

Aboriginal families STUDY

Policy Brief #1 ANTENATAL CARE

Translating evidence from the Aboriginal Families Study to inform policy and practice

This policy brief summarises preliminary findings from the Aboriginal Families Study. It suggests that the shift to providing services for Aboriginal families via the Aboriginal Family Birthing Program in South Australia has improved engagement with antenatal care. This is likely to translate into better outcomes for Aboriginal women and children.

Australian Aboriginal and Torres Strait Islander women are between two to five times more likely to die in childbirth than non-Aboriginal women, and two to three times more likely to have a low birthweight infant.^{1,2} Babies with a low birthweight are more likely to have chronic health problems in adult life. Recent data suggest that in some Australian states, including South Australia, the proportion of low birthweight infants may be increasing.²

The Australian Government has set agreed targets for closing the gap in Indigenous disadvantage. These include:

- an increase in the proportion of Aboriginal mothers receiving antenatal care in the first trimester of pregnancy (≤ 13 weeks) and in the proportion attending 5 or more antenatal visits,
- a reduction in the proportion of Aboriginal infants with a low birthweight.³⁻⁶

In South Australia, the Aboriginal Family Birthing Program (AFBP), initially implemented across country areas, and more recently implemented in Adelaide, is changing the way that services are provided to Aboriginal families. The program enables Aboriginal women to be cared for during pregnancy, labour and birth, and the postnatal period by Aboriginal Maternal and Infant Care (AMIC) workers working in partnership with midwives, obstetricians and GPs. The program builds on the successful Anangu Bibi Birthing Program in Port Augusta. While there has been only a small scale evaluation of this program, this study found that Aboriginal women were very positive about the program.⁷

Evaluation is complicated by the number of different programs that are operating, and the need for large numbers of women to have participated in the AFBP before it will be possible to assess the impact on outcomes such as infant birthweight.

The Aboriginal families STUDY

The Aboriginal Families Study is a cross sectional population-based study investigating the views and experiences of mothers having an Aboriginal baby in South Australia between July 2011 and June 2013.

The primary aims of the study are to:

- compare experiences and views of women attending standard (mainstream) models of antenatal care with those accessing care via the Aboriginal Family Birthing Program;
- assess factors contributing to early and continued engagement with antenatal care; and
- use this information to inform strengthening of services for Aboriginal families.

Women living in urban, regional and remote areas of South Australia are being invited to take part in the study by completing a structured interview when their baby is between 4-12 months old.

So far, over 190 women living in urban, regional and remote areas have taken part. A small team of Aboriginal interviewers are recruiting and interviewing women across South Australia, with the aim of completing 300 interviews by November 2013.

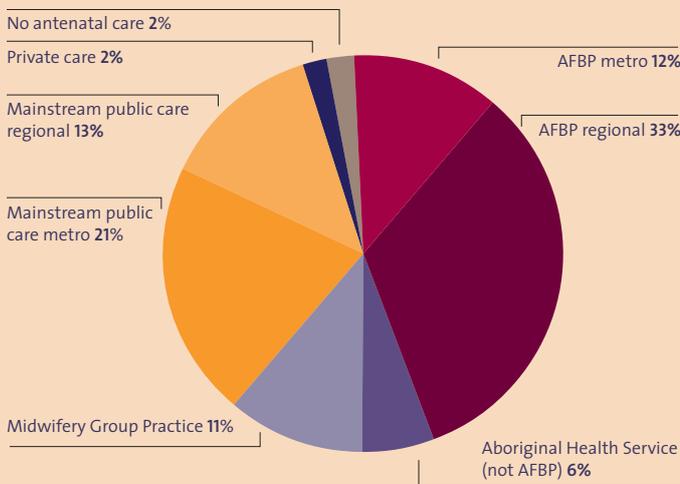
This policy brief is based on the findings from the first 130 participants. A majority are Aboriginal women (121/130). Nine are non-Aboriginal mothers of Aboriginal babies. They range in age from 15 to 43 years, with 18% aged 15-19 years, and 36% aged 20-24 years. The first 130 participants are representative in terms of maternal age, place of residence (metropolitan/ rural), and place of giving birth (metropolitan/rural hospital) compared with data reported by the South Australian Pregnancy Outcome Unit for Aboriginal women giving birth in South Australia in 2010.²

What does the research tell us?

Pregnancy care for half of the mothers taking part in the study was provided by services specifically established to improve care for Aboriginal families.

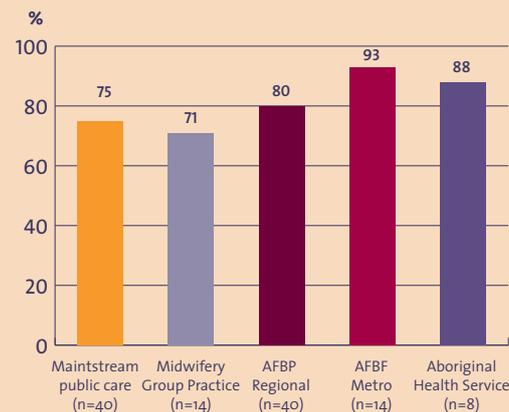
- 44% of women attended Aboriginal Family Birthing Program services
- 6% attended Aboriginal Health Services
- 35% received mainstream public care, mostly public clinic care or shared care
- 11% received care from a Midwifery Group Practice
- 2% had private obstetric care
- 2% had no antenatal care.

Fig 1: Model of antenatal care



The study findings show that the Aboriginal Family Birthing Program is making a difference to how, when and where Aboriginal women and families access care in pregnancy. Against two key health performance indicators – the proportion of women having their first antenatal visit in the first trimester, and the proportion of women attending five or more visits - the findings suggest that the AFBP services are achieving very good to excellent outcomes. More women attending the metropolitan and regional AFBP services are going early for care, and all women attending the metropolitan AFBP services had five or more visits.

Fig 2: First antenatal visit at ≤ 13 weeks' gestation by model care

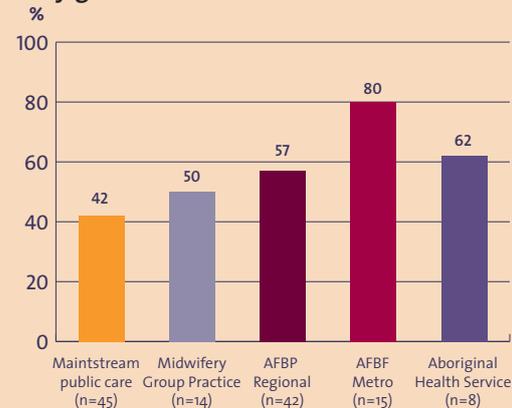


Overall, the results suggest that the proportion of Aboriginal women accessing antenatal care in the first trimester of pregnancy is improving. 78% of women who recalled the timing of their first visit for pregnancy care said that this was during the first trimester, compared with 54% of women recorded as having had a first visit in the first trimester in SA routinely collected perinatal data for 2010.²

A small proportion of women are choosing to attend antenatal care later than the first trimester, not to attend regularly, or not to go at all. This is particularly concerning in the context that 50% of women in the study had one or more serious medical complications in pregnancy (e.g. diabetes, high blood pressure).

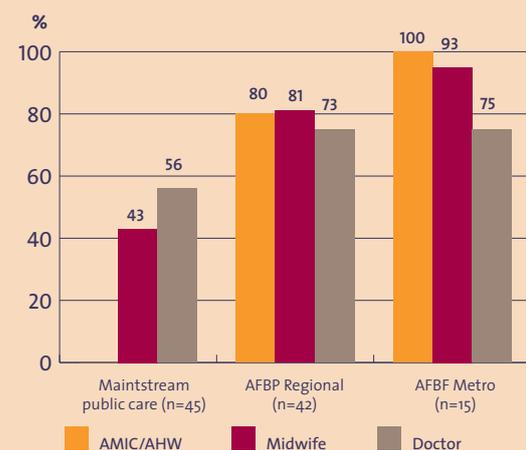
The feedback from women about mainstream public care reinforces what has been reported anecdotally – that families too often find that they are not treated well by services and that care falls short of meeting their needs in some way. Only 42% of women receiving mainstream public care described their antenatal care as 'very good' compared with 80% of women receiving care from a metropolitan AFBP service and 57% of women attending a regional AFBP service.

Fig 3: % of women who described their antenatal care as 'very good'



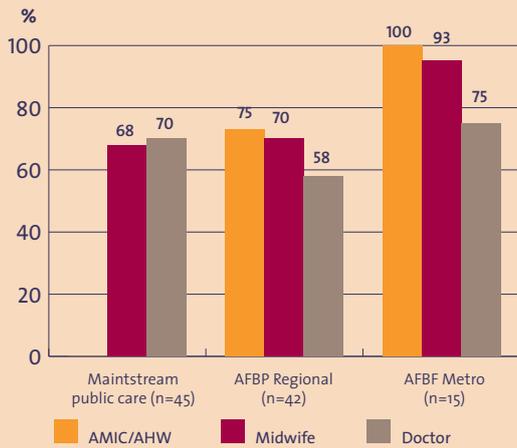
Overall the feedback women gave about care they received from AMIC workers/trainees, midwives and doctors that work in the AFBP services was very positive.

Fig 4: % of women who said health professionals remembered them between visits



Women attending the AFBP services were much more likely to feel that health professionals remembered them between visits, and in the metropolitan AFBP feedback were especially positive about the way that health professionals explained tests, and things happening in the pregnancy. These positive experiences are likely to translate into better engagement with services, and ultimately into better health outcomes for Aboriginal women and children.

Fig 5: % of women who said health professionals used words they could understand



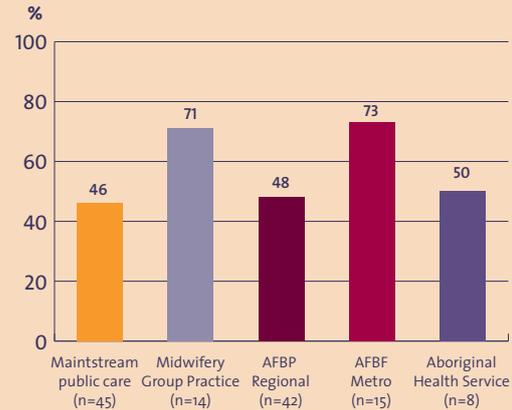
The positive feedback about the AFBP services, not just about AMIC workers, but also about midwives and doctors working in the AFBP services, suggests that change is happening. It appears that training an Aboriginal workforce to work as integral members of the clinical team, and implementing a model of care focused on meeting the needs of Aboriginal families is having a positive impact on how health professionals work together to support families.

Social determinants of health

The research has also given us a picture of the social health of Aboriginal women and families during pregnancy.

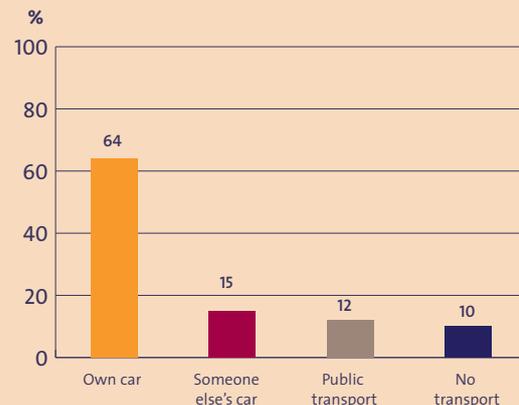
Over 50% of women were coping with three or more social health issues (e.g. housing problems, drug and alcohol issue, family violence, death of a family member) when they were pregnant.

Fig 6: Three or more social health issues in pregnancy by models of care



Almost 40% of Aboriginal families are reliant on public transport, a family member or friend with a car to attend antenatal visits, or have no access to transport to get to antenatal visits.

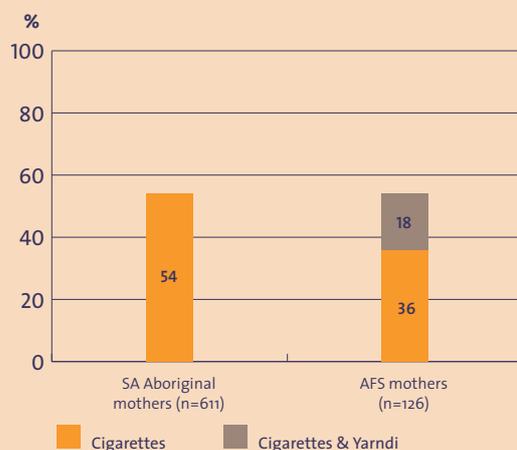
Fig 7: Transport to get to visits in pregnancy



A quarter of women had to travel and be away overnight to access specialist antenatal care which was not available where they live.

Almost one in five women used 'yarndi' (Cannabis) in pregnancy, and 54% smoked cigarettes.

Fig 8: Smoking cigarettes &/or yarndi (Cannabis) in pregnancy (AFS vs SA data)



Considerations for policy and programs

Social determinants of health

- Aboriginal families are often coping with major social health issues that are likely to impact on the capacity to access services and on health outcomes. Many families will need support and assistance to stay healthy and give children the best possible start in life.
- The high proportion of women coping with multiple social health issues in pregnancy is undoubtedly one of the factors contributing to continuing high rates of smoking.
- There is evidence directly linking social adversity in pregnancy (as measured by the number of stressful life events and social health issues that women are coping with) to low infant birthweight.⁸ This remains true even when the effect of smoking in pregnancy is taken into account.
- There needs to be increased awareness among health professionals of the impact of social adversity and stress associated with social health issues and stressful life events on maternal, newborn and child health outcomes.
- Greater attention needs to be given to providing women with appropriate support for social health issues affecting their health in pregnancy as a routine part of antenatal care.

Models of care

- The likelihood of Aboriginal women and families having a greater number of social health issues to deal with compared to non-Aboriginal families is one of the reasons why it is important to have Aboriginal community-led programs that support women coping with social health issues, and that offer (among other things) transport to get to visits, and/or outreach visits.
- Women who had to travel and be away overnight to access antenatal care were much more likely to have negative experiences. There is currently limited capacity for the regional and metropolitan AFBP services to work together to facilitate a smooth transfer for women and families when they need to come to Adelaide for care. The findings reinforce the need to give attention to this issue.

Community engagement and education

- The results suggest that more Aboriginal women and families are accessing antenatal care in the first trimester compared with data available for 2010. It is reasonable to think that the wider availability of the AFBP services is one of the reasons for this change.
- There are still some Aboriginal women choosing not to go to visits in the first trimester, and a small number of women receiving no antenatal care.
- The reasons women gave for not attending antenatal visits earlier or more often provide some pointers for things that services need to give attention to. Lack of transport was a recurring theme reinforcing the importance of services offering transport and/or outreach visits. Concerns about potential breaches of confidentiality and anxiety about what happens at check-ups were also mentioned and could be addressed by appropriate community education and information. A few women didn't think that going to visits early in pregnancy was necessary, especially women who already had children. This also could be addressed by community education.

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This policy brief has been put together by the Healthy Mothers Healthy Families research group, Murdoch Childrens Research Institute and the Aboriginal Health Council of South Australia. We acknowledge and thank the many Aboriginal families, communities and agencies that have supported the study, including members of the Aboriginal Advisory Group.

REFERENCES

References used in development of this policy brief are available from: hmf@mcri.edu.au

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