Identifying and supporting pregnant Aboriginal women and their families during their patient journey through services and across geographical areas: A feasibility study
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ii. Executive Summary

INTRODUCTION

Despite making substantial improvements in the health of Aboriginal Australians over the last ten years (AIHW, 2013), significant gaps between Aboriginal and non-Aboriginal people in maternal and infant health outcomes remain. This project responds to concerns regarding Aboriginal women, and their babies, and the impact of the lack of documented patient transfer models for journey planning (through antenatal, birthing and postnatal, primary care) that prevent essential medical and psychosocial information reaching appropriate professionals (for example, Midwives, community/Child Health Nurses, GPs, other social support services), that have an important role in supporting and delivering services to these women both prior to and following the birth of their child.

PURPOSE

The overall aim of this project was to determine the feasibility of an integrated pathway model of care for Aboriginal women in Western Australia during pregnancy. To do this it was important to understand the current system of identification, referral, and support available and to identify barriers that prevent important information related to these women and their babies being transferred between these services. Concomitantly, it was important to look at the current systems in place that successfully support the patient journeys of pregnant Aboriginal women.

METHOD

This research, with the support and involvement of appropriate governance structures involved the conduct of focus groups and one on one interviews across Western Australia. A total of 144 people from 53 different organisations participated in one of the data collection methods. These included Midwives, Obstetricians, Child Health Nurses, Aboriginal Health Workers, Aboriginal Liaison Officers, health promotion staff, allied health workers, and community workers.

KEY FINDINGS

Although health professionals acknowledged that not all Aboriginal women were vulnerable, overall, respondents felt that all Aboriginal women should be offered, and would benefit from having a pathway model of care that was integrated across geographical areas and services. In the metropolitan and Southern regions there was a greater sense of targeting women who were most at risk, especially adolescents and those with serious drug and alcohol issues. Multiparous women, adolescents, transient women and women who had to relocate from their communities to give birth were the least likely to attend antenatal appointments and were consequently identified as those most at risk at falling through the gaps. In some towns women were viewed high risk, not because of their individual risk factors, but because of what resources were available within their communities to support them.

Common themes emerged from both regional and metropolitan focus groups that were enablers and barriers to integrated pathways of care. These included:

• Engagement and access to culturally appropriate models of care – elements of care that enabled access and engagement provided outreach, transport, and a holistic model of care;
• Staffing – long-term health professionals provided relationships of mutual trust and respect to develop, whereas, high staff turnover, a transient workforce, and a shortage of Social Workers and Child Health Nurses were barriers to continuity of care;
• Relocation – the lack of suitable accommodation for sit down, access to transport and the
provision of escorts all impacted on the patient journey for Aboriginal women; for many women relocation meant leaving family and country for the first time; the safety of children left behind was a key concern for women needing to relocate;

• Patient Record Management – The lack of a universal patient record management system was a significant barrier to communication and coordination of services, especially the timely receipt of discharge summaries; the use of the National hand held pregnancy record was patchy across the State;

• Communication – Strong relationships between health professionals, co-location of services and regular multidisciplinary team meetings helped facilitate the pregnancy journey for Aboriginal women; a lack of respect or trust between service providers and between women and health professionals meant that decisions were made without all the essential information, potentially putting the safety of mothers and babies at risk;

• Coordination of Services – Despite many organisations available to support Aboriginal women and their families, what is missing is adequate funding and resources to support these organisations. Many organisations were working in silos offering programs and services that other organisations are unaware of; some regions report over servicing in some areas and a gap in services in others.

DISCUSSION

Overall, health professionals agreed that the development of an integrated journey plan needed to occur at the level of the health region, rather than Statewide. This was due to significant differences in service provision, professionals working in the regions, the demographics of the region, how services are organised and funding available. Despite these differences, there was an optimism that each region, supported by an inclusive consultation process (modeled on the Gascoyne model) could develop their own pathway model of care that would help facilitate a culturally secure supported journey for Aboriginal women and their families throughout the pregnancy journey and beyond.

The consultation did however, identify significant political, organisational, structural and cultural barriers to developing these journey plans. Overcoming these barriers was not considered to be insurmountable as the consultation revealed that there was a need to adopt a region-specific collaborative approach to investing in maternal and child health services for the long term. This is seen as successfully engendering respectful and trusting relationships between service providers and the Aboriginal people they support. This begins with a dedicated consultation process for developing comprehensive, inclusive and choice based maternity journey plans. Involving Women and Newborn Health Service (WNHS) and other agencies such as PATS as key stakeholders in all journey plans across Western Australia is crucial for ensuring seamless service delivery for all pregnant Aboriginal women.