

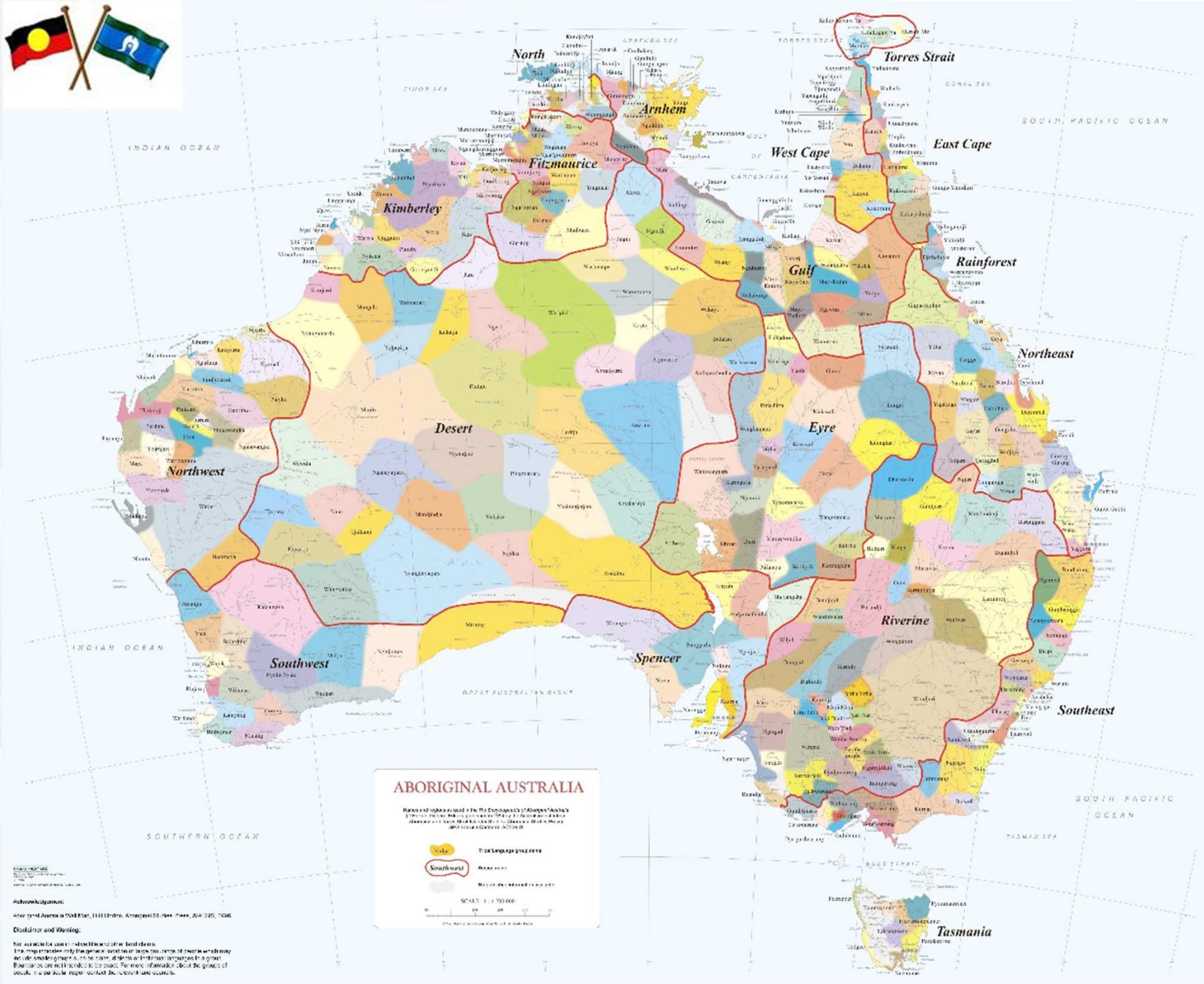
MIDWIFERY RESEARCH UNIT



An Aboriginal & Torres Strait Islander Maternity Service: participatory evaluation methods

Research team

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ABORIGINAL AUSTRALIA

Map of Australia showing the Distribution of Aboriginal Language Groups. The map is based on the work of R. M. W. Dixon and R. M. W. Dixon and R. M. W. Dixon.

Scale: 1:1,000,000
 Southwest: 1:1,000,000
 Map of Australia showing the Distribution of Aboriginal Language Groups

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Disclaimer and Warning: This map is for general information only. It does not constitute an offer of any financial product or service. For more information, please contact your local financial adviser.

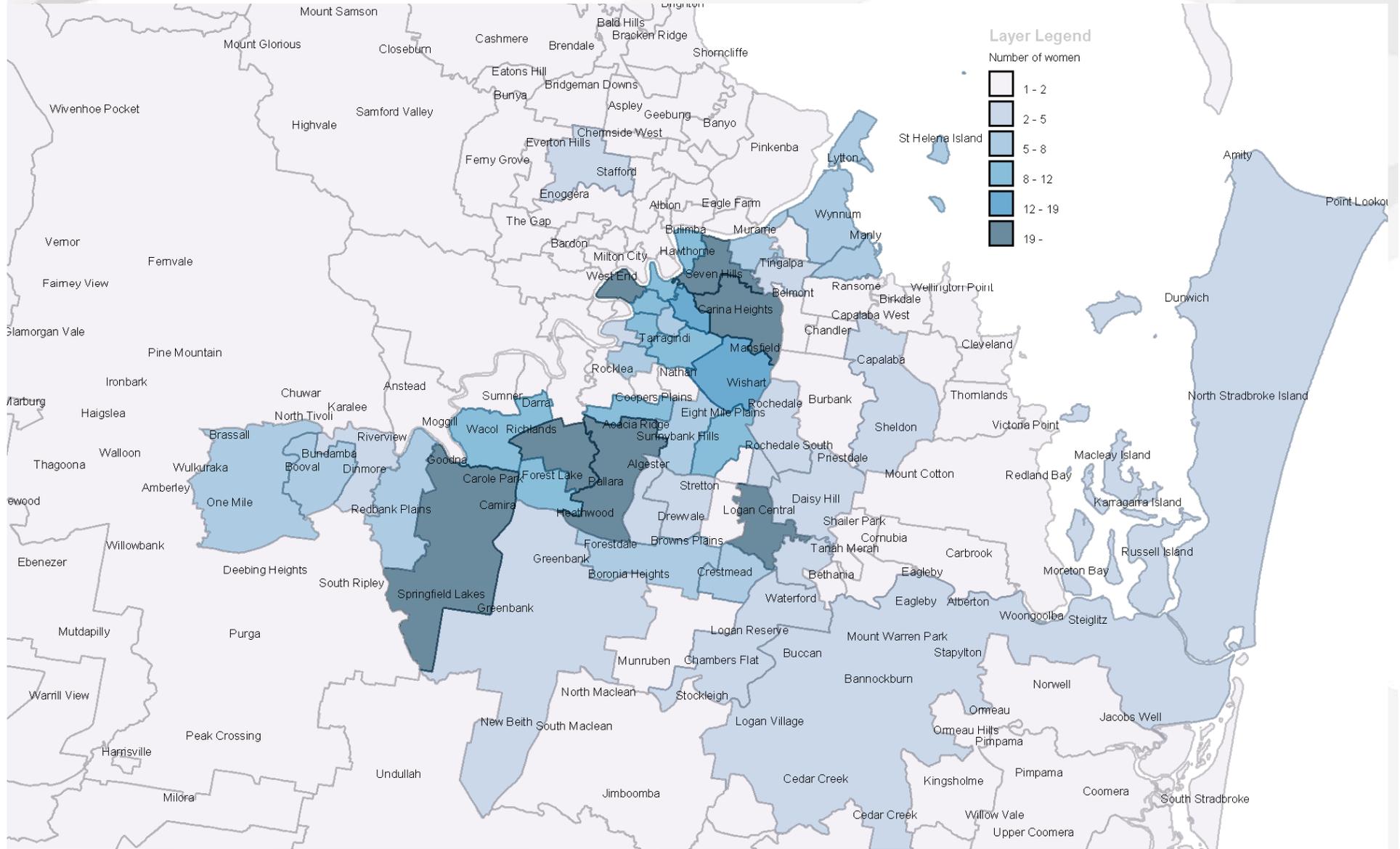


Background

- Murri antenatal clinic opened 2004
- Dedicated facility within Mater Mother's Public Hospital, Brisbane
 - 5000 births overall p/a (10K incl. private)
 - 3-4% Indigenous women
 - State-wide referrals
 - All female, mostly Indigenous, staff incl. liaison officers
 - 'All risk' model of care
 - Indigenous women & partners of Indigenous men
 - Continuity throughout pregnancy



Women attending the clinic by postcode





What works?

Key points from the literature

- A dedicated, family-oriented, space
 - Welcoming, flexible & safe
 - Respect for (extended) family involvement
 - Transport, childcare / playgroups
- Continuity of care
- Appropriate & timely referrals, & integration with other services
- Outreach & home visiting
- Effective & respectful, communication
 - relationships of trust
- An appropriately trained workforce
 - Aboriginal and Torres Strait Islander staff and female staff
- Community-based and/or controlled services



Mercy
Commitment
Quality
Dignity
Care



Research aims & objectives

Aims

- To perform an evaluation of the Mater Murri antenatal clinic
- To ascertain the strengths and challenges of the clinic
- To identify recommendations for future development

Objectives

- Employ a participatory approach
- Undertake a retrospective analysis of selected maternal & neonatal outcomes
- Compare outcomes against 'Close the Gap' indicators



Study design & methods

Mixed Methods

- Focus groups / Individual interviews (service users [n=8]; internal stakeholders [n=10]; external stakeholders [n=17])
- Surveys (service users [n=38] & providers [n=147])
- Clinical outcomes (maternal & neonatal)
- Chart audit
 - 23 items: 10 social, 13 clinical

Two Indigenous Peer Research Assistants trained & employed

- HREC approved



Clinical outcomes: selected findings

Indigenous women giving birth **at the Mater** are more likely to be:

- teenagers
- single
- under or overweight
- multiparous (already be a mother)

And to report:

- higher rates of smoking, alcohol and marijuana consumption
- higher rates of domestic violence
- lower education levels

But despite these challenges they:

- achieve higher normal birth rates
- use less epidural anaesthesia
- incur fewer caesarean sections
- suffer less perineal trauma
- had fewer admissions to Neonatal unit





Trend data. Outcomes for Indigenous v non-Indigenous mothers (1998-2009)

- Preterm birth
 - <32 weeks & <37weeks
- Teenage pregnancy (<20yrs)
- Low birthweight (<2500gm)
- Small for gestational age
- Perinatal mortality
- Smoking @ booking





Qualitative data: selected findings

1. Clinic facilities, location & access

- Privacy and confidentiality
- Provision of low cost or free childcare
- Streamlined referral pathways
- Waiting times / queue jumping
 - drop-ins v scheduled appointments
- Signposting
- Antenatal education / parenting classes
- Community-based location
 - Problematic as population widely dispersed





2. Model of care: continuity

Its good coming here too because you know you're going to see the same people all the time. It's not a different (person) who's going to ask you the same questions over and over again [...] they know your full-on history from the first visit to, you know, your last visit. (Participant)

I would've liked to have been told at the beginning that I wasn't going to have a Murri midwife at the end. I really, really was disappointed and so was my partner. We were both genuinely upset by that so yeah, that was a problem for me. (Participant)



3. Antenatal education classes

I think there's definitely value in a Murri specific course, run by Murri midwives. (Participant)

I'd like to see more of a partnership approach [...] initiating antenatal classes which we've indicated already that we're happy for it to run out of our service. (External stakeholder)





4. Staffing, resources & support

- Increase midwifery time
- Fund dedicated F/T Social worker post
- Dedicated administrative support
- Greater collaboration between hospital staff and community based agencies to facilitate streamlining of services
 - Review communication systems
 - Reduce duplication
 - Review referral pathways



Conclusions & Recommendations

- Targeted interventions urgently required
 - Aligned with 'Close the Gap' indicators
- Multi-disciplinary team approach
 - Allied health practitioners (social workers, dietetics, physiotherapists)
 - Dedicated drug & alcohol workers
 - Indigenous maternal / infant health workers
- Partnership approach with community services
 - Off-site provision for some services
- Increase:
 - Midwifery time (MGP)
 - Admin support
 - Social work time
 - Indigenous workforce
 - Recruitment / retention





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Ms Gwen Ibarra & Ms Shannon Watego

Ms Jeniffer Petty

Ms Maree Reynolds

Ms Kay Wilson

Ms Marlene Redelinghuys

Midwife,

Obstetricians

Ex. Director: Mission Leadership

Indigenous liaison officers

Senior social worker

Dir. Women's & Newborn Services

MUM (Ambulatory Services)

Acting Dep. Dir (Birthing and
Ambulatory Services)

Peer Interviewers

Ms Nancy Bamaga & Ms Natalie Billy

Research team (Mater Medical Research Institute / Australian Catholic University)

Dr Helen Stapleton (Senior Research Fellow), Ms Rebecca Murphy (Research assistant), Mrs Kristen Gibbons (Statistician), Prof. Sue Kildea (Chair of Midwifery)

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