

# Aboriginal families STUDY

## Policy Brief #5

### SAFEGUARDING THE HEALTH OF MOTHERS AND BABIES

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

This policy brief summarises findings from the Aboriginal Families Study: a population based study of 344 women giving birth to an Aboriginal baby in South Australia. It shows that most women accessed primary care from GPs, Child and Family Health Services and/or Aboriginal Health Workers after their baby was born. However, a minority of women did not. This has concerning implications for the health of mothers and babies.

## The first few months after birth

The first few months after childbirth are a critical period for maternal health and recovery, and for establishing important foundations for child health and wellbeing.<sup>1</sup> Furthermore, maternal health and child health are inextricably linked. Issues that affect the health and wellbeing of mothers also impact on the health and wellbeing of children, and vice versa.<sup>1-6</sup>

Despite growing recognition of the importance of maternal health and wellbeing to child health, Australian primary care services are yet to develop a strong infrastructure for maternal health surveillance and support after childbirth.<sup>7</sup>

Severe perinatal depression, anxiety and exposure to family violence are among the leading causes of maternal death.<sup>8,9</sup> Australian studies in general population cohorts show that maternal health problems such as depression, anxiety, back pain and incontinence are common in the postnatal period, not necessarily self-limiting, and commonly not disclosed or discussed with health professionals.<sup>10-14</sup>

Aboriginal women also have higher rates of pregnancy complications and medical conditions such as diabetes, hypertension and anaemia, all of which require follow-up in the postnatal period.<sup>15</sup>

Universal primary care services via GPs and child and family health services are an important part of Australia's public health framework in all state and territory jurisdictions. However, few studies have examined Aboriginal and Torres Strait Islander women's experiences of accessing primary care services in the year after childbirth.

## The Aboriginal families STUDY

The Aboriginal Families Study (AFS) 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. A small team of Aboriginal interviewers invited women living in urban, regional and remote areas of South Australia to take part in the study when their baby was approximately 4-12 months old.

## Access to postnatal primary care

The majority of women (over 80%) saw a local doctor and/or a Child and Family Health Service (CaFHS) nurse at least once in the early postnatal period.

However, one in five women in the study (19%) did not recall seeing a GP between the birth and the time of completing the questionnaire (on average around 7 months postpartum). One in seven women (14%) did not recall seeing a CaFHS nurse, and two out of every five women said they had not seen an Aboriginal health worker.



**1 in 7 women  
did not see a  
CaFHS nurse**

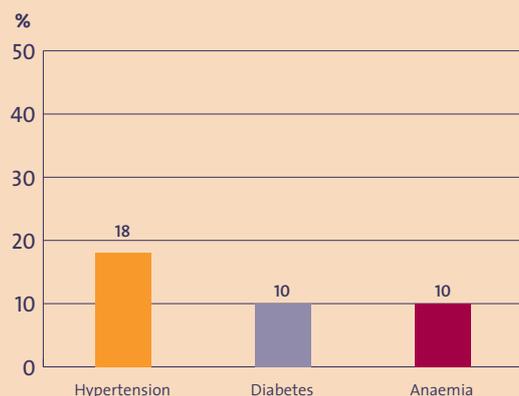


**1 in 5 women  
did not see  
a GP**

## Maternal health during pregnancy

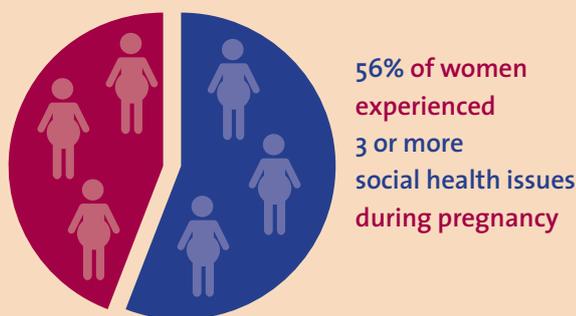
Many women in the study reported having serious medical conditions during pregnancy. One in five had hypertension, one in ten had diabetes and one in ten had iron deficiency anaemia. Just over half of women reported one or more serious medical conditions or other medical complications during pregnancy.

**Fig 1: Serious medical conditions during pregnancy**



## Social health issues during pregnancy

Most women experienced at least one stressful event (e.g. death of a family member) or social health issue (e.g. housing problems, family violence, drug and alcohol problems) during pregnancy, and more than half experienced three or more stressful events and/or social health issues during the time they were pregnant.



Some of the issues women experienced were:

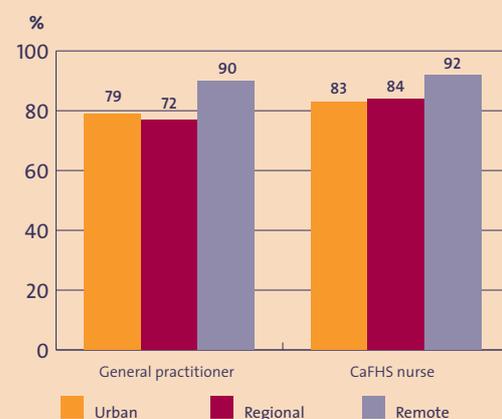
- Being upset by family arguments (55%)
- Housing problems/having to move house (43%)
- Family member/friend passed away (41%)
- Scared by other people's behavior (31%)
- Partner had problems with drugs or alcohol (22%)
- Pushed, shoved or assaulted (16%).

## Which women and children are missing out?

The findings show that women living in urban areas are less likely to see primary health care practitioners in the postnatal period than women living in remote areas of South Australia. As shown in Figure 3, 79% of women living in Adelaide reported that they had seen a GP since the birth, compared to 90% living in remote areas of South Australia.

Similarly, a smaller proportion of women living in Adelaide had seen a CaFHS nurse, compared to women living in remote parts of the state (83% versus 92%)

**Fig 3: Postnatal visits with GPs and CaFHS nurses**



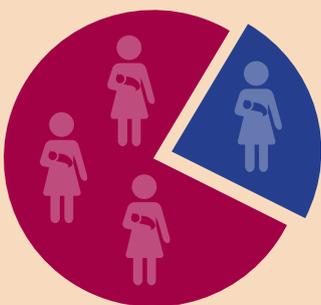
We anticipated that women who had serious medical conditions in pregnancy would be more likely to have contact with GPs and CaFHS nurses in the postnatal period. This was not borne out by the data. The findings showed that there were only small differences in utilisation of primary care related to women's health in pregnancy.

Of particular concern, one in seven women with gestational diabetes (16%) and one in ten (10%) women with hypertension in pregnancy had not seen a GP since the birth.

## Primary care follow-up after adverse birth outcomes

We expected to find that women who had a preterm birth, small for gestational age or low birthweight infant would be more likely to see primary care practitioners for follow-up after hospital discharge. This hypothesis was not supported by the findings. In general, there were only small differences in the utilisation of primary care comparing women with and without an infant born preterm, small for gestational age or with a low birthweight.

However, one finding stood out. One in four women (24%) who had a low birthweight infant had not seen a CaFHS nurse, compared to 13% of women who had an infant weighing 2500-3999 grams, and 10% with an infant weighing 4000 ± grams.



**1 in 4 women with a low birthweight infant had not seen a CaFHS nurse**

## The transition from maternity services to primary care

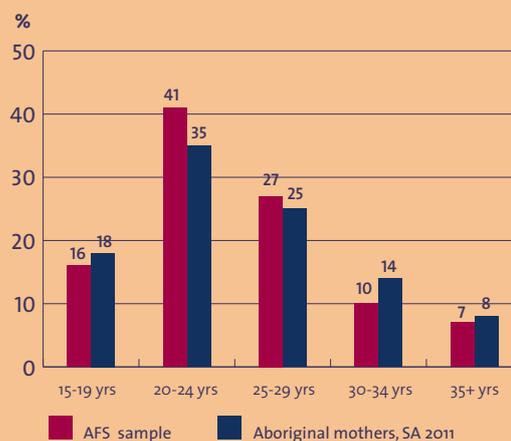
Two thirds of women (77%) who saw a CaFHS nurse said that the first visit was at home. Around one in ten (11%) had their first visit with a CaFHS nurse at an Aboriginal health service, and another 10% attended a local CaFHS centre. Half of women who had a CaFHS visit said an Aboriginal Cultural Consultant was present for the first visit.

No information was collected in the study regarding the process of discharge planning or handover between services. There was some evidence that women who had attended Aboriginal Family Birthing Program services were more likely to receive postnatal follow-up, especially with Aboriginal health workers.

## About women in the study

All women who took part gave birth to an Aboriginal baby in South Australia between July 2011 and June 2013. A majority were Aboriginal women (311/344, 90%). Four women identified as both Aboriginal and Torres Strait Islander and four women as Torres Strait Islander (2%) and 25 women were non-Aboriginal mothers of Aboriginal babies (7%). The average age of the baby when mothers completed the questionnaire was 7 months. Women participating in the study ranged in age from 15-43 years (at the time of their baby's birth), with over half of women aged under 25 years. We estimate that approximately a quarter of all Aboriginal women who gave birth in South Australia in the study period took part.

Fig 4: Age of mothers in the study



To assess the representativeness of the sample, we compared data on social characteristics with routinely collected South Australian perinatal data for 2011. The women in the study are largely representative in relation to maternal age (see Figure 5), gestation and infant birthweight. Women having their first baby were slightly over-represented (42% compared with 34% in routine data), and women giving birth at metropolitan hospitals under-represented (52% compared with 59% in routine data).

39% were living in Adelaide and 61% in regional areas of South Australia, including: Ceduna, Port Lincoln, Whyalla, Port Augusta, Murray Bridge and Mount Gambier. 87% of women taking part had a health care concession card.

# Considerations for policy and services

## Achieving equitable access to universal services

Universal primary care services are an important platform for the current and future health and wellbeing of children and families. The Aboriginal Families Study findings show that some Aboriginal families continue to miss out on important postnatal primary care follow-up in the year after childbirth.

Systematic and sustained efforts by policy makers and health services are needed to overcome barriers to access and utilisation of health services. This means moving beyond a 'one size fits all' approach to:

- tailor services in ways that are culturally appropriate for Aboriginal families
- strengthen the capacity of health services to provide integrated and holistic primary health care
- address systems issues (e.g. inadequate discharge planning and communication between services).

## Priorities for policy and services:

- Strengthening the focus of primary care services on maternal health and wellbeing
- Sustaining and expanding the Aboriginal Family Birthing Program in urban and regional areas
- Enhancing the role of Aboriginal health workers in the Child and Family Health Service
- Strategies to ensure a seamless transition between antenatal and postnatal primary care
- Enhanced discharge planning to improve communication between hospitals and primary care services
- Developing collaborative frameworks to ensure that essential information about maternal health in pregnancy and post birth is included in discharge summaries in sufficient detail to alert community-based care providers of maternal health and child health issues requiring follow-up
- Engaging Aboriginal community controlled health services in program delivery and design of systems to ensure that health services are culturally appropriate, accessible and reaching out to Aboriginal families
- Workforce training and development in urban and regional areas to support effective engagement with Aboriginal families, foster teamwork and partnerships with Aboriginal health services, increase understanding and recognition of institutional racism, and promote enhanced systems of care.

## Mothers' health matters

Despite recognition that the health of mothers and children are inextricably linked, the primary focus on postnatal follow-up tends to be on the health of the developing infant. The important role of primary health care services in safeguarding mothers' health and recovery in the postnatal period tends to be less of a priority than ensuring that children receive appropriate follow-up at key ages and stages of development.

The findings reported here, and other research conducted by the Healthy Mothers Healthy Families group point to need for much more frequent and longer-term surveillance of maternal health, paying particular attention to common maternal health issues such as depression, anxiety, incontinence, and family violence.<sup>10-14</sup>

For Aboriginal women experiencing serious medical conditions such as diabetes, hypertension and anaemia, there are additional grounds for ensuring that postnatal follow up is timely, tailored to women's individual circumstances, and comprehensive. A seamless transition from antenatal to postnatal care is critical.

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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](mailto:hmf@mcri.edu.au)

The Aboriginal Families Study is funded by the National Health and Medical Research Council, the Rio Tinto Aboriginal Fund and SA Health.

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### Citation for this policy brief:

Brown SJ, Yelland J, Weetra D, Glover K, Stuart-Butler D, Leane C, Deverix J, Ah Kit J, Gartland D. *Aboriginal Families Study Policy Brief No 5: Safeguarding the health of mothers and babies*. Murdoch Childrens Research Institute, Melbourne, 2016.