

# Key messages for improving Aboriginal and Torres Strait Islander Maternal Health Care

## from the 'Engaging Stakeholders in Identifying Priority Evidence-Practice Gaps and Strategies for Improvement (ESP)' project

The ESP project for maternal health care brought together de-identified continuous quality improvement (CQI) data from 91 health centres participating in the ABCD National Research Partnership. The health centres include community-controlled and government managed health services in different Australian jurisdictions.

Teams in these health centres conducted audits of pregnancy and post-natal care (4402 client records), and completed 216 system assessments, over the period 2007 – 2014.

The research team did an initial analysis of the data. Then, in a phased process of reporting and online surveys, we asked people to interpret the most recent clinical audit and system assessment data, and trend data, on maternal care.

In 2015-2016, about 180 people in diverse roles and organisations helped to interpret the CQI data to:

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



**We are likely to improve maternal health care generally by focusing on eight important 'evidence-to-practice gaps' in care delivery. These gaps in care are common across many health centres.**

**Key findings** – Eight aspects of maternal health care were identified as system-wide priorities for improvement.

- 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.
- Screening all pregnant women for emotional wellbeing.
- Following-up with women identified as 'at risk' based on emotional wellbeing assessment in pregnancy.
- At the postnatal visit, talking about:
  - how 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 Sudden Infant Death Syndrome (SIDS) risk.

The priorities were identified because they were: a) important areas of clinical care that were being recorded at low levels by most services, or b) aspects of care where there was wide variation in recorded delivery of care, or c) components of primary health care (PHC) centre systems that were relatively poorly developed.



**Five key barriers to addressing the priority evidence-to-practice gaps are experienced across many health centres. Overcoming these barriers involves strengthening systems for workforce support, patient-centred care and working with patients and communities.**

**Key findings** – ESP participants brought together a large body of experience and knowledge in Aboriginal and Torres Strait Islander health to identify 5 key barriers.

- Systems to recruit, retain and support more Aboriginal and/or Torres Strait Islander Health Practitioners/Workers.
- Systems to help experienced staff to support other PHC staff, particularly in times of staff shortage or high turnover.
- Systems to help staff provide care that respects and responds to patient needs and values.
- Systems to support community engagement, capacity and health literacy.
- Systems to build capability and to support PHC staff to work in partnership with communities.

They identified some key enablers:

- Strongly committed PHC staff and managers who function effectively in teams, who know what best practice maternal health care is, and believe it benefits populations.
- Adequate systems for staff development of knowledge and skills.
- Access to best-practice guidelines and other decision support resources for maternal care.

Current knowledge highlights the importance of targeting specific barriers and enablers to improvement, and involving a range of stakeholders in developing interventions.



**Strategies for improving maternal care need to focus on overcoming the known barriers and strengthening systems to train staff in brief interventions for smoking, drinking alcohol and social and emotional wellbeing, to promote continuity of care, to provide culturally safe and effective referral and follow-up, and to support community health promotion activities.**

**Key findings** – Drawing on their knowledge and experience in Aboriginal and Torres Strait Islander healthcare, participants suggested strategies to overcome the identified barriers and address the priority evidence-practice gaps. These strategies included:

- Training PHC staff to provide best-practice care for sensitive issues - alcohol use, smoking and social and emotional wellbeing.
- Developing systems and referral processes to support clinical decision making and continuity of care before, during and after pregnancy. This should involve midwives and Aboriginal and Torres Strait Islander Health Practitioners/Workers.
- Supporting consistent care by embedding these care priorities in pregnancy and post-natal checks, quality audits and activities. Including prompts in electronic health records and links to resources for staff and clients.
- Advocating for healthy food, adequate housing and culturally appropriate local services for referral -

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particularly social and emotional wellbeing services.

- Working with communities on co-developed and community led health promotion projects about smoking, drinking alcohol, foetal alcohol spectrum disorder and Sudden Unexpected Death in Infancy risk reduction.
- Co-developing or adapting local resources with communities to support client education and training PHC staff to use them.

The development of strategies should take account of evidence about how effective and appropriate they are in different contexts. Policy makers, funders, leaders, managers and staff across levels of the health system need to take a coordinated approach to supporting key strategies within their levels and areas of influence. Implementing the suggested strategies to improve pregnancy and postnatal care will strengthen other key areas of care.

## From messages to action: **an opportunity for wide-scale improvement**

Why is it important to take action on the ESP project findings and key messages for maternal health care?

1. They are based on the analysis and interpretation of the largest and most recent available sets of continuous quality improvement (CQI) data for Aboriginal and Torres Strait Islander healthcare.
2. They represent the work, knowledge and ideas of people working in diverse roles in Aboriginal and Torres Strait Islander healthcare settings. Practitioners, managers and policy-makers at different levels of the health system, researchers, staff of health service support organisations and community-controlled health services have had input.
3. The findings and key messages provide an opportunity to develop system level solutions for common priorities for improvement in maternal healthcare for Aboriginal and Torres Strait Islander mothers.

How can the findings and messages be used to improve maternal health care?

We know from international and national evidence that taking a system-wide approach to CQI is linked to large-scale improvements in health outcomes. Changes need to be made at different levels – the individual, the group or team, the service, and the wider environment in which services operate – to improve overall care quality and outcomes.

ESP findings can be used to inform multi-level policy and system refinements that focus on strategies for overcoming barriers experienced across health centres, and strengthening known enablers for better care. Strategies should be developed collaboratively across regions and jurisdictions, and between service providers and communities - and adapted to local contexts.



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