Aim

This project aims to involve interested people and organisations in interpreting continuous quality improvement (CQI) data to:

- identify gaps in recommended care that are common across many health centres
- share knowledge on ways to improve Aboriginal and Torres Strait Islander maternal health care.

It is important for as many people as possible to be involved. It will help ensure the final ESP report for maternal health care reflects different views and collective knowledge, and is useful for improving maternal health care policies and delivery systems for Aboriginal and Torres Strait Islander communities. System level responses need to consider the holistic nature of Aboriginal and Torres Strait Islander wellbeing. They need to be shaped to meet the needs of Aboriginal and Torres Strait Islander people and communities.

What we have done

We brought together information (de-identified data) about maternal health care from 65 primary health centres that serve Aboriginal and Torres Strait Islander people. We analysed data from 1091 records and 58 system assessments to identify important items of recommended care that are provided to fewer people than expected (evidence-practice gaps).

Summary of Phase 1 findings

There is wide variation between health centres in most aspects of maternal health care. Improvement strategies need to start with priorities identified through local or regional CQI data, and to strengthen delivery of maternal care in health centres with lower levels of delivery.

A good number of health centres are doing well in:

- recording pregnancy care plans and delivery summaries
- recording smoking status and alcohol use, laboratory investigations (maternal immunity and infection) and follow-up (abnormal oral glucose challenge tests, anaemia)
- measuring maternal weight in the first trimester, blood pressure at all stages, fundal height, foetal heart rate and movements
- discussing breastfeeding and contraception at the postnatal visit.

Identified priorities for improvement

1. **client records and early pregnancy care**, including:
   - folate prescription before conception
   - pregnancy care visits before 13 weeks
   - completeness of delivery summaries

2. **risk factors and brief interventions**, record of:
   - talking about smoking and alcohol use with all women,
   - brief intervention, counselling or referral for social aspects of maternal wellbeing
3. **laboratory investigations and follow-up:**
   - offering foetal anomaly screening to all women
   - providing anti-D injections and rubella immunisations for women who require them

4. **routine antenatal checks and follow-up of abnormal findings,** particularly:
   - calculating body mass index and providing BMI management plans for all women,
   - follow-up of mid-stream urine (MSU) tests after abnormal urinalysis tests
   - discussing foetal movements, performing a cardiotocograph (CTG) or starting kick charts for women who report decreased foetal movements

5. **emotional wellbeing screening** for all women and appropriate follow-up for women at-risk

6. **postnatal care** that includes discussing:
   - sudden infant death syndrome (SIDS) prevention
   - social circumstances such as finance, housing and food security at postnatal visits

7. **health centre systems,** to support:
   - continuity of care, specialist-generalist collaborations
   - education, behavioural risk reduction and self-management support
   - communication and cooperation on health centre governance and operation, regional planning and development of health resources

**Do you agree with the priorities we have identified?**

Please read the report and complete the Phase 1 online survey.

When thinking about the survey questions, please review the graphs in the report and reflect on your knowledge and experience to provide feedback.

You may find the Group Facilitation Guide helpful for discussing a group or team response.

**Why read the ESP reports and do the surveys?**

- **If you work with clients,** this is an opportunity to look at CQI data beyond your health centre, and have a say about issues that affect your practice, and what does and doesn’t work on the ground.

- **If you are a manager or leader,** you can use the reports to discuss maternal care with your staff, and plan improvements based on evidence and strategies from across similar services. Doing the surveys adds the voice of your organisation to a national conversation about maternal health care issues.

- **If you are a CQI facilitator,** we hope the ESP project offers useful resources to inform your work and to stimulate discussion about quality improvement with the services and teams you support.

- **If you work at a higher policy or management level,** the reports provide a wide-scale picture of the quality of maternal care. Your survey responses bring a higher system level view to interpreting and using CQI data. The findings from our consultation can inform policy-making and strategic planning.

- **If you work in research,** the ESP project offers data about healthcare quality. Your participation supports knowledge exchange to translate evidence into practice to improve health outcomes.

**What will happen next?**

We will send you a phase 2 report of findings from the phase 1 survey and trend data for maternal care. (Make sure we have your email address.) The phase 2 survey will ask questions about barriers and enablers to high quality care and system-wide strategies for achieving improvement. We will present the findings in a final ESP report for maternal health care.

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*Engaging stakeholders in identifying priority evidence-practice gaps and strategies for improvement in primary health care (ESP) project*