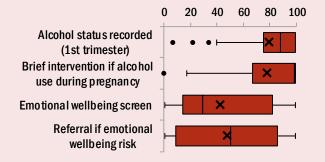# Maternal Health (based on feedback from 500+ stakeholders)

1. Priority Evidence - Practice Gaps

Aggregate CQI data (2012 - 2014)
Percent delivery to eligible clients
(n=65 health centres; 1,091 clients; x = mean)

Box plot showing percent delivery (0-100) for:
- Alcohol status recorded (1st trimester)
- Brief intervention if alcohol use during pregnancy
- Emotional wellbeing screen
- Referral if emotional wellbeing risk

Delivery & recording of key aspects of care:
- enquiry about smoking, use of alcohol & social risk factors
- provision of brief interventions early in pregnancy regarding smoking & use of alcohol
- post-natal counselling, in particular maternal & infant nutrition, safe environments & passive smoking risks

Follow-up planning & action:
- availability of appropriate services for referral if social risk evident

Emotional wellbeing screening & support

Other specific priorities:
- family wellbeing & family support during pregnancy and at birth
- pre-conception health

2. Barriers & Enablers

Staff recruitment & retention:
- systems to recruit, retain & support A&TSIHPs
- systems to assist experienced staff to support other PHC staff, particularly in times of staff shortage & high turnover

Staff capability (training & development):
- help staff provide care that respects and responds to patient needs and values
- build capability & support staff to work in partnership with communities
- requires strongly committed staff (including managers) who function effectively in teams, who know maternal health best practice & believe it benefits populations

Community capacity/engagement/mobilisation:
- systems to support community engagement, capacity & health literacy

Embedding CQI systems:
- access to best practice guidelines & other decision support resources for maternal care

3. Strategies

Workforce:
- train PHC staff to provide best-practice care for sensitive issues - alcohol use, smoking, social & emotional wellbeing

Community development:
- work with communities on co-developed & community led health promotion projects about smoking, alcohol use, foetal alcohol spectrum disorder & Sudden Unexpected Death in Infancy risk reduction
- co-develop or adapt local resources with communities to support client education & train PHC staff to use them

Health systems:
- develop systems & referral processes to support clinical decision making & continuity of care before, during and after pregnancy (involve A&TSIHPs & midwives)
- support consistent care by embedding care priorities in pregnancy & post-natal checks, quality audits and activities (including prompts in electronic health records & links to resources for staff and clients)
- advocate for healthy food, adequate housing & culturally appropriate local services for referral - particularly social & emotional wellbeing services

A&TSIHP - Aboriginal & Torres Strait Islander Health Practitioners; PHC – primary health care; CQI – continuous quality improvement