

Maternity model of care—Major Model Category, code N[N]

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Major Model Category
Synonymous names:	MMC code
METEOR identifier:	559627
Registration status:	<ul style="list-style-type: none">• Health, Standard 14/05/2015
Definition:	The overarching major category or group that a maternity model of care can be described by based on its characteristics, as represented by a code.
Context:	Used in maternal and perinatal healthcare settings.
Data Element Concept:	Maternity model of care—model of care category

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N[N]
Maximum character length:	2
Permissible values:	

Value	Meaning
1	Private obstetrician (specialist) care
2	Private midwifery care
3	General Practitioner obstetrician care
4	Shared care
5	Combined care
6	Public hospital maternity care
7	Public hospital high risk maternity care
8	Team midwifery care
9	Midwifery group practice caseload care
10	Remote area maternity care
11	Private obstetrician and privately practising midwife joint care
88	Other

Supplementary values:					
	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>99</td><td>Not stated/inadequately described</td></tr></tbody></table>	Value	Meaning	99	Not stated/inadequately described
Value	Meaning				
99	Not stated/inadequately described				

Collection and usage attributes

Guide for use:

Every model of maternity care can be allocated to one or eleven broad major model Categories (MMC). While there will be variation between models of care in the same MMC these broad descriptors provide a common understanding and terminology about different categories of maternity models of care.

CODE 1 Private obstetrician (specialist) care

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

CODE 2 Private midwifery care

Antenatal, intrapartum and postnatal care is provided by a private 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.

CODE 3 General Practitioner obstetrician care

Antenatal care provided by a GP obstetrician. Intrapartum care is provided in either a private or public hospital by the GP obstetrician and hospital midwives in collaboration. Postnatal care is usually provided in the hospital by the GP obstetrician and hospital midwives and may continue in the home or community.

CODE 4 Shared care

Antenatal care is provided by a community maternity service provider (doctor and/or midwife) in collaboration with hospital medical and/or midwifery staff under an established agreement, and can occur both in the community and in hospital outpatient clinics. 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).

CODE 5 Combined care

Antenatal care provided by a private maternity service provider (doctor and/or midwife) in the community. Intrapartum and early postnatal care provided in the public hospital by hospital midwives and doctors. Postnatal care may continue in the home or community by hospital midwives.

CODE 6 Public hospital maternity care

Antenatal care is provided in hospital outpatient clinics (either onsite or outreach) by midwives and/or doctors. Care could also be provided by a multidisciplinary team. Intrapartum and postnatal care is provided in the hospital by midwives and doctors in collaboration. Postnatal care may continue in the home or community by hospital midwives.

CODE 7 Public hospital high risk maternity care

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

CODE 8 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 a hospital or birth centre. Postnatal care may continue in the home or community by the team midwives.

CODE 9 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 midwife/midwives providing cover and assistance with 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.

CODE 10 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 (involving temporary relocation prior to labour) by hospital midwives and doctors.

CODE 11 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 specialist 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 practising midwife.

Source and reference attributes

Submitting organisation:	National Perinatal Epidemiology and Statistics Unit
Origin:	National Maternity Data Development Project (AIHW and NPESU), Maternity Care Classification System subproject.
Reference documents:	Australian Institute of Health and Welfare 2014. Foundations for enhanced maternity data collection and reporting in Australia: National Maternity Data Development Project Stage 1. Cat. no. PER 60. Canberra: AIHW.

Data element attributes

Collection and usage attributes

Guide for use:

Although there is much variation in models of maternity care, all models of care can be grouped into one of the broad 'Major Model Categories' based on their characteristics, i.e. the characteristics of the women in the model, the carers working in the model and aspects of the care provided.

The Major Model Categories have broad descriptions that describe the *intent* of a model of care, recognising that not 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) for the majority of women.

CODE 2 Private midwifery care

This code should be recorded for all models of care where the designated maternity carer is a privately practising midwife, even if the care is provided from a private midwifery caseload group practice. This code is not to be used if the model of care is "Shared Care" between a private midwife and a hospital as part of a formal arrangement.

CODE 4 Shared care

This code should only be used when there is an established shared care agreement between the community-based maternity carer (doctor or midwife) and the hospital. This would usually include an agreed schedule of antenatal care visits between the two providers.

CODE 5 Combined care

This code is to be used when antenatal care is provided by a private maternity carer in the community (doctor or midwife) and intrapartum care is provided separately by public hospital doctors and/or midwives 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.

CODE 6 Public hospital maternity care

This code can be used for models of care provided in public hospitals where antenatal care is usually provided in outpatient clinics by midwives or doctors (sometimes a multidisciplinary team) and may include specific purpose clinics such as diabetes clinics, next birth after caesarean (NBAC) clinics etc. This code should not be used for models of care for high risk pregnancies (Code 7) or models that are in the category of "Team midwifery" (Code 8) or "Midwifery group practice caseload care" (Code 9).

CODE 7 Public hospital high risk maternity care

This code is used for models of care provided in public hospitals by multidisciplinary specialists for complex maternal, medical and fetal conditions and limited obstetric conditions. This code is not to be used for specialised obstetric-led clinics 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 multidisciplinary medical specialist care should be coded to "CODE 6 Public hospital maternity care".

Collection methods:

Data are gathered using the Maternity Care Classification System (MaCCS) data collection questionnaire on an annual basis by every maternity service, either when classifying their models of care or when a new model of care is introduced.

Source and reference attributes**Submitting organisation:**

National Perinatal Epidemiology and Statistics Unit

Origin:

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Reference documents:

Australian Institute of Health and Welfare 2014. Foundations for enhanced maternity data collection and reporting in Australia: National Maternity Data Development Project Stage 1. Cat. no. PER 60. Canberra: AIHW.

Relational attributes

Implementation in Data Set Specifications:

[Maternity model of care NBPDSHealth](#), Standard 14/05/2015

DSS specific information:

If the value for this data element is "CODE 1 Private obstetrician (specialist) care", "CODE 2 Private midwifery care", "CODE 9 Midwifery group practice caseload care" or "CODE 11 Private obstetrician and privately practising midwife joint care" then the value for [Maternity model of care—extent of continuity of carer, code N|N](#) must be recorded as "CODE 5 Whole duration of maternity period - antenatal, intrapartum and postpartum".