

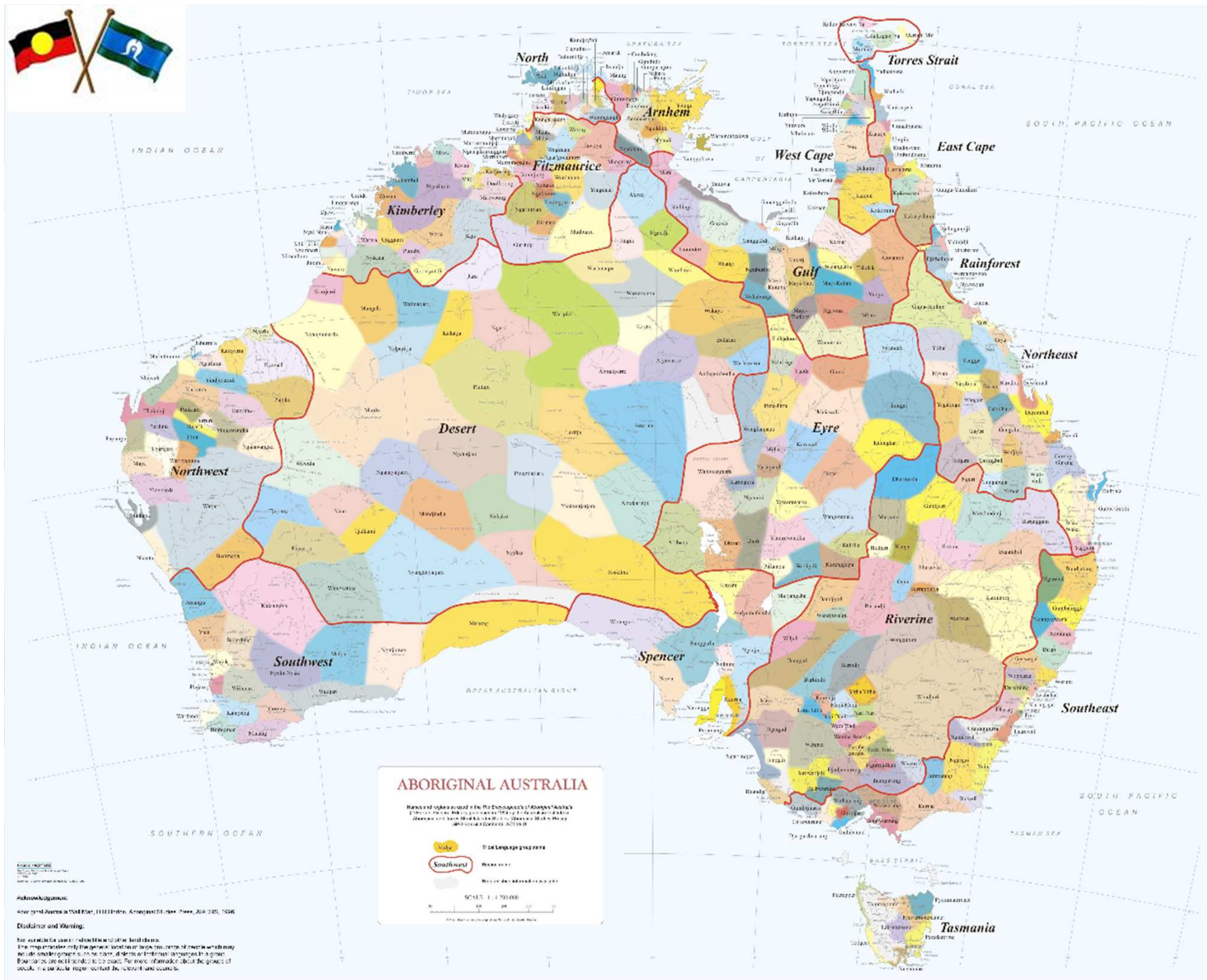
MIDWIFERY RESEARCH UNIT



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

Research team

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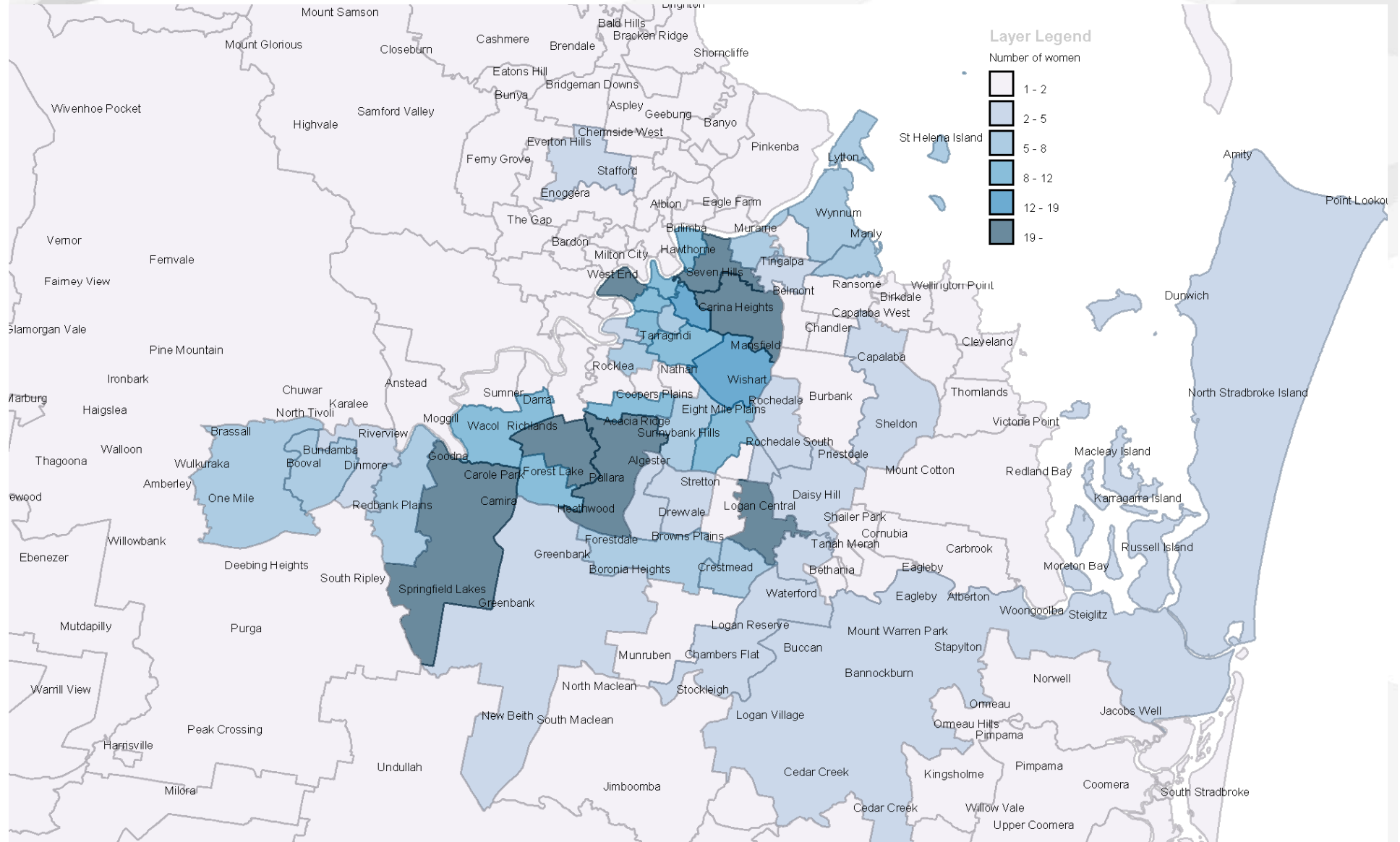




Background

- 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





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 [=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

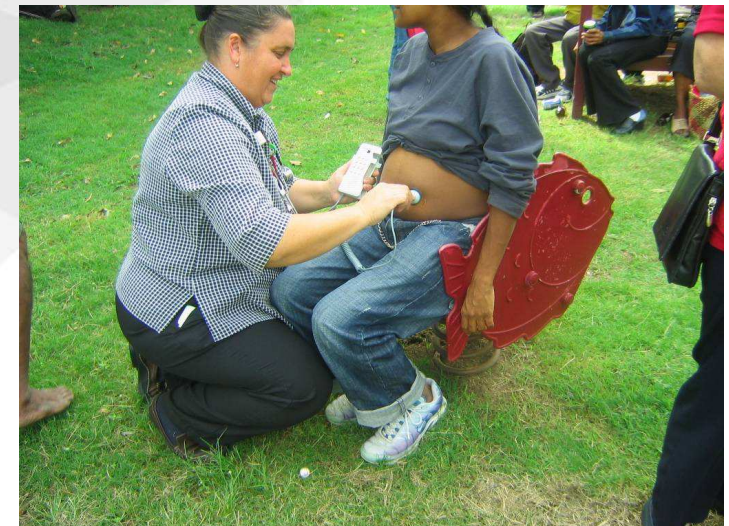
- Increase midwifery time
- Fund dedicated F/T Social worker post
- Dedicated administrative support
- Greater collaboration between hospital staff and community based agencies to facilitate streamlining of services
 - Review communication systems
 - Reduce duplication
 - Review referral pathways





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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Project Reference Group (Mater Health Services)

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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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