



30 *Years*

WOMEN'S  
HEALTHCARE  
AUSTRALASIA

# ANNUAL REPORT

*Celebrating 30 years of supporting health services and care providers to achieve safe, high quality, & equitable care in partnership with women & their families.*

24

## Acknowledgement 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 and 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 healthcare experiences and outcomes for Aboriginal and Torres Strait Islander women and babies, their families, and their 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 are 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 your time and generosity in contributing to the WHA Member's Community.

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September 2024

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# Message from our President



**Prof Jonathan Morris**  
WHA President

It is my great pleasure to present the Annual Report for Women's Healthcare Australasia for the 2023-24 financial year.

WHA member hospitals collectively care for over 83% of annual public births, making it the single largest network of maternity services in Australia's history. It is both exciting and humbling to lead an organization that truly supports the spread of excellence in maternal and newborn care across the country.

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 offers an inclusive and instructive platform where anyone passionate about women's and newborns' healthcare—from our largest city hospitals to rural and regional centers—can come together. We share challenges and, importantly, learn from one another to improve care and outcomes within a generous and supportive network of peers. We've seen record attendance at virtual meetings and have expanded our member website with a wealth of new presentations on a wide range of compelling topics. You'll find numerous examples of the topics being discussed over the past year in this report.

We are particularly inspired by the progress made through the Every Week Counts National Preterm Birth Prevention Collaborative, co-hosted by WHA. Teams from over 60 maternity hospitals have made significant strides in reducing early birth rates, benefiting countless families.

Our benchmarking program continues to break new ground. The operational and clinical benchmarks provided by WHA are instrumental in informing decision-making and driving improvement efforts. The depth and frequency of data being shared among member hospitals is expanding rapidly, enabling WHA to offer increasingly timely and actionable insights. We are excited to announce the development of a new digital portal in PowerBI. This tool will provide clinical leaders with easy access to near real-time data and insights, allowing for more precise optimization of care for women with common characteristics.

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 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. Collectively we are making a difference to the health and wellbeing of tens of thousands of women and their families each year.

Warm regards,

A handwritten signature in cursive script that reads "Jonathan Morris". The signature is written in black ink and is positioned above a thin horizontal line.

**Prof Jonathan Morris**

President

Women's Healthcare Australasia



# Accelerating Improvement in Care for Women & Newborns

## 155+

Member hospital sites across Australia



## 83%

of public births in Australia take place in WHA member hospitals

## 150,155+

pregnancies were reported in 2022-23

WHA connects

## 5020+

individual experts in maternal & newborn care



## 810+

new accounts were created in our online Member's Community

## 30+

virtual networking meetings hosted to help members connect with and learn from peers



## 3260+

maternity professionals participated at over **32 network-led web conferences**



## 170+

presentations about innovations in maternal & newborn service design & delivery available in our member's community 24/7







# Our Board and Staff

## 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

#### **A/Prof Emily Callander**

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

### Board Members

#### **A/Prof Mike Beckmann**

*Director, Mother's babies and Women's Health Mater Mother's Hospital*

#### **Ms Susan Gannon**

*Health Service Chief Executive Mackay Hospital & Health Service, QLD*

#### **Prof Adrienne Gordon**

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

#### **Ms Kate Reynolds**

*Coordinator of Midwifery WA Country Health Service, WA*

#### **Prof Anne Sneddon**

*Researcher Griffith University*

#### **Dr Nicky Webster**

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

#### **Ms Nicole Carlon**

*Divisional Director Women's and Children's Services at Northern Health*

#### **Ms Rachael Yates**

*Executive Director Nursing and Midwifery at Women's and Children's Health Network (WCHN)*

## OUR STAFF\*

#### **Barb Vernon**

*Chief Executive Officer*

#### **Kelly Eggleston**

*Executive Assistant*

### Operational

#### **Gill McGaw**

*Business Manager*

#### **Operations Team:**

Sharon Dohlad

Peter Oslington

Vivien Nguyen

Caitlin McGaw

Kasia Pownall

Alex Gomez

*(Michael Vernon)*

*(Patricia Clemente)*

### Network & Projects

#### **Leila Kelly**

*Networking Coordinator*

#### **Sarah Elliott**

*Clinical Projects Coordinator*

#### **Networking Team:**

Alison Niyonsenga

Jenny Hong

Yian Noble

*(Annabelle Hopwood)*

### Benchmarking

#### **Elijah Zhang**

*Benchmarking Manager*

#### **Benchmarking Team:**

Shirley Zhou

Roman Dong

Darcy Gooday

Liyu You

Laura Larkins

Yixia Sun

*(Jiamei Shen)*

### Every Week Counts Collaborative *(funded)*

#### **Adele Kelly**

*Project Manager & Improvement advisor*

#### **Team:**

Katie Venikova

\*shared with Women's Healthcare Australasia:

Total FTE = 13.15, CHA portion FTE = 6.57

Excluding Every Week Counts National

Collaborative funded positions

*(Represents staff cross-over)*



# National Preterm Birth Prevention COLLABORATIVE



*"For generations, maternity care providers have believed that babies are ready to be born by 37 weeks of pregnancy. We now know that the unborn baby is not fully mature until beyond 39 weeks and birth in the early term period is a major cause of learning and behavioural problems at school age."*

**Professor Jonathan Morris AM**, WHA President Deputy Chair of the Alliance and a Maternal Fetal Medicine specialist

The Every Week Counts National Preterm Birth Prevention Collaborative aimed to safely reduce preterm and early term birth across Australia by supporting hospitals in the adoption of evidence-based changes in clinical care.

63 hospitals and health services participated in the Collaborative between September 2022 – March 2024. This included hospitals from every state and territory of Australia, including those in the largest metropolitan hospitals and small regional and rural hospitals.

Data continues to be collected to understand the impact the National Collaborative has had on outcomes for women and babies. We are able to reveal that this program has been a major success, with an estimated 4000 babies prevented from being born too early each year since 2021. Final data will be published in peer reviewed journals, and an external evaluation has been commissioned by the Alliance to understand the impact of the program of work.

Commonwealth Government funding was renewed in the May 2024 Budget, meaning WHA and the Alliance are able to expand the program to include other interested maternity services. Resources to support uptake of strategies to prevent preterm and early term birth are being developed including a 'How to Guide'. These resources will be available through WHA, to support services to learn from the success of the teams who participated in the Every Week Counts Collaborative and who wish to work locally to embed strategies to reduce early birth.

The Collaborative was delivered as 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 was provided by the Commonwealth Government through the Women's & Infant's Research Foundation.



National Preterm Birth Prevention COLLABORATIVE



AUSTRALIAN Preterm Birth Prevention ALLIANCE



WOMEN'S HEALTHCARE AUSTRALASIA



Institute for Healthcare Improvement



SCI Women and Babies Research Sydney



Australian Government Department of Health

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





## NATIONAL PRETERM BIRTH PREVENTION COLLABORATIVE SHOWCASE EVENT

### Participant Feedback:

"I really enjoyed the team presentations who showcased their work and how they achieved success."

"The wonderful thing about this Collaborative was the interaction with other health services, the networking and sharing resources to avoid duplication of effort."

"The quality improvement approach supported collaboration across disciplines and gave ownership to the grass roots people rather than it being seen as someone else's responsibility and sitting outside of usual work."

The Collaborative used the Institute for Healthcare Improvements (IHI) Breakthrough Series approach, designed to support participating teams to use improvement science to rapidly learn how to reliably implement clinical strategies and achieve improvements in patient care in their local context.

Clinical teams and their Executive Leaders attended three face-to-face Learning Sessions across 18 months. These Learning Sessions provided an opportunity to educate about the strategies to reduce early birth, as well as the quality improvement methods that support teams to introduce sustainable changes in practice.

Throughout the Collaborative, teams were supported to share learning and expertise, creating an "All Teach, All Learn" culture which accelerates the pace of improvement. Each of the participating hospitals also received ongoing support, provided by professional Improvement Advisors in regular virtual coaching calls.

## 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

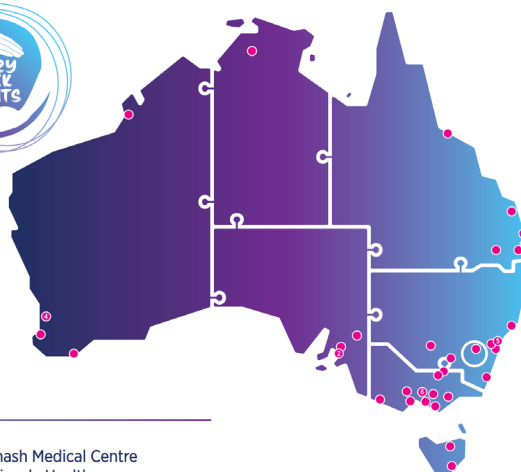
### South Australia

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

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



### Queensland

Darling Downs Health  
 • Kingaroy Hospital • Chinchilla Hospital  
 • Stanthorpe Hospital • Dalby Hospital  
 • Warwick Hospital • Goondiwindi 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

### Tasmania

Launceston General Hospital  
 Northwest Regional Hospital  
 Royal Hobart Hospital

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



# Benchmarking to Enhance Planning and Performance

With more than 155 maternity units participating, 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 their key strengths and to identify opportunities for improving care and outcomes. Our members are generous in sharing insights, expertise, tools, and resources with their peers, related to new models of care or other improvements revealed in the benchmarking data.

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

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



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







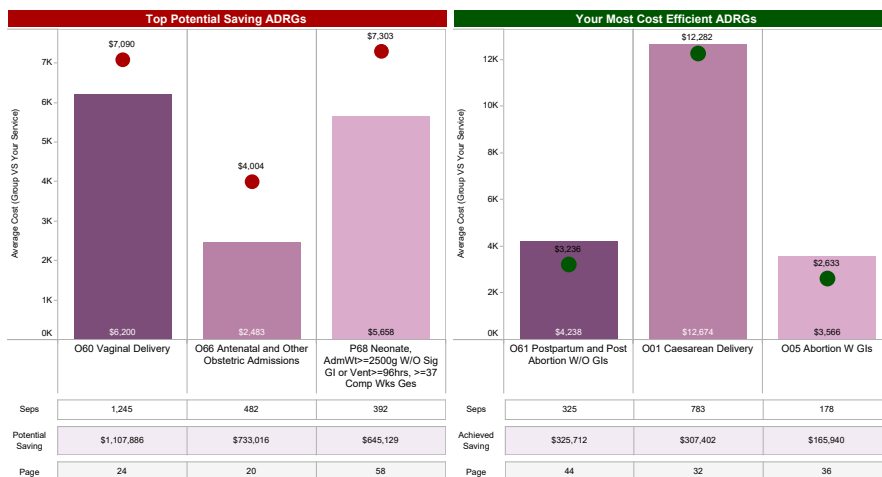
Our members are generous in sharing insights, expertise, tools, and resources with their peers, related to new models of care or other improvements revealed in the benchmarking data.

Download your reports by contacting our benchmarking team: [benchmarking@wcha.asn.au](mailto:benchmarking@wcha.asn.au)

## Access to the WHA Benchmarking program includes:

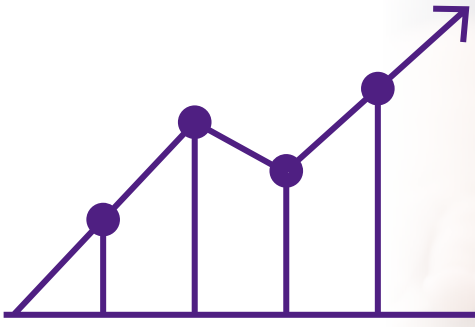
- Opportunities to learn from peers who have strongly performed in one or more areas.
- Tailored individual activity & costing benchmarking reports to provide meaningful comparisons that enable members to quickly identify how their service is performing in comparison with peer services. Comparison includes: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

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

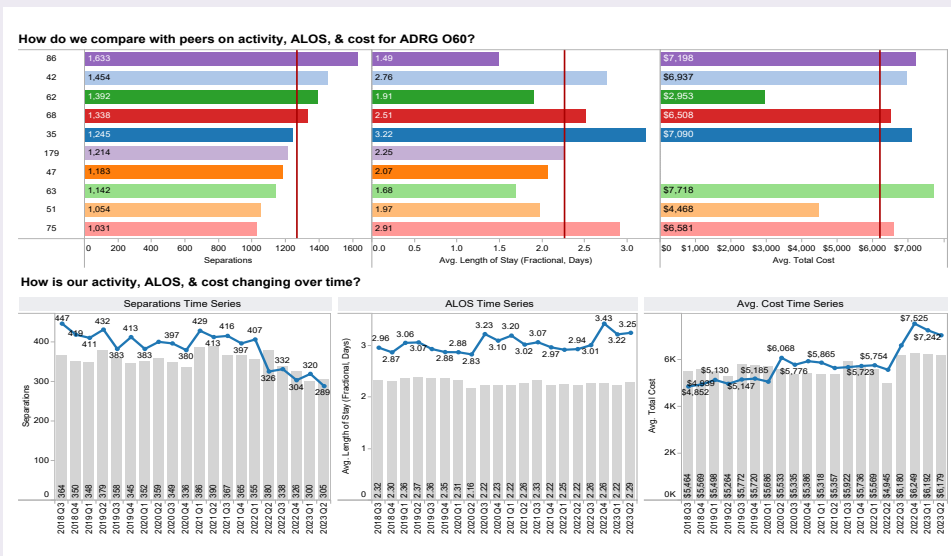


The WHA Activity and Costing benchmarking program makes it quick and easy when comparing to peers, to identify opportunities to improve efficiency and lower costs for maternity and newborn care.

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. 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) \* Septs.



## 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.

## Clinical Benchmarking: Trends & Highlights

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

Births by caesarean section have also increased, while assisted vaginal births have remained relatively stable. Particularly concerning, is the induction of labour rate, which has increased from 25.6% in 2008/09, to 44.3% in 2022/23. This is an increase of 75%, while rates of neonatal mortality have remained relatively stable.

Figure 3. Labour and birth intervention - selected primips

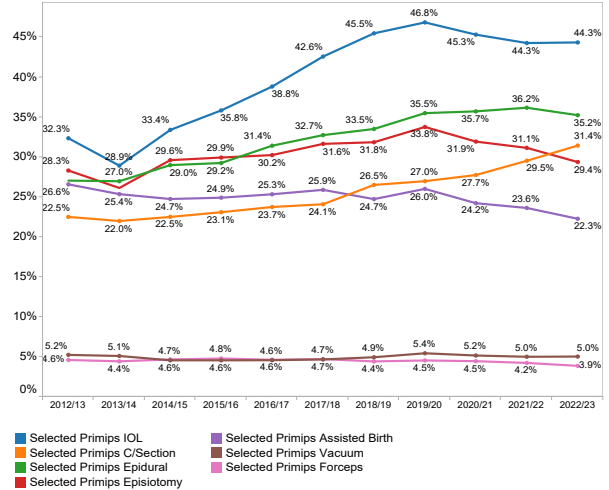


Figure 1





## Clinical Benchmarking: Trends & Highlights

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 3.1% in 2023. However, at present there is widespread concern in the sector about rising rates of postpartum haemorrhage (PPH).

Rates of PPH have increased 65% in the past 10 years for women giving birth vaginally (from 4.2% in 2012, to 6.9% in 2023). Rates of PPH have also increased for women giving birth by caesarean sections from 6.0% in 2012, to 8.3% in 2023.

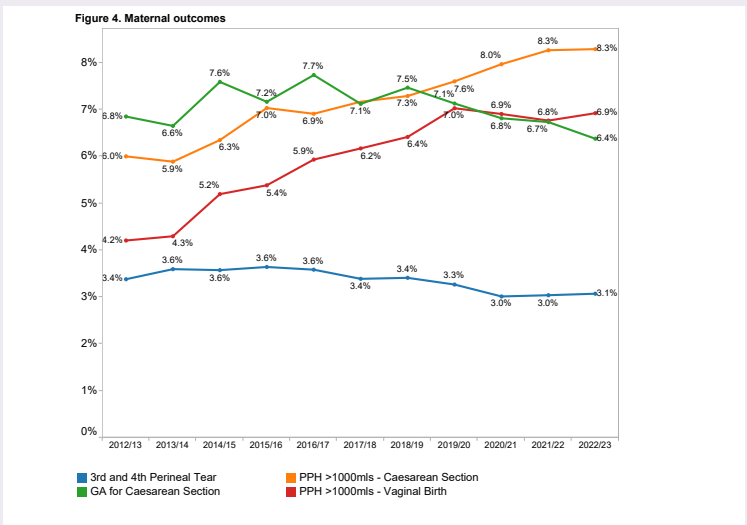
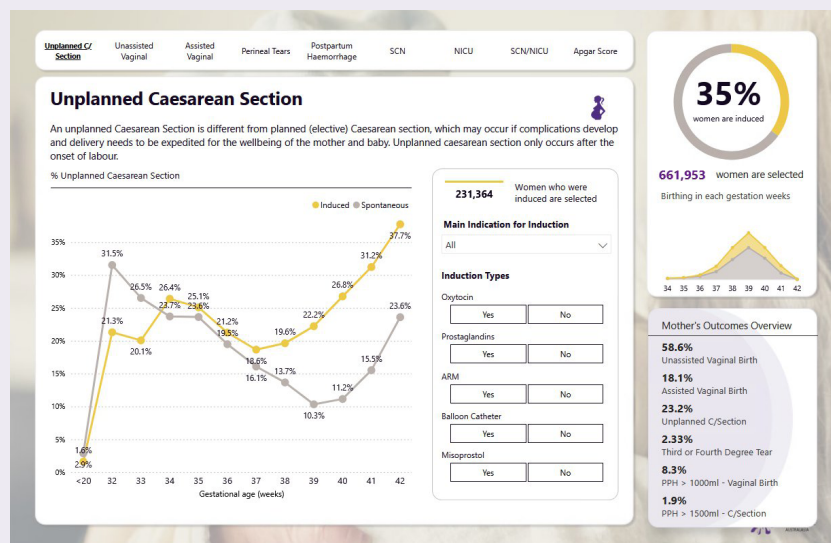


Figure 2

## Clinical Data: Our new PowerBI Portal

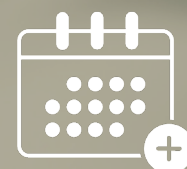
To better inform discussions and decision-making among clinicians around variation, and how best to develop reliability for best practice approaches to labour and birth care, WHA has developed a secure online portal with a view to giving contributing hospitals access to a rich dataset of de-identified clinical episodes of care for 660,000 women and newborns. This portal will be made available to all members contributing data, once usability testing is completed.





# Network Web Conferences

| Network Details   | Date                 | What we've talked about  |
|---|----------------------|--|
| <b>Aboriginal &amp; Torres Strait Islander Women's Health</b> | 2 May 2024           | Star Baby: Culturally appropriate bereavement care   |
| <b>Clinical Educators</b>                                     | 1 August 2023        | Engaging the Disengaged, the Exhausted and the Burnt Out   |
|   | 22 May 2024          | Increasing Mandatory Education and Enabling and Enthusing Staff  |
| <b>Clinical Ethics</b>  | 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?   |
|   | 5 March 2024         | Case Study – Trisomy 18  |
| <b>Directors of Nursing and Midwifery</b>                     | 27 September 2023    | Development and implementation of a innovative strategy designed to increase safe access to water immersion during labour  |
|   | 1 May 2024           | Strengthening endorsed midwives' role in the public sector: The development of a prescribing pathway for endorsed midwives at Townsville Hospital and Health Service |
| <b>Maternity Unit Managers</b>                                | 25 July 2023         | The Association of breastfeeding length and intensity & next pregnancy glycaemic control   |
|   | 17 August 2023       | Oxytocin physiology: getting the best start for mother and baby  |
|   | 20 March 2024        | Variability in Fluid Management during Induction of Labour   |
| <b>Midwifery Group Practice</b>                               | 20 -21 November 2023 | MGP Face to Face Insight Forum – Sydney NSW  |
|   | 18 April 2024        | The CAHOOT Framework for Improving Life Trajectory of Priority Populations   |
| <b>NICU and Special Care Nurseries</b>                        | 6 March 2024         | Effective Communication in Neonatal Services – ACI Maternity and Neonatal Network  |
| <b>Perinatal Mental Health</b>                                | 10 August 2023       | Hospital avoidance strategies for perinatal consumers with escalating mental health disorder   |
|   | 30 April 2024        | Blacktown MAPS: Caseload for Mothers with Complex Psychological Vulnerabilities  |
|   | 25 June 2024         | Cornelia Program: Specialist maternity health services for homeless women  |



# Series Web Conferences

| Network Details                               | Date              | What we've talked about   |
|---|-------------------|---|
| <b>Rural and Regional Maternity Services</b>  | 20 September 2023 | Workforce and Recruitment - Challenges and Opportunities                                  |
|   | 8 November 2023   | Understanding the Australian Midwifery Workforce: using the past to plan for the future   |
|   | 8 August 2024     | The birth of maternity specific virtual reality maternity education to Outback Queensland |
| <b>Safety &amp; Quality in Maternity Care</b> | 8 March 2024      | Maternal and Newborn outcomes during the COVID-19 pandemic                                |
|   | 22 June 2024      | Issues of Gestational Diabetes Mellitus Diagnosis   |

| Series Details                       | Date              | What we've talked about  |
|--------------------------------------|-------------------|--|
| <b>Sustainable Healthcare</b>        | 18 July 2023      | Nitrous oxide use during labour: how to incorporate environmental considerations into maternity care                           |
|                                      | 26 September 2023 | Healthy patients, workforce and environment: H3 Project at Royal Darwin Hospital   |
|                                      | 26 March 2023     | Waste Action Reuse Portal (WARPIT)   |
|                                      | 9 May 2024        | EcoKidzMed – Comparing the carbon footprint of liquid & capsule amoxicillin  |
| <b>Improving Value in Healthcare</b> | 12 September 2023 | Gender inclusive services project: Progressing transgender and non-binary inclusion in perinatal care in Aotearoa, New Zealand |
|                                      | 17 April 2024     | The Art of supporting a VBAC culture in Campbelltown Hospital – a 12 Year Journey  |
| <b>Leading Thinkers</b>              | 5 September 2023  | Effective communication about pregnancy, birth, lactation, breastfeeding and newborn care: The Importance of Sexed Language    |
|                                      | 13 September      | TeamBirth: Innovation to improve dignity, safety and equity in childbirth  |
|                                      | 21 March 2024     | Are we getting maternity care right for larger bodied women?   |
|                                      | 29 May 2024       | Parkville Electronic Medical Record Diversity and Inclusion Project  |
| <b>Vulnerable Women</b>              | 30 April 2024     | Blacktown MAPS: Caseload for Mothers with Complex Psychological Vulnerabilities  |
|                                      | 25 June 2024      | The Cornelia Program: Specialist maternity health services for homeless women  |





# Celebrating 30 years of Women's Healthcare Australasia



Women's Healthcare Australasia is celebrating 30 years of supporting health services and care providers to achieve safe, high quality & equitable care in partnership with women & their families.

Women's Hospitals Australia (now Women's Healthcare Australasia) was officially incorporated in April 1994 in the Australian Capital Territory. Unlike our large gatherings and conferences we know today, WHA started from an informal network of members, drawn together by a common interest in women's health and healthcare.

The foundation members include:

King Edward Memorial Hospital for Women, Perth

King George V Hospital, Sydney

Mater Misericordiae Hospital, Brisbane (Mater Hospital, Brisbane)

Mercy Hospital for Women, Melbourne

Royal Hobart Hospital, Hobart

Royal Women's Hospital, Brisbane (Royal Brisbane and Women's Hospital)

The Royal Women's Hospital, Melbourne

Women's & Children's Hospital, Adelaide

The Hon Dr Carmen Lawrence, MP, Federal Minister for Human Services & Health, officially launched Women's Hospitals Australia on 18 October 1994.

Ms Judith Dwyer (Womens & Children's Hospital, Adelaide) was elected as the first President in 1993, and Mr Gary Henry (The Royal Women's Hospital, Melbourne), who convened the early meetings of the Association, was the first Vice President.



*Tribal Welcome - Tangata Whenua Powhiri - at the annual conference in Auckland on 27 October 1998.*

**Women's Healthcare Australasia started with nine members in 1994. In 2024 WHA has a growing member's community of over 155 hospitals.**

Women's Healthcare Australasia when launched, aimed to be a national voice for the common interests and concerns of Australian women's hospitals. This is done through our benchmarking reports, facilitating conversation between healthcare professionals through our face-to-face meetings, surveys, insight forums, web conferences and promoting the work of member hospitals.

On behalf of WHA, we want to thank everyone who has been part of the rich history and legacy of this organisation.



*First Formal Meeting of Women's Hospitals Australia (now Women's Healthcare Australasia), at The Royal Women's Hospital, Melbourne*



# Collaborative Projects

## Optimising 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:  
WHA CEC Perineal Protection Bundle\*



Produced by Women's Healthcare Australia  
P/S 2019-2020

August 2019

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%.





# Be Inspired



## Leading Thinkers Series

*Inspiring innovative practice*



### Effective communication about pregnancy, birth, lactation, breastfeeding, and newborn care: The Importance of Sexed Language

Karleen Gribble and Hannah Dahlen discussed:

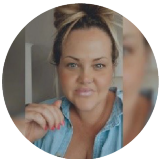
- The benefits and drawbacks to sexed and desexed language in different contexts.
- Strategies for clear and inclusive communication that does not decenter cisgendered women.
- The importance of person-centred continuity of midwifery care for individuals with a current or former transgender identification.



**Presenters:** Karleen Gribble (*Adjunct Associate Professor, School of Nursing and Midwifery, Western Sydney University*), Hannah Dahlen (*Professor of Midwifery, School of Nursing and Midwifery, Western Sydney University*)

### Are we getting maternity care right for larger bodied women?

Weight stigma is common in maternity care. A multidisciplinary panel including consumer, researcher, midwifery, and obstetric medical perspectives, discussed and reflected on larger bodied women's perspectives, the current weight-centric approach to maternity care, possible unintended impacts, and the need for paradigm shift.



**Presenters:** Ahlia Griffiths (*Maternity Consumer Representative*), Dr Bec Jenkinson (*Maternity Consumer Advocate & Researcher, University of Queensland*), Dr Briony Hill (*Research Fellow, Monash University*), Assoc Prof Lauren Kearney (*Conjoint Assoc Prof of Midwifery, Royal Brisbane and Women's Hospital, University of Queensland*), Prof Leonie Callaway (*Obstetric Physician, Executive Director of Women, Children and Families, Metro North Hospital and Health Service*)



## Improving Value in Healthcare Series

*Systems, experiences & outcomes*



### Gender inclusive services project: Progressing transgender and non-binary inclusion in perinatal care in Aotearoa, New Zealand

What constitutes quality, safe and culturally responsive perinatal services for trans, non-binary, and takatāpui people? How do we identify the education needs of the maternity workforce in Aotearoa, New Zealand, to support such care? This presentation discussed recommendations to make services more welcoming for trans people and whanau.



**Presenters:** Dr George Parker (*Lead Investigator & Lecturer, School of Health, Te Herenga Waka, Victoria University of Wellington, Aotearoa New Zealand*), Assoc Prof Suzanne Miller (*Postgraduate Programmes Leader, School of Midwifery, Otago Polytechnic, Te Pūkenga, Aotearoa New Zealand*), Prof Sally Baddock (*Research co-ordinator, School of Midwifery, Otago Polytechnic, Te Pūkenga, Aotearoa, New Zealand and Lead of the Professoriate*)







### **The art of changing the VBAC culture - Campbelltown Hospital**

Campbelltown Hospital developed, with partnership from midwives and obstetricians, a collaborative program and a separate antenatal schedule to support women who had a previous caesarean. This program successfully shifted organisational culture to actively support and encourage, where appropriate, a VBAC birth.

**Presenters:** Karen Sorensen (*Women & Childrens Midwifery Nurse Manager, Campbelltown Hospital*)



## **Vulnerable Women Series**

*Engaging, empowering, & strengthening*



### **The Cornelia Program: Specialist maternity health services for homeless women**

Keeping a mother who is over the age of 18 and baby together, with appropriate support, provides at-risk women with the opportunity to care for and stay with their child. The Cornelia Program at Royal Women's Hospital provides pregnant women who are experiencing homelessness or insecure housing with a supportive pathway safe accommodation, social & community support and individualise health and maternity care

**Presenter:** Sally Coutts , (Program Manager, Cornelia Program – The Royal Women's Hospital, VIC)



### **Blacktown MAPS: Caseload for Mothers with Complex Psychological Vulnerabilities**

Midwifery Antenatal and Postnatal Service (MAPS) is a Midwifery continuity of care model offered to women with varying psychosocial needs at Blacktown Hospital. Early intervention and support can increase a woman's satisfaction of their experience within the maternity care system. This model of care includes multidisciplinary case discussions for families with psychosocial needs.

**Presenter:** Alana Blowers (*Registered Midwife, Blacktown Hospital, NSW*)



## **Sustainable Healthcare**

*Green & healthy hospitals*



### **Nitrous oxide use during labour: how to incorporate environmental considerations into maternity care**

The carbon dioxide emissions of nitrous oxide over four hours is equivalent to those emissions produced when driving 15,000km. Emily provides a framework to minimise the negative impact of nitrous oxide without compromising maternity care.

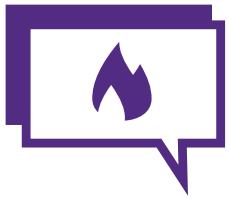
**Presenters:** Emily Balmaks (*Anaesthetist, Monash Health, VIC*)



### **Baby Steps: Baby bottle recycling in NICU**

NICUs can play an important role in reducing the carbon footprint of healthcare. Identifying leaner pathways, and determining sustainable alternatives must form part of the domains of quality care.

**Presenter:** Justine Parsons, (*Clinical Nurse Consultant, John Hunter Children's Hospital, NSW*)



# Spotlight



NICU & Special  
Care Nursery

## Barriers and enablers to parent-infant closeness in the NICU

Space and place in NICU - a change of paradigm - parents are not visitors. Half of all NICUs in Sweden support parents to stay for the whole hospital stay, 24x7. The importance of having your own room right or soon after birth, where there is no negotiation of space, no separation, no interruptions to being a parent.

Whilst acknowledging that Sweden and Finland NICU are unique, don't let the vision of the "ideal NICU" prevent the implementation of the possible. Use creative thinking in making positive changes!

**Presenter:** Renée Flacking, (Director Research Centre Reproductive, Infant and Child Health (RICH) Dalarna University, Sweden) and Anna Axelin, (Assoc Prof, Dept of Nursing Science, University of Turku, Finland)



Safety &  
Quality in  
Maternity Care

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

Identifying women who are at risk of preeclampsia, and diagnosing preeclampsia in a timely manner, can prevent major maternal complications and possibly death. A new point-of-care test enables accurate, fast, and timely diagnosis of preeclampsia.

New diagnostic biomarkers FKBPL and CD44 can be detected in the blood before symptoms of preeclampsia occur. Changes in these biomarkers are reflective of what happens within the placenta. The new point-of-care rapid test can give results in 15 minutes by quantifying these biomarkers in blood enabling immediate clinical decisions that can be lifesaving. The point-of-care test is more reliable than currently used laboratory methods that normally take 24 hours for results to be reported.

**Presenter:** Associate Professor Lana McClements, (Heart Foundation Fellow, academic, Faculty of Science, University of Technology Sydney)



Maternity Unit  
Managers

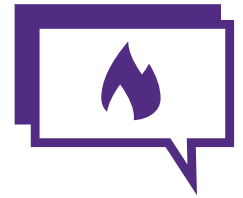
## Variability in Fluid Management during Induction of Labour

Throughout Australia and New Zealand, there is extensive variability in practice regarding fluid management during induction of labour.

There are at least 5 different indications during induction of labour, which may or may not result in the administration of IV boluses ranging from 100 ml to 1000 ml.

There is evidence that providing IV boluses of fluid may be negatively impacting birth outcomes, and contributing to an increase in the incidence of emergency caesarean sections, the incidence of an instrumental delivery, the increased incidence of requiring epidural analgesia, and the increased incidence of neonatal admission to the special care nursery. Darren Lowen is currently working towards performing a national audit in the variability of fluid management throughout induction of labour.

**Presenter:** Darren Lowen, (Head of Anaesthesia Research, The Northern Hospital, Victoria)



Maternity Unit  
Managers

### The association of breastfeeding duration and intensity and next pregnancy glycaemic control

This presentation details findings from a novel study investigating breastfeeding patterns in a high migrant, large cohort of over 5,000 women, and the impact on the glucose profile in a woman’s subsequent pregnancy. They found that the longer the duration and intensity of breastfeeding, the greater the reduction of cardiometabolic risk in current and subsequent pregnancies. However, 40% of multiparous women don't breastfeed because of an unsuccessful first attempt.

**Presenter:** Sarah Melov, *(Clinical Midwife Consultant, Women’s Health Research MFM, Westmead Hospital)*



Aboriginal &  
Torres Strait  
Islander  
Maternity Care

### Star Baby - A culturally responsive guide for Indigenous families after the loss of bub

Jiba Pepeny (Star Baby) is a culturally responsive and safe guide to support Aboriginal and Torres Strait Islander families following the loss of a baby. Skye described Jiba Pepeny as a deep listening project, with the words of the guide having been inspired by her conversations with mothers who had lost a baby. While Jiba Pepeny is intended as a tool for families, it is also valuable for healthcare professionals to improve their cultural responsiveness and safety. Jiba Pepeny will, in late 2024, be accompanied by an illustrated picture book, ‘Galinjera Jiba Pepeny – a star baby story’, aiming to support Aboriginal children and families through storytelling.

**Presenter:** Skye Stewart, *(Wergaia and Wamba Wamba Midwife, Research Coordinator, Stillbirth Centre of Research Excellence & Advocacy Projects Specialist, Red Nose)*



Leading  
Thinkers

### Parkville Electronic Medical Record Diversity and Inclusion Project

The Parkville Electronic Medical Record Diversity & Inclusion Project aim was to improve the patient experience for members of members of the LGBTIQ+ community by implementing the ability to document gender identity, sexual orientation, pronouns, chosen name and associated demographic information in the EMR. That each patient is seen as their authentic self, where they receive compassionate and respectful care.

**Presenters:** Ashley Sandison (Manager, Support Service Parkville EMR, The Royal Women’s Hospital, Fane Teu (Identity Lead, Parkville EMR, The Royal Women’s Hospital)





# 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 here, but some highlighted themes are collected below:



Directors of  
Nursing and  
Midwifery

## Development and implementation of an innovative strategy designed to increase safe access to water immersion during labour

Pregnant women want access to water immersion during labour but their requests are often denied. Denied access to water immersion is driven mainly by restrictive guidelines that only support women deemed at 'low risk' of complication. Increasing birth intervention, particularly induction of labour, means water immersion is becoming increasingly less accessible to women.

This presentation outlines the findings of a two-year program of work designed to increase safe access to water immersion during labour.

A working party led by a clinician-researcher and obstetrician conducted a multi-phase project to generate the evidence needed to inform an innovative clinical practice guideline, suite of consumer resources and comprehensive implementation plan.

The warm water immersion strategy was recently launched and endorsed statewide within Queensland.

**Presenter:** Dr Valerie Slavin, (*Midwife and Researcher, School of Nursing and Midwifery, Gold Coast University Hospital and Griffith University*)

## Oxytocin physiology: getting the best start for mother and baby

Oxytocin is a wonder hormone for mother and baby produced during labour and birth, promoting attachment, healing, and reducing stress amongst other benefits. However, oxytocin requires a subjective sense of safety to be released. Disruptions and interventions during birth, impact this sense of safety, and can create a 'hormonal gap' for mother and baby.

When interventions are needed, identifying and addressing this gap will help to optimise outcomes for mothers, babies, fathers/partners, and families. Continuity of care, birthing spaces designed to create a sense of safety, minimising disruptions, and promoting skin to skin contact as early as possible after birth, are some strategies to address or prevent the hormonal gap.

**Presenter:** Dr Sarah Buckley, (*GP Obstetrician, PhD candidate University of Queensland*)



Maternity Unit  
Managers



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

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



## Leading Thinkers Series

### **Working up, down, and across to lead change in a complex system**

Individuals leading change within a single service or department often find that solutions lie outside of their own scope. Creating a functional system requires balance and coordination across multiple teams, professions, and sectors, but how do we do that when the entire system is running over capacity?

Redesign efforts, in response to the pandemic, have demonstrated that clinicians from diverse specialties and professions can work together with managers, patients, and carers to rapidly implement collaborative and safety-focused solutions. Building relationships across professions, services, specialties, and tribes, especially between nursing and medical leaders and those in more executive roles, is essential to lead change in a complex system.

**Presenters:** Kylie Stark, (*President, Australasian College for Emergency Medicine, Senior Staff Specialist, Hornsby Ku-ring-gai Hospital*), and Dr Clare Skinner, (*Coordinator, Southern Child Health Network, NSW*)



## Rural & Regional Maternity Services

### **Understanding the Australian midwifery workforce: using the past to plan for the future**

The Australian midwifery workforce is facing nationwide shortages and multiple challenges. Robyn Matthews provided a in-depth insight into the data to explore ten years of midwifery workforce trends and findings from the FUCHSIA study (Future proofing the midwifery workforce in Victoria: a state-wide cross-sectional study exploring health, wellbeing and sustainability).

Robyn explained how both the demographics and the ways in which midwives work have changed rapidly over the past ten years, and how innovative solutions are required to meet the changing population needs. She succinctly unpacked the key challenges facing the workforce, and identified critical areas to focus future work to build a sustainable profession.

**Presenter:** Robyn Matthews, (*Clinical Midwife & Midwifery Researcher, Royal Women's Hospital, La Trobe University & Barwon Health*)



# Our Member Community



## NSW

### Central Coast Local Health District:

Gosford Hospital  
Wyong Hospital

### 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 District Health Service  
Lithgow Hospital  
Nepean 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

## 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 & Health Service

### Southern Adelaide LHN:

Flinders Medical Centre

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

## ACT

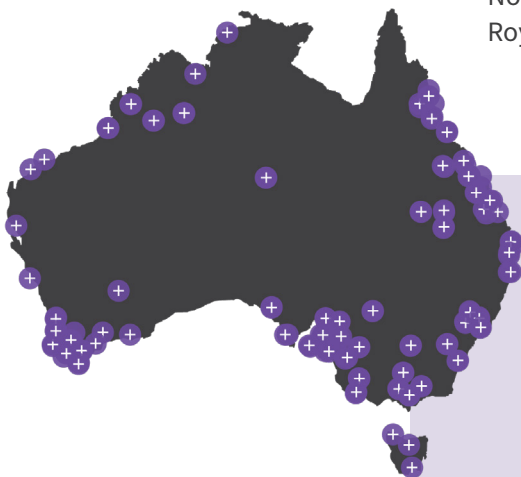
### ACT Health:

Centenary Hospital for Women & Children  
North Canberra Hospital

## TAS

### Department of Health and Human Services, Tasmania:

Launceston General Hospital  
North West Regional Hospital  
Royal Hobart Hospital



**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

### **Mackay Base Hospital and Health Service**

Mackay Base Hospital  
Proserpine 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:**

Beaudesert Hospital  
Logan Hospital  
Redland Hospital

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

Mount Isa Hospital

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

Charville 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

### **Latrobe Regional Health**

### **Mercy Health:**

Mercy Hospital for Women  
Werribee Mercy Hospital

### **Northern Health:**

Northern Hospital  
Kilmore District Health Service

### **Peninsula Health:**

Frankston Hospital

### **Portland District Health**

### **Swan Hill District Health**

### **West Gippsland Healthcare Group**

### **Western Health**

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

### **The Royal Women's Hospital, Parkville**

## NT

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

Alice Springs Hospital  
Royal Darwin & Palmerston Hospital

## WA

### **East Metropolitan Health Service:**

Armadale Health Service

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

King Edward Memorial Hospital  
Osborne Park Hospital  
Joondalup Health Campus

### **South Metropolitan 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 Health Campus  
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

# Our Audited 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 2024**

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## BOARD REPORT

Your Board members submit the financial report of the Women's Hospitals Australasia Incorporated for the financial year ended 30 June 2024.

### Board Members

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

| Role           | Name                               |
|----------------|------------------------------------|
| President      | Prof Jonathan Morris               |
| Vice President | A/Prof Emily Callander             |
| Board Members: | Prof Anne Sneddon                  |
|                | Ms Kate Reynolds                   |
|                | A/Prof Mike Beckmann               |
|                | Prof Adrienne Gordon               |
|                | Ms Susan Gannon                    |
|                | Dr Nicola Webster                  |
|                | Nicole Carlon (appointed 16/10/23) |
|                | Rachael Yates (appointed 21/11/23) |

### 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.

### Operating Result

The surplus of the Association for the financial year ended 30 June 2024 amounted to \$491,563 (2023: \$216,435 surplus) - to be read in reference to details in Note 7 & 8.

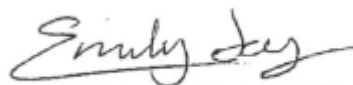
### After Balance Date Events

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



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

Dated 30 October 2024

30 October 2024



# WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED

ABN: 50 065 080 239

## INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2024

|   | Note | 2024<br>\$       | 2023<br>\$       |
|---|------|------------------|------------------|
| <b>INCOME</b>   |      |                  |                  |
| Subscriptions   |      | 706,427          | 656,575          |
| Recoveries from Associated Organisations                | 6    | 634,596          | 589,150          |
| Webinars, conference and clinical meeting income        |      | 67,114           | -                |
| Project income – Collaborative project                  | 7    | 985,541          | 902,676          |
| Project income – Additional activities                  | 8    | 311,140          | -                |
| Recoveries and other income                             |      | 73,557           | 115,668          |
|   |      | <u>2,778,375</u> | <u>2,264,069</u> |
| <b>OTHER INCOME</b>                                     |      |                  |                  |
| Interest Received                                       |      | 47,353           | 29,489           |
|   |      | <u>2,825,728</u> | <u>2,293,558</u> |
| <b>EXPENDITURE</b>                                      |      |                  |                  |
| Accountancy Fees  |      | 1,083            | 850              |
| Auditing  |      | 6,246            | 5,562            |
| A & C Benchmarking                                      |      | 12,251           | 11,102           |
| Bank Charges  |      | 1,742            | 3,849            |
| Body Corporate  |      | 2,770            | 2,640            |
| Cleaning  |      | 9,000            | 3,798            |
| Computer Expenses                                       |      | 65,877           | 41,227           |
| Conference & Forum Expenses                             |      | 30,659           | -                |
| Collaborative expenses                                  | 7    | 580,086          | 783,951          |
| Collaborative expenses – Additional activities          | 8    | 142,187          | -                |
| Depreciation and amortisation                           |      | 69,607           | 23,897           |
| Electricity   |      | 2,957            | 2,291            |
| Insurance   |      | 26,655           | 21,469           |
| Interest Paid   |      | 94               | 636              |
| Meeting Costs   |      | 3,828            | -                |
| Membership  |      | 2,000            | 2,308            |
| Office Expenses   |      | 4,058            | 4,109            |
| Postage   |      | 796              | 804              |
| Printing & Stationery                                   |      | 2,917            | 3,553            |
| Rates   |      | 3,038            | 2,877            |
| Repairs and Maintenance                                 |      | 608              | 1,203            |
| Salaries & Wages  |      | 1,223,547        | 1,050,460        |
| Security  |      | 273              | 515              |
| Staff Training, Recruitment & Welfare                   |      | 1,041            | 3,060            |
| Storage   |      | 729              | 590              |
| Superannuation Contributions                            |      | 132,174          | 102,441          |
| Telephone and Web Conferencing                          |      | 3,802            | 2,804            |
| Travelling Expenses                                     |      | 4,140            | 1,127            |
|   |      | <u>2,334,165</u> | <u>2,077,123</u> |
| <b>Surplus/(Deficit) before income tax</b>              |      | 491,563          | 216,435          |
| <b>Changes in Equity</b>                                |      |                  |                  |
| Retained surplus at the beginning of the financial year |      | 933,881          | 917,446          |
| Transfer to unrealised reserves for future projects     |      | (200,000)        | (200,000)        |
| Retained earnings at the end of the financial year      |      | <u>1,225,444</u> | <u>933,881</u>   |
| Reserve for future projects                             |      | 400,000          | 200,000          |
| <b>Total equity at the end of the financial year</b>    |      | <u>1,625,444</u> | <u>1,133,881</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 2024**

|                                     | Note | 2024<br>\$       | 2023<br>\$       |
|-------------------------------------|------|------------------|------------------|
| <b>ASSETS</b>                       |      |                  |                  |
| <b>CURRENT ASSETS</b>               |      |                  |                  |
| Cash and cash equivalents           | 2    | 2,124,509        | 1,922,899        |
| Trade and other receivables         | 3    | 92,958           | 75,595           |
| Prepayments                         |      | 33,056           | 54,672           |
| <b>TOTAL CURRENT ASSETS</b>         |      | <u>2,250,523</u> | <u>2,053,166</u> |
| <b>NON-CURRENT ASSETS</b>           |      |                  |                  |
| Intangible assets                   | 4    | -                | 55,300           |
| Property, plant and equipment       | 5    | 285,708          | 295,568          |
| <b>TOTAL NON-CURRENT ASSETS</b>     |      | <u>285,708</u>   | <u>350,868</u>   |
| <b>TOTAL ASSETS</b>                 |      | <u>2,536,231</u> | <u>2,404,034</u> |
| <b>LIABILITIES</b>                  |      |                  |                  |
| <b>CURRENT LIABILITIES</b>          |      |                  |                  |
| Trade and Other Creditors           |      | 40,770           | 38,232           |
| GST Payable                         |      | 76,991           | 84,377           |
| Accrued Expenses                    |      | 149,261          | 61,632           |
| Bank Loan                           |      | 1,119            | 1,154            |
| Income in Advance                   |      | 317,133          | 338,853          |
| Collaborative Income in advance     | 7    | -                | 436,043          |
| Provision for Employee Entitlements |      | 325,513          | 309,862          |
| <b>TOTAL CURRENT LIABILITIES</b>    |      | <u>910,787</u>   | <u>1,270,153</u> |
| <b>TOTAL LIABILITIES</b>            |      | <u>910,787</u>   | <u>1,270,153</u> |
| <b>NET ASSETS</b>                   |      | <u>1,625,444</u> | <u>1,133,881</u> |
| <b>EQUITY</b>                       |      |                  |                  |
| Project Reserves                    |      | 400,000          | 200,000          |
| Retained surplus                    |      | 1,225,444        | 933,881          |
| <b>TOTAL EQUITY</b>                 |      | <u>1,625,444</u> | <u>1,133,881</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 2024**

|   | Note | 2024<br>\$              | 2023<br>\$              |
|---|------|-------------------------|-------------------------|
| <b>Cash flows from operating activities</b>                       |      |                         |                         |
| Receipts from members, trade and other debtors<br>- including GST |      | 2,550,615               | 2,633,784               |
| Payments to suppliers and employees<br>- including GST            |      | (2,391,911)             | (2,229,366)             |
| Interest received   |      | 47,353                  | 29,489                  |
| <b>Net cash flows from operating activities</b>                   |      | <u>206,057</u>          | <u>433,907</u>          |
| <br>  |      |                         |                         |
| <b>Cash flows from investing activities</b>                       |      |                         |                         |
| Payment for property, plant & equipment & intangible<br>assets    |      | <u>(4,447)</u>          | <u>(42,516)</u>         |
| <b>Net cash flows from financing activities</b>                   |      | <u>(4,447)</u>          | <u>(42,516)</u>         |
| <br>  |      |                         |                         |
| Net increase/(decrease) in cash and cash equivalents              |      | 201,610                 | 391,391                 |
| Cash and cash equivalents at beginning of period                  |      | <u>1,922,899</u>        | <u>1,531,508</u>        |
| <b>Cash and cash equivalents at end of period</b>                 | 2    | <u><u>2,124,509</u></u> | <u><u>1,922,899</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 2024

### 1 Statement of Material 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 is exempt from income tax under Division 50 of the *Income Tax Assessment Act 1997*.

#### 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 2024 (continued)

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

#### 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. Revenue is recognised by applying a five-step model as follows:

1. Identify the contract with the customer
2. Identify the performance obligations
3. Determine the transaction price
4. Allocate the transaction price to the performance obligations
5. Recognise revenue as and when control of the performance obligations is transferred

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.

##### *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.

|                                      | 2024             | 2023             |
|--------------------------------------|------------------|------------------|
|                                      | \$               | \$               |
| <b>2 Cash and Cash Equivalents</b>   |                  |                  |
| Cash on Hand                         | -                | 57               |
| Cash at Bank                         | 1,793,275        | 1,675,241        |
| Cash at Bank - Collaborative         | 331,234          | 247,601          |
|                                      | <u>2,124,509</u> | <u>1,922,899</u> |
| <b>3 Trade and Other Receivables</b> |                  |                  |
| Trade Debtors                        | 31,443           | 42,154           |
| Sundry Debtors                       | 1,000            | -                |
| Loan – CHA Ltd                       | 41,925           | 20,481           |
| Input Tax Credits                    | 18,590           | 12,960           |
|                                      | <u>92,958</u>    | <u>75,595</u>    |
| <b>4 Intangible Assets</b>           |                  |                  |
| Website                              | 64,550           | 64,550           |
| Accumulated Amortisation             | (64,550)         | (9,250)          |
|                                      | <u>-</u>         | <u>55,300</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 2024 (continued)

|          |   | 2024                  | 2023                  |
|----------|---|-----------------------|-----------------------|
|          |   | \$                    | \$                    |
| <b>5</b> | <b>Property, Plant and Equipment</b>  |                       |                       |
|          | Buildings at cost - Unit 9, 25-35 Buckland St Mitchell  | 235,054               | 235,054               |
|          | Office Fitout   | 92,721                | 89,118                |
|          | Less: Accumulated Depreciation  | <u>(45,490)</u>       | <u>(38,881)</u>       |
|          |   | 47,231                | 50,237                |
|          | Plant & Equipment   | 50,290                | 27,139                |
|          | Less: Accumulated Depreciation  | <u>(46,867)</u>       | <u>(16,862)</u>       |
|          |   | 3,423                 | 10,277                |
|          | <b>Total Property, Plant and Equipment</b>  | <u><u>285,708</u></u> | <u><u>295,568</u></u> |
| <br>     |   |                       |                       |
| <b>6</b> | <b>Recoveries from Associated Organisations</b>   |                       |                       |
|          | Recoveries from Associated Organisations  | <u><u>634,596</u></u> | <u><u>589,150</u></u> |
| <br>     |   |                       |                       |
| <b>7</b> | <b>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: PTB Collaborative Project in 23/24  | 474,498               |                       |
|          | Committed funds brought forward   | 220,938               |                       |
|          | Interest on Funds held  | 9,812                 |                       |
|          | <b>Total Funds Acquitted</b>  | <u><b>705,248</b></u> |                       |
|          | Add: Funds brought forward held as contingency reserves to cover balance of project;  |                       |                       |
|          | - Project Reserves – Secretariat fee in advance   | 138,753               |                       |
|          | - Project Reserves - Other  | 76,352                |                       |
|          | Contribution to Showcase (extra activities – See note 8)  | 75,000                |                       |
|          | Less: Interest received on Collab funds reported within 'Interest Received' in accounts   | <u>(9,812)</u>        |                       |
|          | Project income  | <u>985,541</u>        | <u>902,676</u>        |
|          | Less: Project expenses general  | (300,026)             | (509,505)             |
|          | Less: Further Secretariat support expensed across various accounts  | (405,455)             | (94,179)              |
|          | Less: Project related Salaries (Direct)   | (251,467)             | (247,135)             |
|          | Less: Project related Superannuation Guarantee (Direct)   | <u>(28,593)</u>       | <u>(27,310)</u>       |
|          | <b>Total net income for 2023/24FY</b>   | <u><b>-</b></u>       | <u><b>24,547</b></u>  |
|          | Project income in advance – to be acquitted in 23/24FY  | -                     | 220,938               |
|          | Project Reserves – Secretariat fee in advance   | -                     | 138,753               |
|          | Project Reserves - Other  | -                     | 76,352                |
|          | <b>Funds held as at 30 June 2024</b>  | <u><b>-</b></u>       | <u><b>436,043</b></u> |



# WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED

ABN: 50 065 080 239

2024

\$

## 8 Project income and expenses – Additional Activities

Additional funds were received during the year from Women's and Infants Research Foundation Limited to enable the extension and improvement of existing projects and activities. Funds were received for the design and development of digital dashboards relating to the outcomes and balancing measures of the Every Week Counts Collaborative, convene a national 2 day workshop to optimize the design of PTB prevention dashboards, and for the purchase of Cultural Safety Audit Tools from the Lowitija Institute.

Project income – PTB additional activities

|   |         |
|---|---------|
| - Data Capability / Digital Dashboard                 | 185,000 |
| - PTB Dashboard design uplift capability              | 58,640  |
| - Cultural Safety Assessment tool for health services | 67,500  |
|   | <hr/>   |
|   | 311,140 |

Less: PTB additional activities expenses -

|  |           |
|--|-----------|
| Project expenses general                                     | (142,187) |
| Further secretariat support expensed across various accounts | (168,953) |

**Total net income for 2023/24FY**

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In-kind Contribution by WHA to the PTB additional activities in secretariat support (including Showcase Event) totalled \$132,546.32.

*For information:*

|  |             |
|--|-------------|
| Project income – PTB additional activities in Note 8 per above | 311,140     |
| Showcase funds listed in Note 7                                | 75,000      |
|  | <hr/>       |
| Total Additional funds received & acquitted                    | 386,140     |
|  | <hr/> <hr/> |

# WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED

ABN: 50 065 080 239

## 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 9:

1. Presents a true and fair view of the financial position of Women's Hospitals Australasia Incorporated as at 30 June 2024 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 2022*.

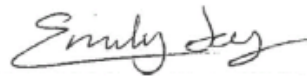
This statement is made in accordance with a resolution of the Board and is signed for and on behalf of the Board by:



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**Prof Jonathan Morris**  
Board Member – President

**Dated 30 October 2024**



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

**30 October 2024**



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

As auditor of Women's Hospitals Australasia Incorporated for the year ended 30 June 2024, 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  
10 September 2024



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

BEGA  
MERIMBULA  
EDEN  
BOMBALA  
BERMAGUI  
COOMA  
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Kothes Accounting Group  
ABN 94 376 019 586

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 2024, the income statement and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of material 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 2024 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 2022*.

#### 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.

**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



SIMON BYRNE  
Partner  
Registered Company Auditor #153624  
10 September 2024







# 30 Years

## WOMEN'S HEALTHCARE

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### AUSTRALASIA

Connect with us



<https://women.wcha.asn.au/>



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Unit 9/25-35 Buckland St,  
Mitchell, ACT 2911, Australia



@WomensHealthAU

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