



WOMEN'S  
HEALTHCARE  
AUSTRALASIA

# WHA Annual Report

*Accelerating the sharing of excellence & innovation among health services caring for women and newborns across Australia.*





## Acknowledgment of Country

WHA acknowledge the Traditional Custodians of Country throughout Australia, including the Ngunnawal and Ngambri peoples, the Traditional Custodians of the Kamberri/Canberra region upon which our office is located.

We recognise Aboriginal & Torres Strait Islander People as the traditional custodians of the lands on which we live and work and acknowledge that sovereignty of the land we call Australia has never been ceded.

### *Our Commitment*

We commit to listening to and learning from Aboriginal and Torres Strait Islander people about how we can improve experiences & outcomes of healthcare for Aboriginal & Torres Strait Islander women and babies and their families and communities.

We are committed to supporting health services and professionals across the WHA community to partner with local Aboriginal and Torres Strait Islander elders and communities to ensure their maternal, newborn and women's health services are culturally safe and providing equitable outcomes for women, their families and communities.

## Acknowledging our Member Contribution

Women's Healthcare Australasia acknowledges the contribution of our members since our establishment in 1994.

We are a member-led organisation driven by our vision to “enhance the health and well-being of women and babies by supporting maternity hospitals and health care services in Australia to achieve excellence in clinical care of women and newborns.”

Our vision is achieved through connection and collaboration between our members who generously share expertise, ideas, examples of best practice, and strategies for managing common challenges with one another.

We would like to thank our members for their work, dedication, and commitment to our vision, and for their time and generosity in contributing to the WHA Member Community.



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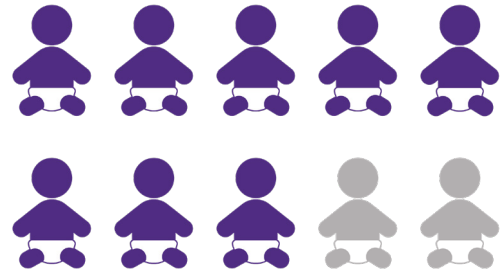
November 2023

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# Celebrating the WHA Community



**83%**

of public births in Australia  
take place in WHA member  
hospitals



WHA connects

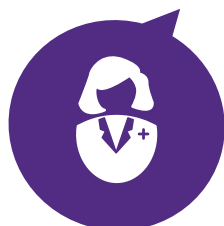
**4,420+**

individual experts in  
maternal & newborn  
care



**330+**

new accounts were  
created in our online  
Member's Community







# Message from our President



**Prof Jonathan Morris**  
*WHA President*

I took up the baton as WHA President from Prof Anne Sneddon in February this year. In the four years that Anne was President, WHA membership grew from 100 maternity units to more than 150, on the back of its offering of networking, benchmarking and quality improvement supports. WHA member hospitals collectively care for over 80% of annual public births, making it the single largest network of maternity services in Australia's history. It is exciting to be leading an organisation that genuinely supports the spread of excellence in maternal & newborn care across the country.

My own background is in obstetrics and maternal fetal medicine, including both clinical and research roles. I've been involved for many years with the Perinatal Society of Australia and New Zealand (PSANZ), and am also the Deputy Chair of one of the PSANZ subcommittees, the Australian Preterm Birth Prevention Alliance. I am passionate about raising awareness among parents, the community, and clinicians of the possible short, medium, and long term implications of being born earlier than 39 completed weeks of gestation. You may already be aware of my active involvement in the National Preterm Birth Prevention Collaborative WHA is co-hosting with the Alliance and other partners, called 'Every Week Counts'. It's very encouraging to see the significant progress participating hospitals are making to safely support more pregnancies, when appropriate, to continue to 39 weeks and beyond.

The thing that inspires me most about WHA is the genuine interest of everyone from member services in sharing their ideas and expertise through WHA for collective benefit. WHA provides an inclusive and instructive meeting place for anyone who is passionate about excellence in women's & newborns healthcare from our largest city hospitals through to rural and regional centres. Through WHA we can share the challenges, yes, but also, importantly, we can learn from one another about how to improve care and outcomes within a generous and supportive network of peers. You'll find numerous examples of the topics being discussed over the past year in this report.

WHA's Benchmarking Program has long provided service managers with reliable insights on comparative performance. With so many hospitals participating, WHA uniquely provides meaningful benchmarks among peer services that have similar capability and complexity in the casemix of women and newborns they care for. Much of the data hospitals share with one another through WHA is now available online for people to log in and understand what's changing and how their own service sits alongside others. More development of this tool is in the pipeline but WHA is committed to help bring these data 'back to the clinic' to support clinicians to provide the best care possible for the next woman they see, in addition to considering performance over the past 6 months or year.

As a not-for profit, WHA does much with modest resources. That is only made possible by the generosity of a host of people. I'd like to thank Anne Sneddon as outgoing President, my fellow Board Directors, and our CEO, Barb Vernon, and her team who do all the work to make it possible for members to connect and support one another. I'd also like to thank the many hundreds of you from across our membership, who so generously share your ideas and expertise. WHA would achieve little of value without you.

*Jonathan Morris*

**Prof Jonathan Morris**

*President*

Women's Healthcare Australasia



# Our Board and Staff during 2022-2023

## Our Board of Directors

### President

**Prof Jonathan Morris**

*Professor of Obstetrics and Gynaecology Director Clinical and Population Perinatal Health Research, Royal North Shore Hospital, NSW*

### Vice President

**Prof Emily Callander**

*Professor of Health Economics, University of Technology Sydney, NSW*

### Board Members

**A/Prof Mike Beckmann**

*Chief Medical Officer Mater Health, QLD*

**Ms Kate Reynolds**

*Coordinator of Midwifery WA Country Health Service, WA*

**Ms Susan Gannon**

*Chief Executive Mackay Hospital and Health Service, QLD*

**Prof Anne Sneddon**

*Consultant Obstetrician, Gold Coast University Hospital; Professor of Obstetrics, Griffith University, QLD*

**Prof Adrienne Gordon**

*Senior Staff Specialist Neonatologist Royal Prince Alfred Hospital, NSW*

**Dr Nicky Webster**

*Clinical Director of Women's & Children's Services North West Regional Hospital, TAS*

## Our Staff\*

### Barb Vernon

*Chief Executive Officer*

### Kelly Eggleston

*Executive Assistant*

### Operational:

#### Gill McGaw

*Business Manager*

#### Team:

**Sharon Dohlad**

*(Bec Hancock)*

**Michael Vernon**

**Alex Gomez**

**Kasia Pownall**

*(Anne-Marie Mansour)*

**Patricia Clemente**

**Peter Oslington**

**Vivien Nguyen**

*(Matt Poulos)*

### Projects

#### Sarah Elliott

*Clinical Projects Coordinator*

#### Team:

**Laura Larkins**

**Annabelle Hopwood**

*(Abby Walsh)*

### Benchmarking:

#### Elijah Zhang

*Benchmarking Manager*

#### Team:

**Shirley Zhou**

**Roman Dong**

**Darcy Gooday**

**Jiamei Shen**

*(Amy Gooday)*

### Networking

#### Leila Kelly

*Networking Coordinator*

#### Team:

**Alison Niyonsenga**

**Jenny Hong**

**Yian Noble**

*(Pru Bibo)*

### Quality Improvement:

#### Adele Kelly

*Improvement Program Manager*

#### Team:

**Katie Venikova**

*(Monique Ravenswood)*

\*shared with Children's Healthcare Australasia: total FTE = 10.21, CHA portion FTE = 5.1

*(Represents staff cross-over)*



# 2022 Medal of Distinction

*Congratulations to 2022's recipient:  
Prof Leonie Callaway*



## About Prof Leonie Callaway's work

Professor Callaway's contribution to women's and newborn's health in the Australian population, includes:

1) National Guidelines: Leading the development of National Clinical Practice Guidelines for the management of pre-gestational diabetes and screening for gestational diabetes (GDM); and 2) Translation of Research into Practice including research regarding breastfeeding and insulin therapy in women with Type 1 Diabetes, underpinning the practical advice provided in national guidelines.

Professor Callaway led significant improvement into health systems, services, policy, programs, specifically writing, implementing and evaluating local and state-wide Clinical Practice Guidelines (Obesity, Diabetes, Growth Restriction, Obstetric Cholestasis, Hypertension, Thromboembolism, COVID-19 and Pregnancy). Professor Callaway also led the simplification of GDM screening processes during the pandemic in Qld, which was adopted Australia-wide and internationally, with publications in press. She

has more than 20 showcased local and international presentations about compassionate clinical care for larger bodied-women (based on her research about childhood trauma), with consistent feedback that these profoundly affect clinician attitudes and clinical practice.

Professor Callaway leads the Queensland Maternity and Perinatal Queensland Council enquiry into preventative strategies for maternal suicide. Professor Callaway contributes to health system reform to prevent adverse health outcomes through early life public health and health service interventions (prevention of low-birth weight and prematurity, and promotion of mother-infant attachment and breastfeeding).

Professor Callaway advocated for and contributed to the amendment of the Public Health Act of Qld to make reporting of maternal deaths compulsory, implemented in 2014. Professor Callaway advocated for inclusion of Body Mass Index in routinely collected perinatal data Australia wide (late 2000's) and led the introduction of routine congenital syphilis screening at 28 weeks gestation throughout Qld in 2022. Her senior leadership experience includes a strong track record of community partnership (primary healthcare networks, government, community and consumer organisations, specialist societies, media, and promotion of consumer voices).

Professor Callaway has supervised eight PhD scholars to completion, with a further eight under supervision and is also the supervisor for more than 40 basic and advanced physician trainees. In the past 5 years, Professor Callaway, as Director of Research, led a over 30% increase in publications, grant funding and clinicians undertaking PhD's, through role modelling and mentorship.

## About the WHA Medal of Distinction

The WHA Medal of Distinction was established by Women's Hospitals Australasia (WHA) in 2004 to honour those individuals who make an outstanding contribution to improving the health of women through service provision, leadership, or advocacy.

The Medal may be awarded to individuals directly affiliated with WHA, and also to members of the broader community who, through their exceptional endeavours contribute to significant improvements in women's healthcare.



# New Member's Community Website

We are thrilled to announce that we have launched a new website for our members!

Our new member's community website has been designed with the user in mind. The clean, contemporary design of the website interface gives members the opportunity to explore all our amazing benefits and contribute to our community with ease. We've made significant changes to make it easier for you to discover and share the work we achieve together.

These artist's impressions capture some highlights of the new site. Visit online today!



Easily keep up to date with what is happening in our community on our homepage newsfeed.

Here you will find the latest news, upcoming events and new content in your groups.

Never miss an upcoming event! Our news feed on the home page will keep you up to date.

Our improved My Account page allows those with memberships to both WHA and CHA to choose to filter which organisation they would like to view.

Members can also easily update their account details and mailing preferences here.

## John Appleseed

Nurse

Women and Children's  
Healthcare Australasia

john.seed@wcha.asn.au  
0123 456 789

[Update my details](#)

[Update mailing preferences](#)

Change membership view

[WHA](#)

[Joint](#)

[CHA](#)

We host many forums, meetings, web conferences, webinars and workshops, both in person and online, that are dedicated to our members.



3 November 2022  
Murra Mullangari Program - Cultural Safety and Cultural Humility Educations - 12:30pm



11 November 2022  
Castlemaine Health Midwifery Group Practice Program Journey - 12:30pm



15 December 2022  
Perinatal and Infant Mental Health Service Development in Queensland - Dr Elisabeth Hoehn - 12:30pm



8 January 2023  
Challenges of Managing Eating Disorders on a Paediatric Ward - 12:30pm





See what's new  
and visit now:  
[members.wcha.asn.au](https://members.wcha.asn.au)



Scan to visit

It's easy to join a group!



NICU & Special  
Care Nurseries

[View Group](#)

[Leave Group](#)

Visit the Network Group's page and click the "Join Group" button. You can join as many groups as you like! They will be organised in your My Groups page, where you can browse recommended groups or leave a group at anytime.

Participate in our forum  
discussions directly from your  
inbox!



Simply sign up through the Network Group's page to help you easily exchange information about any topic of mutual interest. You can email your question directly out of your inbox and you'll get any replies straight into your inbox.

In your busy schedule, we believe that this is the fastest and most efficient way to share queries and exchange information.

Network Groups have had a make-over! We have improved the functionality of our groups by organising the content into search-friendly libraries.

WCHA Network Group

## NICU & Special Care Nurseries



A multidisciplinary group to share knowledge and collaborate with health professionals caring for newborns and their families in NICUs and SCNs

319 group members

[Join Group](#)



### Presentations

CHA & WHA hosts meetings, webinars, and workshops both in person and online, that are dedicated to our members.

Here you will find recordings of our web conferences.

[Learn more](#)



### Events

Information about upcoming events, as well as recordings and resources relating to previous events are collated here in our members community.

[Learn more](#)



### Forum

A discussion platform for Maternity Unit Managers interested to network and share challenges and improvements within their service.

[Learn more](#)



### Resources

A library of resources related to this group.

[Learn more](#)

Easily access all our presentations in the Presentation library, which are also organised into our Network Groups.

## Presentations



[Filter Search](#)



26 October 2022

Neonatal care and Me: A mobile app supporting parents and families in the neonatal setting

Presenter name, job title, hospital service

[Bookmarked](#)

[Watch Now](#)



26 October 2022

Neonatal care and Me: A mobile app supporting parents and families in the neonatal setting

Presenter name, job title, hospital service

[Bookmarked](#)

[Watch Now](#)



26 October 2022

Neonatal care and Me: A mobile app supporting parents and families in the neonatal setting

Presenter name, job title, hospital service

[Bookmarked](#)

[Watch Now](#)



# Hot Topics in the WHA Community

Hot Topics are a collection of **themed conversations** that our members have highlighted as being of **high importance to them right now**. These are matters that are affecting our members that need immediate emphasis or focus.

These topics are collected as grouped themes in our online Member's Community. In each themed collection, you will find **presentations, resources, and discussions** about the hot topic.

## Staff Mental Health and Well-being

Taking care of the mental health and well-being of staff was incredibly important during the time of change and uncertainty of living in a global pandemic. It is even more so as pressures are increasing with challenging presentations and admissions into our hospital services.

WHA has hosted numerous presentations highlighting resources and strategies to support and improve staff mental health and well-being including:



### Leading Thinkers Series

#### **Safety & Quality of Care v's Fatigue & Staff Burnout**

Dr Lisa Myers shared an insightful reflection on the challenges that healthcare workers face, the need to set boundaries and prioritise self-care and balancing the significant carers guilt that it triggers. This inspired participants to share the strategies they are using to manage their own bucket and support their team members including:

- One of the Nurse Unit Managers completed some mindfulness training so converted her own office into a Zen Den, where staff could go to de-stress if needed.
- "Pass the Trophy" - a very glamorous trophy is passed between employees each week with an appreciative comment and big "Thank You" for their work.

**Presenter:** Lisa Myers (*Psychologist, Aware Hub*)



### Improving Value in Healthcare

#### **BeWell@Mercy – Staff Wellness Initiative Overview**

Be Well @ Mercy is a staff wellness initiative that acknowledges well-being is not a one-size-fits-all approach. Most funding for the project went to awarding well-being grants to departments, to enable staff the opportunity to identify and implement well-being initiatives that met their needs. Key to the success of the project was the inclusion of onsite well-being advisors who provided accessible and immediate support, flexible and tailored to staff. By building relationships and rapport with staff, Mercy Health's well-being team was able to give voice to their experience and provide tailored support in ways that felt authentic.

**Presenter:** Magdalena Pliszka, *Allie Meggit (Mercy Health)*





WHA's new **Hot Topics forum on our member's website** collates relevant presentations, discussions, and resources in one place on priority topics of interest to our members. Simply log on and subscribe to the hot topic you want to know more about to stay up to date.

<http://members.wcha.asn.au/>



## Digital Health



Directors of  
Nursing and  
Midwifery

### Improvements in Antenatal Care – Digital Platform

NALHN introduced a digital platform to engage pregnant women in antenatal care. The novel Pregnancy Online Platform NALHN (POPN) has increased attendance rates, reduced waitlist for appointments, enhanced midwifery care, and was cost neutral.

**Presenter:** Dr Julia Dalton, *Project Manager, POPN Project, Nurse/Midwife Unit Manager, Northern Aboriginal Birthing Program, Lyell McEwin & Modbury Hospitals NALHN*



NICU and  
Special Care  
Nurseries

### Digital Technologies Empowering Parents

The Neonatal Care and Me app, created by South Western Sydney Local Health District NICU/SCN, equips parents and caregivers with the knowledge, skills, and confidence to have a dialogue of care with their baby and be responsive to their developmental needs.

**Presenters:** Sarah Deeth - *Children's Allied Health at Campbelltown Hospital*, Stephanie Taylor - *NSW Australian Physiotherapy Association, The Little Physio Wollongong*

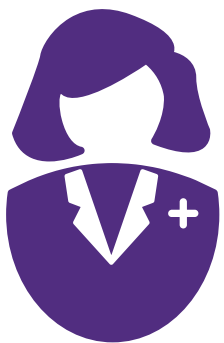


# Sharing Innovative Practice

WHA members have been sharing innovations in practices and models of care with each other for decades. Videos of these valued presentations are captured and published on our member's website. Visit our member's website to access a growing library of members presentations from across Australia, from peer services both large and small. The content is searchable and available for viewing or sharing with colleagues.

There are too many excellent presentations to mention them all, but some highlighted themes are collected below:

## New Builds/Redevelopments



Directors of  
Nursing and  
Midwifery

### **Redevelopment of Nepean hospital Maternity – Turning our dreams into reality**

In 2016, NSW Government recognised that Penrith was one the fastest growing areas in NSW, and the current Nepean Hospital was not going to be able to meet the healthcare needs of the region. The planning and ongoing consultation with stakeholders would continue through 2018 to ensure that \$1 billion redevelopment would deliver world-class facilities.

Stage 1 of the Nepean Redevelopment includes a contemporary 14-storey clinical building, providing a major expansion and upgrade of essential health services at Nepean Hospital. The new hospital tower features six floors of inpatient bedrooms, additional operating theatres and 18 birthing rooms, expanded neonatal services and Emergency Department, and state-of-the-art medical equipment. It has been designed with hospital staff and the community to ensure it meets the health needs of everyone in the Penrith and Blue Mountains area - now, and into the future.

**But we all know that the planning of hospitals builds certainly starts years and years before construction begins, and provides a unique opportunity to reflect on Maternity Models of Care and possible service innovations.**

Nepean have the truly unique opportunity to learn from the challenges and success of “Turning their dreams into reality”.

**Presenter:** Justine Elliott, *Midwife & Program Manager for Outpatient Services, Nepean Redevelopment Team*



All staff of member services have **24/7 access** to these video presentations & more on our Member's Community.

<http://members.wcha.asn.au/>



## Models of Care



### Aboriginal & Torres Strait Islander Maternity Care

#### Continuity of Care for Aboriginal Families: Dragonfly Midwifery

Western Sydney Local Health District (WSLHD) has the largest population of Aboriginal people living within NSW. Dragonfly Midwifery seeks to help address the fact that Aboriginal women and babies continue to experience higher rates of mortality and morbidity compared to non-Aboriginal women and babies.

The Model of Care includes continuity of care midwives, obstetricians, and Aboriginal Health Practitioners for ALL First Nations families, not just women who identify as Aboriginal and/or Torres Strait Islander. The presentation provides insight into what it means to be a Dragonfly Midwife, the Dragonfly ethos, and benefits of continuity for the Western Sydney cohort.

**Presenters:** Miriam Maloinato, *Aboriginal Health Practitioner, WSLHD*, Ngaire Denton, *Nurse/Midwife, WSLHD*, Georgie Gibbens, *Clinical Midwifery Specialist, WSLHD*, Kate O'Loughlin, *Midwife, WSLHD*



### Vulnerable Women Series

#### Providing disability-informed maternity care – WIN Clinic

Almost one in five Victorian women and girls live with a disability. Women with a disability experience poorer health outcomes when compared to the general community due to the inequities associated with gender and disability. The Royal Women's Hospital Melbourne has an established clinic that provides individualised, disability-informed maternity care to patients with sensory, neurological, and physical differences.

The Women with Individual Needs (WIN) Clinic is the only disability-informed maternity care clinic promoting optimal perinatal, antenatal, and postnatal care in Australia and is still the only specialist pregnancy clinic for people with a disability in Australia.

**Presenter:** Cherise Smith – *Coordinator, Women's Individual Needs Clinic, Royal Women's Hospital*



## Models of Care



### Safety and Quality in Maternity Care

#### Keeping Women Close to Home - Fetal Fibronectin Testing

The Maternal Transfers Redesign Initiative was implemented in all birthing sites across Southern NSW LHD in 2020. The aim of the project is to make sure that women receive the right care, at the right place, at the right time.

An important element of the Initiative has been the introduction of Quantitative Fetal Fibronectin (fFN) Point of Care testing, which has resulted in a 79% reduction in the number of women experiencing threatened premature labour transfer.

In 2022, 196 fFN tests were conducted at 4 maternity sites. As a result, 142 women were not transferred and 23 women were transferred, with a cost saving of \$310 000.

**Presenter:** Dale Lilley, *Maternal Transfers Lead, Southern NSW Local Health District*



### Vulnerable Women Series

#### Supporting Those At Risk – STAR Antenatal Clinic

Teenage pregnancy is often both the cause and result of inequality and what it covers frequently goes broader than the scope of maternity care. The STAR clinic is an inspiring example of true woman-centred care. It goes beyond traditional antenatal/postnatal care to provide non-stigmatising age-appropriate wraparound care designed to help address the complex and intersecting challenges that young mothers face.

**Presenter:** Kirstie Balding, *National Deputy Midwifery Programs Coordinator, Midwifery Lecturer, The University of Notre Dame*



“ *I continue to participate in WHA activities and events and find them valuable and beneficial for a wide variety of reasons.*

*The past 12 months alone have enabled clinician, academic, and industry partner engagement across a raft of issues [...] including current research and quality improvement initiatives in care for vulnerable groups of mothers and babies, community engagement, and consumer participation...* ”

- Dr Roslyn Donnellan-Fernandez, *Community Midwife / Senior Lecturer Midwifery, Griffith University*



Leading  
Thinkers Series

### **More than meets the eye: Weaving research and clinical practice together**

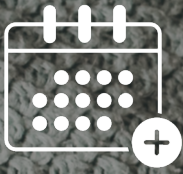
What started out as a straightforward investigation into exercise interventions and gestational diabetes mellitus (GDM) in pregnancy, unraveled a complex web of hidden trauma and childhood adversity which fundamentally changed the way Prof Leonie Callaway practiced medicine.

As Leonie highlights, adverse childhood experiences (ACEs) are an important public health issue but it is neither acknowledged or addressed despite being tightly intertwined with many adverse outcomes including GDM.

Her presentation highlights the importance of being curious about what has happened to women in their lives, screening all women for ACEs, and providing compassionate trauma-informed care.

**Presenter:** Prof Leonie Callaway, *Executive Director, Women Children and Families Stream, Metro North QLD & Director of Research, Women's and Newborn Services*





# Network Web Conferences

Network Details	Date	What we've talked about
<b>Aboriginal &amp; Torres Strait Islander Women's Health</b>	17 August 2022	DJÄKAMIRR, Caretaker of Pregnancy and Birth
	2 November 2022	Murra Mullangari: Indigenous-developed Cultural Safety and Humility Program for nursing and midwifery
	16 March 2023	Dragon Fly - Providing Continuity of Care for Women and Families Identifying as Aboriginal and Torres Strait Islander - Westmead Hospital NSW
<b>Clinical Educators</b>	15 June 2022	Cervical Screening During Pregnancy and Self-Collection Policy Change
	28 October 2022	Be Well @ Mercy - Staff Wellness Initiative Overview
	1 August 2023	Engaging the Disengaged, the Exhausted and the Burnt Out
<b>Clinical Ethics</b>	18 August 2022	Overview of QLD Children's Hospital Clinical Ethics Service and Case Study
	14 October 2022	Differences in Sexual Development (DSD)
	9 February 2023	Discussion on the Draft CHA VSC Legislation - Position Paper
	9 May 2023	Finalise CHA VSC Legislation - Position Paper
	11 July 2023	VSC Legislation - Position Paper
	29 August 2023	Religious objection to donation after cardiac death
	9 November 2023	What weight should be given to the previously expressed views of a 13-year-old patient now in ICU?
<b>Directors of Nursing and Midwifery</b>	20 July 2022	Does MGP really make a difference? Maternity data has the power to influence
	14 September 2022	Improvements in Antenatal Care - Digital Platform
	11 April 2022	Workforce Challenges and Nursing Staff Wellbeing
	2 May 2022	Redevelopment of Nepean Hospital Maternity – Turning our dreams into reality
<b>Maternity Unit Managers</b>	14 September 2022	Improvements in Antenatal Care - Digital Platform
	11 May 2023	CMV Screening in Pregnancy
	25 July 2023	The Association of breastfeeding length and intensity & next pregnancy glycaemic control



# Network Web Conferences

## Network Details

## Date

## What we've talked about

### Midwifery Group Practice

20 July 2022

Does MGP really make a difference? Maternity data has the power to influence

3 November 2022

Castlemaine Health Midwifery Group Practice Journey

16 March 2023

Dragon Fly - Providing Continuity of Care for Women and Families Identifying as Aboriginal and Torres Strait Islander - Westmead Hospital NSW

22 June 2023

Refugee MGP: Effect of an Australian community-based caseload MGP service on maternal and neonatal outcomes for women from a refugee background

### NICU and Special Care Nurseries

17 August 2022

Specialized Teams for the Care of Micropremature Infants - Sunnybrook Health Service Centre, Toronto - Michael Dunn, Neonatologist

26 October 2022

Neonatal Care & Me App

24 May 2023

Green & Healthy Hospitals - Baby Steps: Baby bottle recycling in NICU

25 May 2023

Barriers and enablers to parent-infant closeness in the NICU - Insights from Sweden and Finland

### Perinatal Mental Health

7 July 2022

Supporting Those At Risk - STAR Antenatal Clinic - Maternity Care

30 August 2022

Pathways of shame and compassion: A grounded theory of the evolution of perinatal suicidality

29 March 2023

Applied Skills in Perinatal Mental Health Assessment and Care

10 August 2023

Hospital avoidance strategies for perinatal consumers with escalating mental health disorder

### Rural and Regional Maternity Services

31 May 2022

MGP foster sustainability of Ceduna Birthing Service

15 June 2022

Cervical Screening During Pregnancy and Self-Collection Policy Change

16 February 2023

Keeping women close to home - fetal fibronectin testing

15 June 2023

Midwifery and Obstetric Emergency Telehealth Service (MOETS) in country WA

### Safety & Quality in Maternity Care

30 June 2022

The benefit versus harm of detecting fetal growth restriction

27 October 2022

A Clinical Decision Tool to improve maternal & perinatal outcomes in Australia

16 February 2023

Keeping women close to home - fetal fibronectin testing

13 June 2023

Timely Diagnosis of Early-Onset Preeclampsia with High Sensitivity and Specificity



# Series Web Conferences

Series Details	Date	What we've talked about
<b>Sustainable Healthcare</b>	24 August 2022	New Zealand Climate Change Risk Assessment Project & Greening Starship Initiative
	20 September 2022	Climate Resilient and Sustainable Health Care - A collaborative project - Griffith University & Sunshine Coast HHS
	24 May 2023	Baby Steps: Baby bottle recycling in NICU
	18 July 2023	Nitrous oxide use during labour: how to incorporate environmental considerations into maternity care
<b>Improving Value in Healthcare</b>	28 October 2022	Be Well @ Mercy - Staff Wellness Initiative Overview
	23 February 2023	The Power of Co-Design - Lived experience and professionals involved as active partners throughout the design process?
	21 June 2023	Barriers and enablers to consumer and community involvement and engagement
<b>Leading Thinkers</b>	13 October 2022	Chief eXperience Officer - Creating Exceptional Experiences with Our People and Patients - The Royal Women's VIC
	7 December 2022	More than meets the eye: Weaving research and clinical practice together - Professor Leonie Callaway
	15 February 2023	Safety & Quality of Care v's Fatigue & Staff Burnout - Lets take step to address the issue
	28 February 2023	Feeling dehumanised, powerless and violated; women's experiences of obstetric violence in Australia
	26 April 2023	The evolutions of consumer engagement within the healthcare setting
	6 June 2023	Working up down and across to lead change in a complex system
	7 July 2022	Supporting Those At Risk - STAR Antenatal Clinic - Maternity Care
<b>Vulnerable Women</b>	30 August 2022	Pathways of shame and compassion: A grounded theory of the evolution of perinatal suicidality
	2 March 2023	Sing to Connect Culturally Responsive Maternity Care
	4 April 2023	Providing Disability Informed Maternity Care - WIN Clinic
	4 May 2023	Exploring Womens Safety during Labour and Birth





# Collaborative Projects

## Optimizing care through collaborative quality improvement

As part of our commitment to supporting members to achieve excellence and improve outcomes for women and babies, WHA support a range of projects where our members come together to share ideas and learn from each other. These projects draw upon internationally renowned methodologies for achieving sustained improvement in healthcare settings.



To support WHA member services to collaborate using improvement science, WHA has commissioned a cloud-based quality improvement service called Life QI to make it possible for member services to share expertise and data about their improvement efforts.

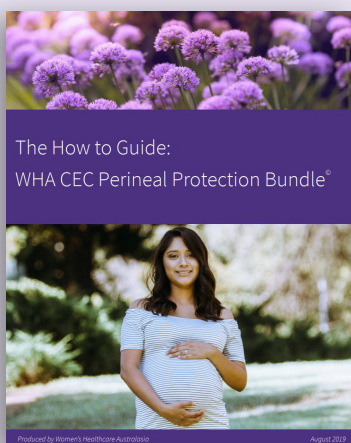


Life QI supports teams to plan, monitor and report the progress of their improvement projects, as well as connect with other member of the QI community, facilitating collaboration and shared learning.



## Reducing Harm from Perineal Tears

WHA members are continuing to use resources developed during the WHA National Collaborative to improve the reliability of their care and reduce rates of perineal tears. WHA's clinical benchmarking confirms rates of perineal tears are continuing to fall nationally.



The **How To Guide for the WHA-CEC Perineal Protection Bundle** is freely available on our website to support services interested in working to reduce their rates of harm.

The Perineal Protection Bundle has also been used by Victorian services in the Safer Care Victoria Better Birth Collaborative, where services were able to reduce their rate of perineal tears by 45%.



# Every Week Counts -

## National Preterm Birth Prevention Collaborative



The Collaborative is being delivered by a partnership between the Australian Preterm Birth Prevention Alliance, Women's Healthcare Australasia (WHA), the Institute for Healthcare Improvement (IHI), and Safer Care Victoria. Funding is being provided by the Commonwealth Government through the Women's & Infant's Research Foundation.

The Collaborative will use methods that have been successfully employed by hospitals around the globe for over 25 years to close the gap between research and practice through the application of improvement science.

Over 50 Health Services have signed up to participate in the Every Week Counts National Preterm Birth Prevention Collaborative, including representatives from 63 hospitals around Australia. This includes hospitals from every state and territory of Australia, including those in the largest metropolitan hospitals, and small regional and rural hospitals.

## Hospital sites participating in the Every Week Counts National Preterm Birth Prevention Collaborative

### Northern Territory

Royal Darwin and Palmerston Hospital

### Western Australia

Albany Health Campus  
Armadale Health Service  
Broome Health Campus  
Bunbury Hospital  
Fiona Stanley Hospital  
King Edward Memorial Hospital  
Osborne Park Hospital

### South Australia

Flinders Medical Centre  
Lyell McEwin Hospital  
Riverland Mallee Coorong Local Health Network  
• Murray Bridge Soldier's Memorial Hospital  
• Loxton Hospital  
• Waikerie Health Service  
• Riverland General Hospital  
Women's and Children's Hospital

### Victoria

Angliss Hospital  
Barwon Health  
Box Hill Hospital  
Ballarat Base Hospital  
Frances Perry House  
Joan Kirner Women's & Children's Hospital  
Latrobe Regional Hospital  
Mercy Hospital for Women

Monash Medical Centre  
Peninsula Health  
Portland District Health  
The Northern Hospital  
The Royal Women's Hospital  
Wangaratta District Base Hospital  
Wodonga Hospital

### Tasmania

Launceston General Hospital  
Northwest Regional Hospital  
Royal Hobart Hospital

### Queensland

Darling Downs Health  
• Kingaroy Hospital  
• Stanthorpe Hospital  
• Warwick Hospital  
• Toowoomba Hospital  
Gold Coast University Hospital  
Ipswich Hospital  
Mater Mothers Hospital  
Sunshine Coast University Hospital  
The Royal Brisbane and Women's Hospital  
Townsville University Hospital

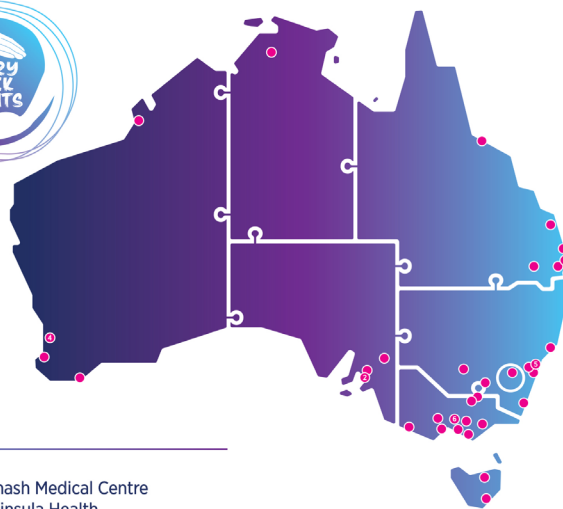
### New South Wales

Campbelltown Hospital  
Fairfield Hospital  
Griffith Base Hospital  
Illawarra Shoalhaven Local Health District  
• Wollongong Hospital  
• Shoalhaven Hospital  
Royal Hospital for Women  
Royal Prince Alfred Hospital  
Southern NSW Local Health District  
• Queanbeyan District Hospital  
• Moruya District Hospital  
• South East Regional Hospital – Bega  
• Goulburn District Hospital  
• Cooma District Hospital  
St George Hospital  
Sutherland Hospital  
Wagga Wagga Base Hospital  
Westmead Hospital

### Australian Capital Territory

Centenary Hospital for Women and Children

**50+** maternity hospitals working together to prevent preterm birth







Representatives from participating teams including more than 240 leading midwives, obstetricians, GPs, sonographers, neonatologists have come together with consumers, services leaders, and quality improvement experts for three Learning Sessions in November 2022, March 2023 and August 2023.

At learning sessions and web conferences, participating teams are provided an opportunity to learn about the strategies to reduce early birth, as well as the quality improvement methods that will support teams to introduce sustainable changes in practice. Teams are also supported to share learning and expertise, creating an “All Teach, All Learn” culture which accelerates the pace of improvement.

Being part of a national community of maternity services working together on the same problem at the same time continues to be a powerful motivator as teams work towards a shared goal of 20% reduction in preterm and early term birth by 31 March 2024.

## The Breakthrough Series Collaborative Approach



### Recruitment of teams

**52**

Multi-disciplinary teams from maternity services across Australia have been selected for participation in the Collaborative.



### Attendance at three Learning Sessions

Participating teams came together for three two-day learning sessions to build their understanding of improvement science. Teams learned from experts and one another on how to develop reliable systems of care that help to safely reduce rates of preterm and early term birth.



### Participation in Action Periods

The action periods are where the work of improvement takes place in individual hospitals. Teams connect regularly over web conferences and receive coaching from experts. Data is collected by the participating team members to help inform what is working well and where additional improvements are needed.



### Regular Coaching and Advice

Teams will be supported throughout the Collaborative by experts in improvement science and clinical practice. They will have regular access to their peers to resolve common challenges and share learnings to help them achieve improvements.

For more information, or to sign up to receive the Every Week Counts Collaborative Newsletter, please contact Adele Kelly, WHA Improvement Program Manager via [collaborative@wcha.asn.au](mailto:collaborative@wcha.asn.au)



# Leading Thinkers

*Inspiring innovative practice*



The Leading Thinkers Series launched in 2020, are exclusive webinars created as an opportunity to hear from leading experts from across Australia and around the globe. All presenters have something important to share about a key issue or theme of interest to our members.

The webinars are highly sought after by our members, especially by those who are looking for ways to support their teams and services with innovative thought leadership.

Recent presentations in this series have included:



**More than meets the eye:  
Weaving research and clinical  
practice together**

**Presenter:** Prof Leonie Callaway  
*(Executive Director, Women,  
Children and Families Stream I  
Metro North)*



**Feeling dehumanised  
powerless and violated**

**Presenter:** Dr Hazel Keedle  
*(School of Nursing and Midwifery,  
Western Sydney University)*



**Safety & Quality of Care v's  
Fatigue & Staff Burnout**

**Presenter:** Lisa Myers  
*(Psychologist, Aware Hub)*



**Life as clinician scientist –  
Building research capacity in  
clinicians**

**Presenter:** Dr Zoe Bradfield  
*(King Edward Memorial Hospital,  
Curtin University)*



**Chief eXperience Officer  
– Creating Exceptional  
Experiences with Our People  
and Patients**

**Presenter:** Sherri Huckstep  
*(The Royal Women's VIC)*



**Perinatal and Infant Mental  
Health Service Development in  
Queensland**

**Presenter:** Dr Elisabeth Hoehn  
*(Medical Director, Queensland  
Centre for Perinatal and Infant  
Mental Health)*

# Improving Value in Healthcare

*Systems, experiences & outcomes*



In 2021, WHA launched a new series titled Improving Value in Healthcare: systems, experiences, and outcomes. These exclusive webinars create an opportunity for members to hear about innovations or changes to models of care that improve:

- the effectiveness and efficiency of care (systems);
  - experiences of providing and receiving care (experiences); and
  - health outcomes that matter to patients and their families (outcomes).
- This series provides an opportunity to bring together presentations from WHA member hospitals with a common theme of "enhancing value in healthcare".



**The power of co-design – Lived experience and professionals involved as active partners throughout the design process**

**Presenter:** Prof Virginia Schmied (*PIPE-MC*), Gabrielle Micallef (*Pegrem*), Louise Everitt (*Western Sydney University*)



**BeWell@Mercy – Staff Wellness Initiative Overview**

**Presenter:** Magdalena Pliszka, Allie Meggit (*Mercy Health*)



**Murra Mullangari – Introduction to cultural Safety and Cultural Humility**

**Presenter:** Prof Roianne West (*CEO, CATSINaM*)



**Experience Based Codesign**

**Presenter:** Prof Sabe Sabesan  
*Senior Medical Oncologist and Clinical Dean at the Townsville Hospital and Health Service*

# Vulnerable Women

*Engaging, empowering, and strengthening*



The WHA Vulnerable Women's Series creates an opportunity for members to discuss initiatives that are supporting and making a difference to the health and wellbeing outcomes of women at risk.

The webinars are for members who are looking for ways to support the most vulnerable in their communities. Recent presentations in this series have included:



## **Providing disability informed maternity care – WIN Clinic**

**Presenter:** Cherise Smith (*Coordinator Women's Individual Needs Clinic – The Royal Women's Hospital VIC*)



## **Sing to Connect Culturally Responsive Maternity Care**

**Presenter:** Dr Charulatha Mani (*Lecturer Creative Arts and Health – University of Tasmania*)



## **Maternity Care for women with eating disorders during pregnancy**

**Presenter:** Prof Megan Galbally (*Monash University*),  
Dr Sarah Fogarty (*Clinical Researcher & Clinician*)



## **Pathways of Shame and Compassion: A grounded theory of the evolution of perinatal suicidality**

**Presenter:** Dr Laura Biggs (*Refugee and Migrant Program, Intergenerational Health, Murdoch Children's Research Institute*)



# Sustainable Healthcare

*Green and healthy hospitals*



Amidst increasing evidence that global warming is having significant impact on the health and well-being of our communities, WHA launched the Sustainable Healthcare Series to support member health services to share know-how, ideas, and strategies to reduce their impact on the environment.

Recent presentations in this series include:



## **A collaborative project on climate resilient and sustainable health care – hurdles and hoops**

**Presenter:** Christine Garsden  
(Sunshine Coast Hospital & Health Service), Sue Cooke (Griffith University)



## **New Zealand Climate Change Risk Assessment Project & Greening Starship Initiative**

**Presenter:** Helen Polley  
(Counties Manukau District Health Board), Dr James Hamill  
(Starship Children's Health)



## **A collective call to action for sustainable reform – Children's Health Queensland**

**Presenter:** Renae McBrien  
Community, Horticulture and Environment Consultant, Children's Health Queensland

## Green and Healthy Hospitals Hot Topic

To keep up to date with useful resources anyone can view the Green & Healthy Hospitals page on the WHA website.



## **"This Is Our Lane": Talking about Climate and Health**

**Presenters:** Remy Shergill, Milly Burgess, *Climate Health Alliance*



# Benchmarking to Enhance Performance

With more than 155+ maternity units participating, from the largest to the smallest, WHA's Benchmarking Program is a robust and trusted resource for leaders of women's healthcare services. We provide meaningful comparisons among peer services that help each service to appreciate both their key strengths as well as opportunities for improving care and outcomes. Our members are generous in sharing insights, expertise, tools and resources related to new models of care or other improvements revealed in the benchmarking data with their peers.

WHA collects different types of data to assist members to assess and compare their performance with peers:

1

**Activity and costing data** reflecting activity by diagnosis, ALOS, re-admissions, HACs, and reported cost of care.



Activity & Costing  
Benchmarking Report  
2021-22

Peer Group: Tertiary | >4,000 Births

2

**A dashboard of clinical indicators** reflecting women's characteristics, interventions in labour and birth, adverse maternal and newborn outcomes published in our Benchmarking Maternity Care (BMC) report.



WHA Benchmarking  
Maternity Care Report  
2022-23

<<hospital\_name>>



**172,000+**  
births are reported on in our  
Benchmarking Program



## Access to the WHA Benchmarking program includes:



- Opportunities to learn from peers who have achieved strong performance in one or more areas.
- Tailored individual activity & costing benchmarking reports to provide meaningful comparisons that enable members to quickly identify how their service is performing in comparison with peer services in terms of separation, length of stay, same day admission, urgent readmissions, average cost, and variations in the principal diagnosis and principal procedure.
- Benchmarking Maternity Care using a large suite of clinical indicators monitoring clinical effectiveness and quality of labour and birth care, including maternal characteristics, care during labour & birth, and outcomes for women and newborns.
- WHA has extended the Benchmarking Maternity Care Indicators to monitor the comparative performance of Midwifery Group Practices, comparing outcomes both with standard care and with other MGPs.

The WHA Activity and Costing benchmarking program makes it quick and easy to identify opportunities to improve efficiency and lower costs for maternity and newborn care in relation to peers caring for similar women and newborns.

For Which ADRGs is there the greatest potential to reduce costs?



Purple bars are the average costs of your peer group and dots are the average costs of your service. The bars are sorted by the overall financial impact: (Group Average - Your Service's Avg. Cost) \* Seps. The potential saving is the saving you will be able to make in total if you reduce your average cost to your peer's level for each ADRG.





# Benchmarking to Enhance Performance

## Performance Benchmarking

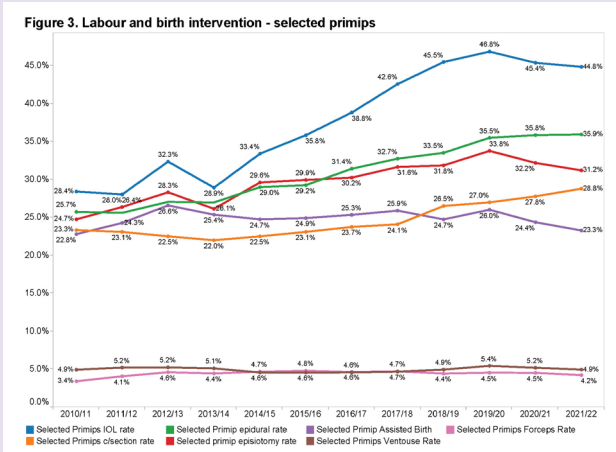
WHA designed this dashboard to assist members to quickly identify how their service is performing in comparison with peer services caring for similar women and babies and how performance is changing over time, including with the onset of the pandemic.



## Clinical Benchmarking: Trends & Highlights

WHA BMC data for selected primiparous women shows marked increases in epidural use, episiotomies, and induction of labour as seen in Figure 1.

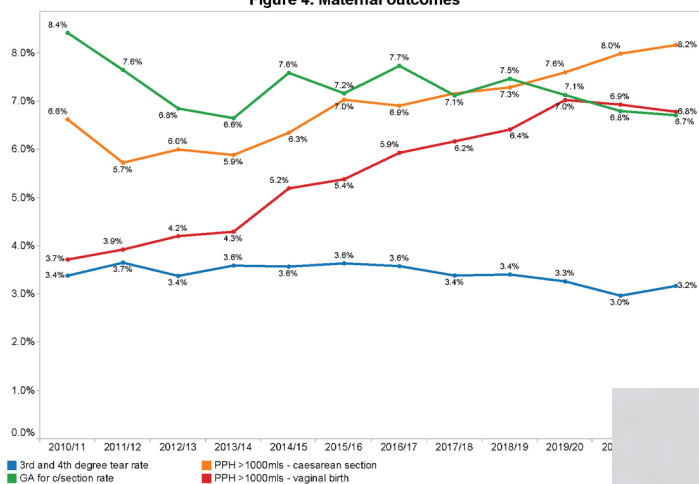
Births by cesarean section have also increased, while assisted vaginal births have remained relatively stable. Especially concerning is the induction of labour rate which has increased from 25.6% in 2008/09 to 44.8% in 2021/22. This is an increase of 75%, while rates of neonatal mortality remain relatively stable.





## Clinical Benchmarking: Trends & Highlights

Figure 4. Maternal outcomes



WHA members have collaborated over recent years to reduce rates of perineal harm for women giving birth vaginally. It is encouraging to see a downward trend in the rates of 3rd and 4th degree perineal tears (blue line), from a high of 3.7% in 2011 to 3.2% in 2022. However, there is widespread concern in the sector at present about rising rates of postpartum haemorrhage (PPH). Rates of PPH have almost doubled in the past 10 years for women giving birth vaginally (from 3.7% in 2011 to 6.8% in 2022). Rates of PPH have also increased for women giving birth by caesarean sections from 6.6% in 2011 to 8.2% in 2022.



### New Initiative

To better inform discussions and decision-making among clinicians around variation, and how best to develop reliability for best practice approaches to labour and birth care, WHA has developed a secure online portal with a view to giving contributing hospitals access to a rich dataset of de-identified clinical episodes of care for 250,000 women and newborns. This portal will be made available to all members contributing data once usability testing is completed.



In 2022/23, 119 maternity services participated in WHA's BMC indicator program throughout Australia, covering level 2 to 6 maternity services. The BMC indicator Dashboard is developed by Women's Healthcare Australia.





# Our Member Community

## NSW

### Far West LHD:

Broken Hill Base Hospital

### Hunter New England LHD:

John Hunter Hospital

### Murrumbidgee LHD:

Cootamundra Health Service

Deniliquin Health Service

Griffith Base Hospital

Leeton Health Service

Narrandera Health Service

Temora Health Service

Tumut Health Service

Wagga Wagga Health Service

Young Health Service

### Nepean Blue Mountains LHD:

Blue Mountains Hospital

Hawkesbury Hospital

Lithgow Hospital

Nepean Hospital

### Northern NSW LHD:

Byron Central Hospital

Grafton Base Hospital

Lismore Base Hospital

Murwillumbah District Hospital

The Tweed Hospital

### Northern Sydney LHD:

Hornsby Ku-ring-gai Hospital

Royal North Shore Hospital

### South Eastern Sydney LHD:

Royal Hospital for Women

St George Hospital

Sutherland Hospital

### South Western Sydney LHD:

Bankstown-Lidcombe Hospital

Bowral & District Hospital

Campbelltown Hospital

Fairfield Hospital

Liverpool Hospital

### Southern NSW LHD

Cooma District Hospital

Goulburn District Hospital

Moruya District Hospital

Queanbeyan District Hospital

South East Regional Hospital – Bega

### Sydney LHD:

Canterbury Hospital

Royal Prince Alfred Hospital

### Western Sydney LHD:

Westmead Hospital

## TAS

### Department of Health

### and Human Services, Tasmania:

Launceston General Hospital

North West Regional Hospital

Royal Hobart Hospital

## SA

### Northern Adelaide LHN:

Lyell McEwin Hospital

### SA Health - Barossa Hills Fleurieu LHN:

Gawler Health Service

Kangaroo Island Health Service

Kapunda Hospital

Mount Barker District Soldiers Memorial Hospital

South Coast District Hospital

Tanunda War Memorial Hospital

### SA Health - Eyre and Far North LHN:

Ceduna Hospital

Port Lincoln Health & Hospital Service

### SA Health - Flinders and Upper North LHN:

Port Augusta Hospital and Regional Health Service

Whyalla Hospital

### SA Health - Limestone Coast LHN:

Mount Gambier & Districts Health Service

Naracoorte Health Service

### SA Health - Riverland Mallee Coorong LHN:

Loxton Hospital

Murray Bridge Soldiers' Memorial Hospital

Riverland General Hospital

Waikerie Health Service

### SA Health - Yorke & Northern LHN:

Clare Hospital

Crystal Brook & District Hospital

Jamestown Hospital

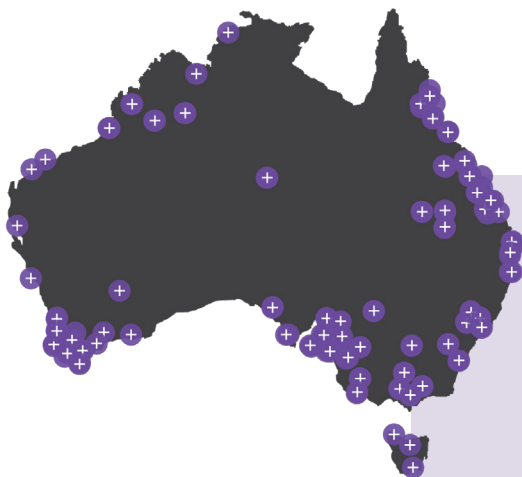
Port Pirie Regional Health Service

Walleroo Hospital

### Southern Adelaide LHN:

Flinders Medical Centre

### Women's and Children's Health Network



**155+**  
Maternity &  
Newborn hospitals  
participating  
in WHA



## QLD

### **Cairns and Hinterland Hospital and Health Service:**

Atherton Hospital  
Cairns Hospital  
Innisfail Hospital  
Mareeba Hospital  
Mossman Multi Purpose Health Service  
Tully Hospital

### **Central Queensland Hospital and Health Service:**

Biloela Hospital  
Emerald Hospital  
Gladstone Hospital  
Rockhampton Hospital

### **Darling Downs Hospital & Health Service:**

Chinchilla Hospital  
Dalby Hospital  
Goondiwindi Hospital  
Kingaroy Hospital  
Stanthorpe Hospital  
Toowoomba Hospital  
Warwick Hospital

### **Gold Coast Health Service:**

Gold Coast University Hospital

### **Mater Health:**

Mater Mother's Hospital

### **Metro North Hospital and Health Service:**

Caboolture Hospital  
Royal Brisbane and Women's Hospital  
Redcliffe Hospital

### **Metro South Hospital and Health Service:**

Beauresort Hospital  
Logan Hospital  
Redland Hospital

### **North West Hospital & Health Service:**

Mount Isa Hospital

### **South West Hospital and Health Service:**

Charleville Hospital  
Roma Hospital  
St George Hospital

### **Sunshine Coast Hospital and Health Service:**

Gympie Hospital  
Sunshine Coast University Hospital

### **Torres & Cape Hospital and Health Service**

Thursday Island Hospital  
Cooktown Multipurpose Health Service  
Weipa Integrated Health Service

### **Townsville Hospital & Health Service:**

Townsville University Hospital

### **West Moreton Hospital & Health Service:**

Ipswich Hospital

## **Wide Bay Hospital and Health Service:**

Bundaberg Hospital  
Hervey Bay Hospital  
Maryborough Base Hospital

## VIC

### **Barwon Health**

University Hospital Geelong

### **Bendigo Health**

### **Castlemaine Health**

### **Central Gippsland Health**

Sale Hospital

### **Eastern Health:**

Angliss Hospital  
Box Hill Hospital

### **Mercy Health:**

Mercy Hospital for Women  
Werribee Mercy Hospital

### **Peninsula Health:**

Frankston Hospital

### **Portland District Health**

### **West Gippsland Healthcare Group**

### **Western Health**

Sunshine Hospital - Joan Kirner  
Women's & Children's Hospital  
Bacchus Marsh & Melton Regional Hospital

### **The Women's:**

The Royal Women's Hospital,  
Parkville  
The Royal Women's Hospital,  
Sandringham

## NT

### **Department of Health NT:**

Alice Springs Hospital  
Royal Darwin & Palmerston Hospital

## ACT

### **ACT Health:**

Centenary Hospital for Women & Children

### **Calvary Healthcare ACT**

## WA

### **East Metropolitan Health Service, WA:**

Armadale Health Service

### **Joondalup Health Campus**

### **North Metropolitan Health Service:**

King Edward Memorial Hospital  
Osborne Park Hospital

### **South Metropolitan Local Health Service:**

Fiona Stanley Hospital  
Rockingham General Hospital

### **St John of God Health Care**

Raphael Services  
St John of God Midland Public Hospital

### **WA Country Health Service:**

Albany Regional Hospital  
Bridgetown Hospital  
Broome Hospital  
Bunbury Hospital  
Busselton Health Campus  
Carnarvon Hospital  
Collie Hospital  
Denmark Health Service  
Derby Hospital  
Esperance Hospital  
Fitzroy Crossing Hospital  
Geraldton Hospital  
Halls Creek Hospital  
Hedland Health Campus  
Kalgoorlie Health Campus  
Karratha Health Campus  
Katanning Hospital  
Kununurra Hospital  
Margaret River Hospital  
Narrogin Health Service  
Northam Hospital  
Warren Hospital  
Wyndham Hospital



# Financial Report



## WOMEN'S HEALTHCARE AUSTRALASIA

WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED

A.B.N. 50 065 080 239

### FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2023

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# WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED

ABN: 50 065 080 239

## BOARD REPORT

Your Board members submit the financial report of the Women's Hospitals Australasia Incorporated for the financial year ended 30 June 2023.

### Board Members

The names of Board members throughout the year and at the date of this report are:

Role	Name
President	Prof Jonathan Morris (President commencing 28/02/23)
Vice President	Prof Emily Callander (Special Purpose Director commencing 25/11/22, Vice President commencing 28/02/23)
Board Members:	Prof Anne Sneddon Ms Kate Reynolds A/Prof Mike Beckmann Prof Adrienne Gordon Ms Nicole Flendt (resigned 20/06/23) Ms Susan Gannon Ms Sue McBeath (resigned 25/11/22) Dr Nicola Webster (commencing 25/11/22)

### Principal Activities

The principal activities of the Association during the financial year are concerned with supporting women's hospitals and health services to achieve excellence in clinical care through advocacy, networking and the sharing of knowledge and evidence underpinning best practice.

### Significant Changes

No significant change in the nature of these activities occurred during the year outside of the global impact of COVID-19 on income generating activities and operations.

### Operating Result

The surplus of the Association for the financial year ended 30 June 2023 amounted to \$216,435 (2022: \$57,376 surplus) - to be read in reference to details in Note 7.

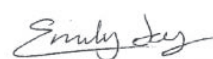
### After Balance Date Events

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Association, the results of those operations, or state of affairs of the association in future financial years.

This report is provided in accordance with a resolution of the Board and is signed for and on behalf of the members of the Board by:



**Prof Jonathan Morris**  
Board Member – President



**Prof Emily Callander**  
Board Member - Vice President

**Dated:** 1 November 2023



# WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED

ABN: 50 065 080 239

## INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2023

	Note	2023 \$	2022 \$
<b>INCOME</b>			
Subscriptions		656,575	637,406
Recoveries from Associated Organisations	6	589,150	547,934
Project income – Collaborative project	7	902,676	561,467
Recoveries and other income		115,668	-
		<u>2,264,069</u>	<u>1,746,807</u>
<b>OTHER INCOME</b>			
Interest Received		29,489	2,621
Other		-	920
		<u>2,293,558</u>	<u>1,750,348</u>
<b>EXPENDITURE</b>			
Accountancy Fees		850	1,295
Auditing		5,562	4,615
A & C Benchmarking		11,102	21,171
Bad Debts Expense		-	1,350
Bank Charges		3,849	894
Body Corporate		2,640	2,359
Cleaning		3,798	748
Computer Expenses		41,227	29,699
Conference & Forum Expenses		-	(909)
Collaborative expenses	7	783,951	476,467
Depreciation and amortisation		23,897	11,221
Electricity		2,291	1,877
Insurance		21,469	18,259
Interest Paid		636	52
Meeting Costs		-	306
Membership		2,308	500
Office Expenses		4,109	2,902
Postage		804	205
Printing & Stationery		3,553	2,296
Rates		2,877	2,731
Repairs and Maintenance		1,203	1,775
Salaries & Wages		1,050,460	1,006,524
Security		515	450
Staff Training, Recruitment & Welfare		3,060	2,043
Storage		590	579
Superannuation Contributions		102,441	97,025
Telephone and Web Conferencing		2,804	2,852
Travelling Expenses		1,127	2,936
Valuations		-	750
		<u>2,077,123</u>	<u>1,692,972</u>
<b>Surplus/(Deficit) before income tax</b>		<u>216,435</u>	<u>57,376</u>
<b>Changes in Equity</b>			
Retained surplus at the beginning of the financial year		917,446	860,070
Transfer to unrealised reserves for future projects		(200,000)	-
Retained earnings at the end of the financial year		<u>933,881</u>	<u>917,446</u>
Reserve for future projects		<u>200,000</u>	<u>-</u>
<b>Total equity at the end of the financial year</b>		<u>1,133,881</u>	<u>917,446</u>

The above statement should be read in conjunction with the accompanying notes

**WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED**  
ABN: 50 065 080 239

**STATEMENT OF FINANCIAL POSITION  
AS AT 30 JUNE 2023**

	Note	2023 \$	2022 \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	2	1,922,899	1,531,508
Trade and other receivables	3	75,595	44,161
Prepayments		54,672	65,251
<b>TOTAL CURRENT ASSETS</b>		<u>2,053,166</u>	<u>1,640,920</u>
<b>NON-CURRENT ASSETS</b>			
Intangible assets	4	55,300	25,847
Property, plant and equipment	5	295,568	306,404
<b>TOTAL NON-CURRENT ASSETS</b>		<u>350,868</u>	<u>332,251</u>
<b>TOTAL ASSETS</b>		<u>2,404,034</u>	<u>1,973,171</u>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and Other Creditors		38,232	26,979
GST Payable		84,377	130,075
Accrued Expenses		61,632	46,625
Bank Loan		1,154	1,284
Income in Advance		338,853	348,732
Collaborative Income in advance	7	436,043	267,835
Provision for Employee Entitlements		309,862	234,195
<b>TOTAL CURRENT LIABILITIES</b>		<u>1,270,153</u>	<u>1,055,725</u>
<b>TOTAL LIABILITIES</b>		<u>1,270,153</u>	<u>1,055,725</u>
<b>NET ASSETS</b>		<u>1,133,881</u>	<u>917,446</u>
<b>EQUITY</b>			
Project Reserves		200,000	-
Retained surplus		933,881	917,446
<b>TOTAL EQUITY</b>		<u>1,133,881</u>	<u>917,446</u>

The above statement should be read in conjunction with the accompanying notes

**WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED**

ABN: 50 065 080 239

**STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED 30 JUNE 2023**

	Note	2023 \$	2022 \$
<b>Cash flows from operating activities</b>			
Receipts from members, trade and other debtors			
- including GST		2,633,784	2,214,486
Payments to suppliers and employees			
- including GST		(2,229,366)	(1,840,466)
Interest received		29,489	2,621
<b>Net cash flows from operating activities</b>		<u>433,907</u>	<u>376,641</u>
<b>Cash flows from investing activities</b>			
Payment for property, plant & equipment & intangible assets		(42,516)	(49,172)
<b>Net cash flows from financing activities</b>		<u>(42,516)</u>	<u>(49,172)</u>
Net increase/(decrease) in cash and cash equivalents		391,391	327,469
Cash and cash equivalents at beginning of period		<u>1,531,508</u>	<u>1,204,039</u>
<b>Cash and cash equivalents at end of period</b>	2	<u><u>1,922,899</u></u>	<u><u>1,531,508</u></u>

The above statement should be read in conjunction with the accompanying notes



# WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED

ABN: 50 065 080 239

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

### 1 Statement of Significant Accounting Policies

The Association was incorporated on 13 April 1994 (A 02403) under the *Associations Incorporation Act 1991 (ACT)*. It is registered with the Australian Business Register - Australian Business Number 50 065 080 239. The association is registered for Goods and Services Tax purposes. The association is income tax exempt under authority from the Australian Taxation Office and is registered as a charity with the Australian Charities and Not-for-profits Commission. It is an Australian Registered Body (ARBN 065 080 239).

The financial report is a special purpose report, which has been prepared, for distribution to members to satisfy the accountability requirements of Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*. The Association's Board has determined that the Association is not a reporting entity. The financial statements have been prepared in accordance with the requirements of the following Australian Accounting Standards:

- AASB 101, *Presentation of Financial Statements*
- AASB 107, *Statement of Cash Flows*
- AASB 108, *Accounting Policies, Changes in Accounting Estimates and Errors*
- AASB 124, *Related Party Disclosures*
- AASB 1031, *Materiality*
- AASB 1048, *Interpretation of Standards*
- AASB 1054, *Australian Additional Disclosures*.

No other accounting standards including Australian Accounting Interpretations or other pronouncements of the Australian Accounting Standards Board have been applied. The financial statements have been prepared on an accruals basis and are based on historical costs unless otherwise stated in the notes. The accounting policies that have been adopted in the preparation of these statements are as follows:

#### Income Tax

The Association has reviewed its income tax status and have assessed the Association to be exempt from income tax under section 50 of the Income Tax Assessment Act, 1997. Consequently, no provision for taxation has been made in the financial statements.

#### Plant and Equipment

All plant and equipment is initially measured at cost and is depreciated over their useful lives to the association. Buildings have not been depreciated as its value is expected to increase over time. Regular valuations of the property will be obtained to ensure the value of the property is not overstated in the financial statements. The carrying amount of plant and equipment is reviewed annually by the Board to ensure it is not in excess of the recoverable amount. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the asset's employment and subsequent disposal. The expected net cash flows have not been discounted in determining recoverable amounts.

#### Depreciation:

The depreciation method and useful life used for items of plant and equipment reflects the pattern in which their future economic benefits are expected to be consumed by the association. Depreciation commences from the time the asset is held ready for use. The depreciation method and useful life of assets is reviewed annually to ensure they are still appropriate.

#### Buildings

The association has a 50% share in a building at Unit 9, 25-35 Buckland St Mitchell with Children's Healthcare Australasia Limited.

#### Impairment of Assets

At the end of each reporting period, plant and equipment and intangible assets are reviewed to determine whether there is any indication that those assets have suffered an impairment (deficit). If there is an indication of possible impairment, the recoverable amount of any affected asset (or group of related assets) is estimated and compared with its carrying amount. The recoverable amount is the higher of the asset's fair value less costs to sell and the present value of the asset's future cash flows discounted at the expected rate of return. If the estimated recoverable amount is lower, the carrying amount is reduced to its estimated recoverable amount and an impairment (deficit) is recognised immediately in profit or (deficit).

# WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED

ABN: 50 065 080 239

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023 (continued)

### 1 Statement of Significant Accounting Policies (continued)

#### Intangible Assets - Website

The website has a finite life and is carried at cost less any accumulated amortisation and impairment losses. Development of the new website was capitalised during the 2022-23 financial year which was primarily for membership services.

#### Cash and Cash Equivalents

Cash and cash equivalents include cash on hand and deposits held at call with banks.

#### Revenue and Other Income

##### Revenue from contracts with customers

The core principle of AASB 15 is that revenue is recognised on a basis that reflects the transfer of promised goods or services to customers at an amount that reflects the consideration the Association expects to receive in exchange for those goods or services.

Generally, the timing of the payment for sale of goods and rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability.

##### Specific revenue streams

The revenue recognition policies for the principal revenue streams of the Association are:

- *Subscriptions*

Subscriptions are booked as income over the membership period paid for.

##### Other income

Other income is recognised on an accruals basis when the Association is entitled to it.

#### Employee Benefits

Provision is made for the association's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits have been measured at the amounts expected to be paid when the liability is settled.

#### Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Tax Office (ATO). Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the balance sheet.

	2023	2022
	\$	\$
<b>2 Cash and Cash Equivalents</b>		
Cash on Hand	57	57
Cash at Bank	1,675,241	1,178,472
Cash at Bank - Collaborative	247,601	352,979
	<u>1,922,899</u>	<u>1,531,508</u>
<b>3 Trade and Other Receivables</b>		
Trade Debtors	42,154	-
Loan – CHA Ltd	20,481	38,463
Input Tax Credits	12,960	5,698
	<u>75,595</u>	<u>44,161</u>
<b>4 Intangible Assets</b>		
Website	64,550	26,568
Accumulated Amortisation	(9,250)	(721)
	<u>55,300</u>	<u>25,847</u>

# WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED

ABN: 50 065 080 239

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023 (continued)

	2023 \$	2022 \$
<b>5 Property, Plant and Equipment</b>		
Buildings at cost - Unit 9, 25-35 Buckland St Mitchell	235,054	235,054
Office Fitout	89,118	89,118
Less: Accumulated Depreciation	<u>(38,881)</u>	<u>(35,206)</u>
	50,237	53,912
Plant & Equipment	27,139	22,605
Less: Accumulated Depreciation	<u>(16,862)</u>	<u>(5,167)</u>
	10,277	17,438
<b>Total Property, Plant and Equipment</b>	<u><u>295,568</u></u>	<u><u>306,404</u></u>
<b>6 Recoveries from Associated Organisations</b>		
Recoveries from Associated Organisations	<u><u>589,150</u></u>	<u><u>547,934</u></u>
<b>7 Project income and expenses – Collaborative project</b>		
Collaborative funds are acquitted on a cash basis based on a pre-determined budget. Figures are reported in the Financial Statements on an accrual's basis.		
Project income – brought to account in 2022/23FY	<u>902,676</u>	<u>561,467</u>
Less: Project expenses general	(509,505)	(430,914)
Less: Further Secretariat support expensed across various accounts	(94,179)	-
Less: Project related Salaries (Direct)	(247,135)	(41,412)
Less: Project related Superannuation Guarantee (Direct)	<u>(27,310)</u>	<u>(4,141)</u>
<b>Total net income for 2022/23FY</b>	<u><u>24,547</u></u>	<u><u>85,000</u></u>
Project income in advance – to be acquitted in 23/24FY	220,938	19,912
Project Reserves – Secretariat fee in advance	138,753	149,666
Project Reserves - Other	<u>76,352</u>	<u>98,257</u>
<b>Funds held as at 30 June 2023</b>	<u><u>436,043</u></u>	<u><u>267,835</u></u>

Total income received in 2022/23FY includes an amount of \$436,043 which was unspent in the 2022/23FY. This total includes \$76,352 which is the net balance brought forward from 2021/22FY after expenses have been accrued. The total amount of these funds held as at 30 June 2023 will be acquitted in the 2023/24 financial year, during which 2 of the 5 scheduled events will take place.



**STATEMENT BY THE BOARD**

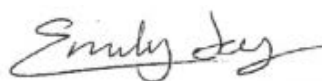
The Board has determined that the association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements. In the opinion of the Board the financial statements as set out on pages 3 to 8:

1. Presents a true and fair view of the financial position of Women's Hospitals Australasia Incorporated as at 30 June 2023 and its performance for the year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that Women's Hospitals Australasia Incorporated will be able to pay its debts as and when they fall due.
3. Satisfies the financial reporting requirements of Division 60 of the *Australian Charities and Not-for-profits Commission Regulations 2013*.

This statement is made in accordance with a resolution of the Board and is signed for and on behalf of the Board by:



**Prof Jonathan Morris**  
Board Member – President



**Prof Emily Callander**  
Board Member - Vice President

**Dated:** 1 November 2023



## AUDITOR'S INDEPENDENCE DECLARATION TO WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED

As auditor of Women's Hospitals Australasia Incorporated for the year ended 30 June 2023, I declare that, to the best of my knowledge and belief, there have been:

- (a) No contraventions of the auditor independence requirements as set out in the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- (b) No contraventions of any applicable code of professional conduct in relation to the audit.

**KOTHES**  
Chartered Accountants

SIMON BYRNE  
Partner  
Registered Company Auditor #153624  
22 September 2023



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approved under Professional  
Standards Legislation

DIRECTORS  
**Simon Byrne**  
**Fiona Dunham**  
**Ben Marshman**  
**Gary Pearce**  
**Kevin Philistin**  
**Gary Skelton**

**BEGA**  
**MERIMBULA**  
**EDEN**  
**ROMRAI A**  
**BERMAGUI**  
**COOMA**  
**JINDABYNE**

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Kothes Chartered Accountants  
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Independent Regional Member of Walker Wayland Australasia Limited



## INDEPENDENT AUDIT REPORT TO THE MEMBERS OF WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED (NON-REPORTING)

### Report on the Audit of the Financial Report

#### Opinion

We have audited the financial report being a special purpose financial report of Women's Hospitals Australasia Incorporated (Non-reporting) (the association), which comprises the statement of financial position as at 30 June 2023, the income statement and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the statement by the board.

In our opinion, the accompanying financial report of the association is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (i) giving a true and fair view of the association's financial position as at 30 June 2023 and of its financial performance for the year ended; and
- (ii) complying with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Regulations 2013*.

#### Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the association in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

#### Basis of Accounting and Restriction on Distribution

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The special purpose financial report has been prepared to assist the association to meet the requirements of Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*. As a result, the financial report may not be suitable for another purpose.

#### Responsibilities of Directors for the Financial Report

The directors of the association are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the association's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the association or to cease operations, or have no realistic alternative but to do so.



DIRECTORS  
**Simon Byrne**  
**Fiona Dunham**  
**Ben Marshman**  
**Gary Pearce**  
**Kevin Phillistin**  
**Gary Skelton**

BEGA  
MERIMBULA  
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Independent Regional Member of Walker Wayland Australasia Limited



## INDEPENDENT AUDIT REPORT TO THE MEMBERS OF WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED (NON-REPORTING) (Continued)

### Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: [https://www.auasb.gov.au/auditors\\_responsibilities/ar4.pdf](https://www.auasb.gov.au/auditors_responsibilities/ar4.pdf). This description forms part of our auditor's report.

**KOTHES**  
Chartered Accountants

A handwritten signature in black ink, appearing to read 'S Byrne'.

SIMON BYRNE  
Partner  
Registered Company Auditor #153624  
22 September 2023



# WOMEN'S HEALTHCARE

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## AUSTRALASIA

Connect with us



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