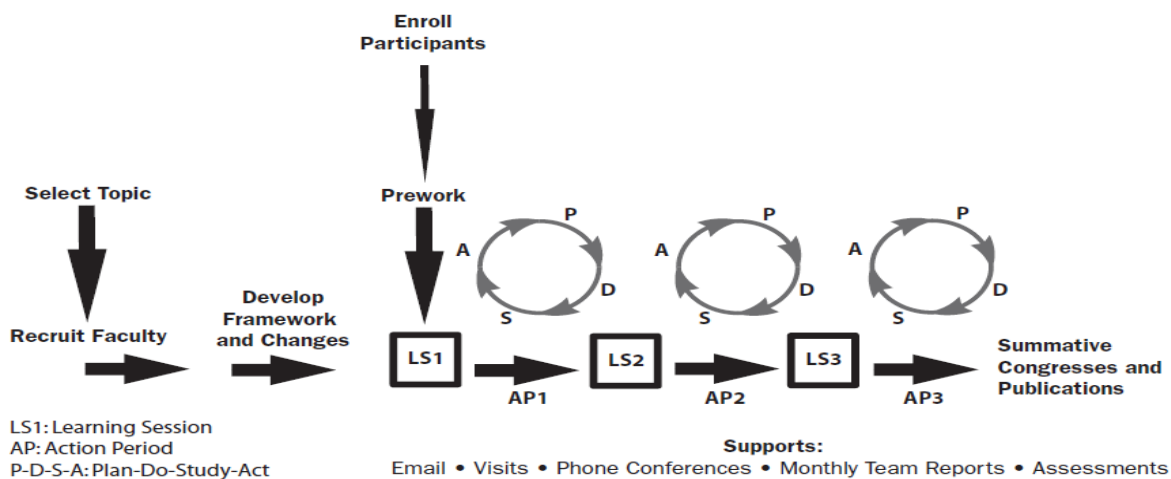
The National Preterm Birth Prevention Collaborative will use the IHI's Breakthrough Series (BTS) Collaborative Model to close the gap between what we know and what we do. The National Collaborative will support participating maternity services to test, refine, and implement an evidence-based change package that will lead to measurable results.

Countless hospitals in Australia and abroad have participated in projects using the BTS Collaborative Model over the past 15 years because of its proven success in supporting them to achieve measurable and sustained improvement in outcomes for patients.

The key elements of this method include:

- Bringing together an Expert Working Group to define the evidence-based interventions and measurement framework that will support achievement of results.
- Recruiting front-line, multi-disciplinary teams to actively participate in the National Collaborative.
- Attending three 2-day in-person Learning Sessions to build skill and capability in testing high-leverage changes through the application of improvement science (in Sydney, Melbourne & Brisbane).
- Actively testing changes within the team's local environment during Collaborative Action Periods.
- Obtaining regular coaching from Collaborative Improvement Advisors and Clinical Faculty, as well as, opportunities to learn from maternity service peers during monthly virtual All Team Calls.
- Celebrating the results achieved and sharing lessons learned with the broader community through a final Showcase Event or Summative Congress (in Canberra).

Figure 1: IHI's Breakthrough Series Collaborative Model



⁷ Newnham, J. P., Schilling, C., Petrou, S., Morris, J. M., Wallace, E. M., Brown, K., ... & Doherty, D. A. (2022). [The health and educational costs of preterm birth to 18 years of age in Australia](#). *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 62(1), 55-61.



Activity Milestones

Activities	What does this involve?
<p>Preparation for the National Collaborative</p> <p><i>Mode: Virtual</i></p> <p><i>Timing: August-September 2022</i></p>	<p>Maternity services to be guided to form a multi-disciplinary front-line team (approx. 1FTE across the team)</p> <p>A web-based National Collaborative Kick-off Call will be held to review prework and other commitments of the National Collaborative. Individual support is also provided to teams as needed.</p> <p>Pework is conducted by participating maternity services to better understand their current performance and systems of care and will include baseline data collection, diagnostic activities, and storyboard development.</p>
<p>Learning Sessions (LS)</p> <ul style="list-style-type: none"> LS1: 26-27 October 2022 Sydney, NSW LS2: 15-16 March 2023 Melbourne, VIC LS3: 23-24 August 2023 Brisbane, QLD <p><i>Mode: In person events</i></p>	<p>A core group of 3-5 people from the participating maternity service teams will attend Learning Sessions 1, 2 and 3.</p> <p>Learning Sessions are two-day events during which teams come together in person to learn about the National Collaborative change package, application of improvement science, and establish relationships with other participating teams and supporting faculty.</p> <p>While health services are responsible for travel costs, there are no registration fees for participation in the Learning Sessions</p> <p>It is important that the core team participating in the Learning Sessions remains consistent throughout the National Collaborative. A recommended composition for the maternity service team is listed below.</p>
<p>Action Periods</p> <p><i>Mode: Virtual</i></p> <p><i>Timing: Between face-to-face Learning Sessions</i></p>	<p>Between Learning Sessions, participating maternity service teams will actively test the change package interventions within identified pilot units as part of the Action Period.</p> <p>During this time, teams will be supported with monthly virtual All Team Calls during which they may obtain coaching and share learning.</p> <p>Teams are also expected to report on National Collaborative measures monthly and to commit to sharing their data with the larger National Collaborative community (up to 50 maternity hospitals).</p>
<p>Showcase Event</p> <ul style="list-style-type: none"> Showcase Event: March 2024 (dates TBD) Canberra, ACT <p><i>Mode: In person event</i></p>	<p>A final Showcase Event will provide teams the opportunity to widely share their learning and results and celebrate their achievements with fellow participating maternity services and with a wider community of funders, policy makers and other key stakeholders</p>



What will hospitals need to do to support their participating team?

Executive leaders that choose to enrol their maternity services in the National Collaborative should understand the importance of establishing and supporting their participating maternity service team. The role of the Executive Sponsor is to commit to the aims of the National Collaborative, ensure the work is aligned with other organisational priorities, ensure the team is resourced to facilitate their successful participation, and remove any barriers that might prevent their progress. The National Collaborative will offer specific touchpoints for Executive Sponsors to provide guidance on this important role.

The National Collaborative will operate on adult learning principles and participating teams will 'learn by doing' through running tests of change to adapt evidence-based changes for successful and reliable implementation within their local settings. A culture of shared learning and collaboration across teams is critical to the design of the program and contributes to the accelerated achievement of results; a spirit of 'All Teach, All Learn'.

A core front-line multi-disciplinary team of three to five people should be convened to drive the maternity service's on-going improvement work as part the National Collaborative. This core team should consistently attend the Learning Sessions. Recommendations on the composition of the core team is described below.

It is recommended that participating teams identify both a medical and midwifery champion to serve as part of the team. International evidence suggests that without the active engagement of these champions on the team, the ability to engage the broader team to test, implement and sustain system improvement will be difficult to achieve.

Recommended core team members (3-5 to attend Learning Sessions)	<ul style="list-style-type: none"> • Medical and midwifery champion to lead the team's efforts. • Additional medical and midwifery staff with the ability to test changes in the pilot unit and who have a passion for clinical practice improvement. • A consumer representative to advise the team on system changes and the impact on women and families. • Additional staff with key speciality expertise related to the National Collaborative work may include staff from theatre, ultrasound/radiology, neonatology, scheduling and/or other areas.
Requirements of the core team	<ul style="list-style-type: none"> • Attend all three in-person Learning Sessions during the 18-month period. • Participate in all National Collaborative activities such as local testing, Virtual Coaching Calls, and regular reporting. • Report on the National Collaborative measures monthly and share learning (successes and failures) with other participating teams.

The National Project Team advises that, as a rule of thumb, health services consider dedicating approximately 1 FTE of time (spread across the entire team) to deliver the sustained reliable system improvement. This does not mean that a new position should be created and filled. Rather it is a guide on the recommended number of hours necessary to achieve the goal of safely and sustainably reducing preterm birth by 20%.



Who is eligible to apply?

The Collaborative is open to public maternity services being provided by public and private hospitals. Instructions on submitting application are found below.

Fees:

No enrolment fee is required for health services to participate in the National Collaborative. However, a commitment to the aims of the National Collaborative and the adequate resourcing of the participating team is expected to ensure successful participation.

Maternity services will be required to cover the costs of airfare, accommodation, and other related travel costs for a core team of three to five people to attend each of the three Learning Sessions over eighteen months. The Learning Sessions will be held in Sydney, Melbourne, and Brisbane. The final Showcase Event will occur in Canberra, ACT.

Confirmation of a place in the National Collaborative:

If enrolments exceed capacity of the National Collaborative, a selection process will be used which will aim to ensure diversity in the maternity services participating. We aim to include representation from each state/jurisdiction, a range of metropolitan, regional and rural sites, and a range of service capabilities (levels 3 – 6).

You will be contacted for further information to support your application if this is required.

Confirmation of acceptance will be advised via email by Monday 12th August 2022.

How to apply:

Complete the online Expression of Interest Form [found on our website](#).

Expressions of Interest close at 5pm on Friday 22nd July 2022 AEST.

Information Sessions have been scheduled to provide further information and answer any questions:

Tuesday June 28th 2022 at 4-5pm (AEST): [Click here to register and add to your calendar](#)

Wednesday June 29th at 12:30-1:30pm (AEST): [Click here to register and add to your calendar](#)

About the National Collaborative Hosts

To learn more information about the hosts, please visit:

Australian Preterm Birth Prevention Alliance: <https://www.pretermalliance.com.au/Our-cause/Our-story>

Women's Healthcare Australasia: <https://women.wcha.asn.au/about-us/>

Institute for Healthcare Improvement: <http://www.ihl.org/about/Pages/default.aspx>

Safer Care Victoria: [National Preterm Birth Prevention Collaborative | 100,000 Lives \(safercare.vic.gov.au\)](https://www.safercare.vic.gov.au/national-preterm-birth-prevention-collaborative-100000-lives)

For further information on the National Collaborative, please contact:

Adele Kelly

Improvement Program Manager

Women's Healthcare Australasia

Email: adele.kelly@wcha.asn.au

Ph: 02 6185 0325