
Imminent Birth Education Program

Initiative Type

Education and Training

Status

Sustained

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Summary

Women in rural and remote areas may present to a hospital that does not have a designated maternity service when birth is imminent. Non-midwifery clinicians need to be able to provide safe and effective care to the woman until qualified help arrives and/or she is transferred to a birthing facility. The Imminent Birth Education Program, which consists of an online component, a face-to-

face workshop and a facilitator guide, is an evidence-based program that provides the non-midwifery workforce in rural and remote health facilities with basic knowledge and skills to assist women who present when birth is imminent. The positive uptake of the program illustrates how the Imminent Birth Education Program addresses an identified gap for rural and remote clinicians in non-birthing facilities. The Imminent Birth Education Program is a partnership between:

- Northern Maternity and Neonatal Clinical Network
- Statewide Maternity and Neonatal Clinical Network
- Statewide Rural and Remote Clinical Network

It was developed and implemented under the auspice of Health and Wellbeing Service Group, Townsville Health and Hospital Service.

The Steering Group comprised 12 members from 10 HHSs and the Royal Flying Doctor Service.

Key dates

Nov 2015

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Aim

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- To develop a Queensland Health Imminent Birth Education Program for non-midwives in rural and remote facilities.
 - To support Hospital and Health Services to embed the program into their staff education commitments along with the Queensland Health NeoResus and Neo-stabilisation education projects.

Benefits

- Improved knowledge and clinical skills of the non-midwifery workforce employed in rural and remote facilities to assist and support women who present when birth is imminent.
- Increased awareness of the resources available to assist rural and remote generalist clinical staff when providing care to women in established labour in non-birthing facilities.
- Improved ability to locate and refer to evidence-based maternity and neonatal guidelines.
- Decreased levels of anxiety and fear about providing clinical care to women who present at non-birthing facilities when birth is imminent.
- Improved ability to provide women who present when birth is imminent with safe, woman-centred, evidence-based clinical care.
- Improved clinician confidence working collaboratively to provide safe, woman-centred, evidence-based clinical care to women and their newborns.

Background

In 2012, the Statewide Maternity and Neonatal Clinical Network (SMNCN) surveyed Queensland's then 41 existing birthing facilities and found large gaps in training. Funding was secured for the development and implementation of a Queensland Health Neonatal Resuscitation project. The NeoResus Phase 2 and 3 Final Report (2013) recommended the need to expand the project to include Neonatal Stabilisation for retrieval, and Imminent Birth education for regional, rural and remote multidisciplinary clinicians. The Clinical Services Capability Framework (CSCF) v3.2 outlines the minimum service requirements, workforce requirements, risk considerations and support services for health services to ensure safe and appropriately supported clinical service delivery. The CSCF v3.2 Maternity Services module stipulates:

- relevant staff in non-birthing facilities must attend education on imminent birth, preferably conducted by a midwife
- where birthing services are offered, multidisciplinary maternity staff have access to training including consideration of non-midwifery staff employed in isolated and remote settings to attend Maternity Emergency Care (MEC) course conducted by CRANaplus
- nursing staff in maternity services may work in a supportive role under the supervision of a registered midwife.

The Northern Maternity and Neonatal Clinical Network (NMNCN) submitted a project brief for funding approval which was endorsed by the Statewide Maternity and Neonatal Clinical Network (SMNCN) and the Statewide Rural and Remote Clinical Network (SRRCN). Funding was secured for three years to develop, implement and evaluate an Imminent Birth Education Program.

Solutions Implemented

An integrated evidence-based blended education package that includes management of women who present when birth is imminent. The education package comprises of the following components:

- an online, evidence-based Imminent Birth course
- a train-the-trainer facilitator guide for the 3.6 hour on-site Imminent Birth workshop
- a resource kit with all resources required for planning, facilitating and evaluating the on-site Imminent Birth workshop.

Midwifery educators or other midwives in each HHS are now trained to provide the Imminent Birth face-to-face workshop for their relevant non-midwife colleagues, thereby ensuring sustainability of the program.

Evaluation and Results

The Imminent Birth Education Program is available to all Queensland Health staff via iLearn and others via the internet. The uptake has been widespread across the state and positively evaluated by the rural and remote non-midwifery workforce in non-birthing facilities. A total of 639 participants completed the online course component and 381 (63 per cent) of these participants were from the target group, i.e. employed in non-birthing facilities. Throughout the project, two project officers facilitated 16 face-to-face workshops to a total of 168 participants. Fifty-four of these participants trained to facilitate the workshop in their own health services. The reach of the Imminent Birth Education Program was statewide with clinical staff from all 16 Hospital and Health Services participating. The Imminent Birth Education Program online component was available to all staff and accessed by staff from all 16 Hospital and Health Services in Queensland, see table below. The Imminent Birth project officers facilitated 17 workshops in Queensland Health facilities in 12 Hospital and Health Services across the state (refer detailed table in the Resources sections of this summary page).

Lessons Learnt

The response to the Imminent Birth Education Program demonstrated the need and interest among nurses. Many staff in rural and remote settings would be more confident to manage a patient with chest pain or trauma than a birthing woman. One interesting outcome was the participation of clinical staff in metropolitan areas in both non-birthing and birthing health facilities, particularly staff in

emergency departments.

References

[Australian Institute of Health and Welfare. \(2018\) Australian mothers and babies 2016 In brief.](#)
[Australian Institute of Health and Welfare website.](#) [Queensland Health \(2014\) Preterm Labour and Birth. Queensland Clinical Guidelines.](#) [Queensland Health \(2017\) Early Pregnancy Loss. Queensland Clinical Guidelines.](#) [Queensland Health \(2017\) Normal Birth. Queensland Clinical Guidelines.](#)
[Queensland Health. \(2018\) Perinatal Statistics Queensland 2016. Preliminary. Queensland Health website.](#) [Queensland Health \(2018\) Primary Postpartum Haemorrhage. Queensland Clinical Guidelines.](#) [Queensland Health. \(2018\) Rural and remote health facilities. Queensland Health website.](#) [Queensland Health. \(2019\) Primary Clinical Care Manual - 10th edition. State of Queensland and Royal Flying Doctor Service.](#)

Further Reading

[Queensland Health. \(2019\) Imminent Birth Online Course.](#)

Resources

[Uptake of Imminent Birth Education Program](#)

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