Plain Language Summary - ESP Project Report

Priority Evidence-Practice Gaps in Aboriginal and Torres Strait Islander Maternal Health Care - Phase 2 (with trend data 2007-2014)

Aim

This project engages people and organisations in interpreting continuous quality improvement (CQI) data for the purpose of:

- Identifying gaps in recommended care that are common across health centres
- Sharing 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. Knowledge, experience and ideas from workers in diverse roles will ensure the findings are useful for improving maternal healthcare policies and services for Aboriginal and Torres Strait Islander mothers and families. Healthcare delivery systems need to be refined to meet community needs and consider the holistic nature of Aboriginal and Torres Strait Islander wellbeing.

What we did in Phase 1 - the ESP maternal health care project

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 client records and 58 health centre system assessments to identify important items of recommended care that are provided to fewer people than expected (evidence-practice gaps). We reported the findings in the ESP Phase 1 Report and asked people to comment on these findings (through the Phase 1 survey).

Summary of findings so far

The Phase 1 data showed wide variation between health centres in most aspects of maternal health care. It showed that many health centres are doing well in recording of pregnancy care plans and delivery summaries, smoking status and alcohol use, laboratory investigations and follow-up; maternal weight in the first trimester, blood pressure at all stages, fundal height, foetal heart rate and movements; discussions of breastfeeding and contraception at the postnatal visit.

Priorities for improvement across the CQI data

People who did the Phase 1 survey confirmed the evidence-practice gaps reported in the Phase 1. They rated eight items of care as being the most important priorities for improving the quality of maternal care.

- Asking about smoking and giving advice about how to stop smoking in pregnancy
- Asking about drinking alcohol and delivering brief counselling early in pregnancy
- Assessing social risk factors in pregnancy. If risk is evident, recording a referral to appropriate services
- Following-up with women identified as ‘at risk’ based on emotional wellbeing assessment in pregnancy
- Screening all pregnant women for emotional wellbeing
- At the postnatal visit, talking about:
  - how to protect babies from Sudden Infant Death Syndrome (SIDS), and how important it is to keep a safe environment to protect the baby from harm
  - diet and nutrition for the mother and baby
  - smoking - and how a smoking environment increases SIDS risk.
Phase 2 - Trends in delivery of maternal health care 2007-2014

We have analysed de-identified data from 91 health centres participating in the ABCD National Research Partnership that conducted audits of maternal care 2007 – 2014 (4402 client records, 216 health centre system assessments).

**Trends over time** for areas of care identified as priorities for improvement show:

- Clear improvements in the overall delivery of pregnancy and postnatal care.
- Reduced variation between health centres for many aspects of pregnancy care.
- Generally, pregnancy care is being delivered at higher levels than postnatal care.
- Increase in variation between health centres for some aspects of care, due to some health centres improving their care delivery, including for postnatal care.

Despite these positive trends, recorded delivery of some priority aspects of care is still not consistently high.

**Variation between health centres** remains large - especially for:

- emotional wellbeing assessment in pregnancy and all the postnatal priority areas
- talking about smoking in relation to the increased risk of SIDS, SIDS prevention, and nutrition for the mother and baby.

**Client records show continuing lower service delivery** at some health centres in:

- Asking about smoking and alcohol use
- Providing smoking cessation advice
- Brief intervention and counselling in pregnancy
- Referring to appropriate services if there is evidence of social risk in pregnancy

**What will help or hinder your work to improve these areas of care? We value your input.**

Please read the report and complete the Phase 2 online survey.

The phase 2 survey asks questions about barriers and enablers to high quality care and system-wide strategies for improving care. Trend graphs in the report may help you reflect on your knowledge and experience to answer the survey questions. You may find the Group Facilitation Guide helpful for group or team discussion.

**What will happen next?**

We will send you a final ESP report for maternal health care and a data summary. The report will summarise findings from the phase 1 and 2 surveys. (Make sure we have your email address.)

**Why participate?**

- **If you work with clients**, it’s an opportunity to look at CQI data beyond your health centre, and have a say about issues that affect your practice and your clients’ care. You have experience of what does and doesn’t work in the community, and the expertise and ideas needed for improving care.

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

- **If you are a CQI facilitator**, we hope the ESP project offers useful resources to inform and support your work, and to stimulate discussion and encourage action to improve maternal care.

- **If you work at a higher policy or management level**, the reports provide a wide-scale picture of the quality of maternal care. Your 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 can be used to guide further research. Your participation supports the translation of evidence into practice to improve health outcomes.