

## MaCCS—Major Model Category

The major model category is the overarching descriptor of a maternity model of care based on its characteristics. Although there is variation between different models of maternity care, each of them can be grouped into one of 11 broad categories based on their specific characteristics. While the major model category describes the overall intent of a maternity model of care it does not mean that all women in a model of care will necessarily follow the same journey or receive the same care pathway as the model intends (or was designed for).

Each model of care submitted to the MaCCS DCT is classified into one of the following major model categories:

**Combined care** — Antenatal care is provided by a private maternity service provider (doctor and/or midwife) in the community. Intrapartum and early postnatal care is provided in a public hospital, by hospital midwives and doctors. Postnatal care may continue in the home or community by hospital midwives. This model of care usually exists without an established shared care agreement. There is no agreed schedule of visits between the two different providers and the community-based private maternity carer does not provide any care in the hospital.

**General practitioner obstetrician care** — Antenatal care is provided by a GP obstetrician. Intrapartum care is provided in either a private or public hospital by the GP obstetrician in collaboration with the hospital midwives. Postnatal care is usually provided in the hospital by the GP obstetrician and hospital midwives.

**Midwifery group practice caseload care** — Antenatal, intrapartum and postnatal care is provided within a publicly-funded caseload model by a known primary midwife with secondary backup midwives providing cover and assistance, in collaboration with doctors in the event of identified risk factors. Antenatal care and postnatal care is usually provided in the hospital, community or home with intrapartum care in a hospital, birth centre or home. By definition this category provides continuity of carer for the whole of duration of the maternity period.

**Private midwifery care** — Antenatal, intrapartum and postnatal care is provided by a privately practicing midwife or group of midwives in collaboration with doctors in the event of identified risk factors. Antenatal, intrapartum and postnatal care could be provided in a range of locations including the home. This category is selected when the designated maternity carer is a privately practicing midwife, even if the care is provided from a private midwifery caseload group practice. It is not selected if the model of care is shared care between a private midwife and a hospital as part of a formal arrangement.

**Private obstetrician and privately practising midwife joint care** — antenatal, intrapartum and postnatal care is provided by a privately practising obstetrician and midwife from the same collaborative private practice. Intrapartum care is usually provided in either a private or public hospital by the privately practising midwife and/or private obstetrician in collaboration with hospital midwifery staff. Postnatal care is usually provided in the hospital and may continue on in the home, hotel or hostel by the privately practicing midwife.

**Private obstetrician (specialist) care** — Antenatal care is provided by a private specialist obstetrician. Intrapartum care is provided in either a private or public hospital by the private specialist obstetrician in collaboration with hospital midwives. Postnatal care is usually provided in the hospital by the private specialist obstetrician and hospital midwives and care by midwives may continue in the home, hotel or hostel.

**Public hospital high risk maternity care** — Antenatal care is provided to women with medical high risk/complex pregnancies by public hospital maternity care providers (specialist obstetricians and/or maternal-fetal medicine subspecialists in collaboration with midwives). Intrapartum and postnatal care is provided by hospital doctors and midwives. Postnatal care may continue in the home or community by hospital midwives.

This category is not used for specialised obstetric led clinics (models of care) such as those specifically for women with diabetes or with obstetric risk factors such as high BMI. Obstetric led clinics or models requiring obstetric input but not multi-disciplinary medical specialised care are classified as *public hospital maternity care*.

**Public hospital maternity care** — Antenatal care is provided in hospital outpatient clinics (either onsite or outreach) by midwives and/or doctors and may include specific clinics such as diabetes clinics, Next birth after Caesarean (NBAC) clinics etc. Care could also be provided by a multidisciplinary team. Intrapartum and postnatal care is provided in hospital by the midwives and in collaboration with doctors as required. Postnatal care may continue in the home or community by hospital midwives

**Remote area maternity care** — Antenatal and postnatal care is provided in remote communities by a remote area midwife (or a remote area nurse) or group of midwives, sometimes in collaboration with a remote area nurse and/or doctor. Antenatal care may also be provided via telehealth or fly-in-fly-out clinicians in an outreach setting. Intrapartum and early postnatal care is provided in a regional or metropolitan hospital (often involving temporary relocation prior to labour) by hospital midwives and doctors.

**Shared care** — Antenatal care is provided by a community maternity service provider (doctor and/or midwife) in collaboration with the hospital medical and/or midwifery staff under an established agreement, and can occur both in the community and in hospital outpatient clinics. This would usually include an agreed schedule of antenatal care between the two providers. Intrapartum and early postnatal care usually takes place in the hospital, by hospital midwives and doctors, often in conjunction with the community doctor or midwife (particularly in rural settings).

**Team midwifery care** — Antenatal, intrapartum and postnatal care is provided by a small team of rostered midwives (no more than eight) in collaboration with doctors in the event of identified risk factors. Intrapartum care is usually provided in the hospital or birth centre. Postnatal care may continue in the home or community by the team midwives. By definition, no continuity of carer during any period exists within this category.