ANTENATAL CARE IN THE Wimmera Southern Mallee

Understanding the story

BYFIVE
WSM Early Years Initiative

EXECUTIVE
Summary

The Wimmera Southern Mallee (WSM) By Five Initiative aims to ensure all children succeed in learning and life. We are committed to ensuring that every child and family has access to **consistent, quality** early years services in the **quantity** required for children to thrive. This includes antenatal care. Regular antenatal care is associated with positive maternal and child health outcomes, and the likelihood of receiving effective health interventions is increased through accessing antenatal care (Australian Institute of Health and Welfare, 2023).

Antenatal care is regarded as one of five key evidence-based interventions/platforms in early childhood that can redress inequities in early childhood, if delivered effectively, are available locally in sufficient quantity and children and families can participate at the right dosage levels (Molloy, Macmillan, Goldfeld, Harrop, Perini, 2018).

In Victoria, there is a tiered maternity and newborn service system with six levels of maternity and newborn care across both the public and private services. Grampians Health (GH) Horsham is a Level 4 Maternity Service and the only birthing hospital in the WSM. West Wimmera Health Service is a Level 1 Maternity Service.

Through this mapping work, local health services, local government and women in the community were consulted to understand what antenatal care currently looks like in the WSM, their lived experience and what changes or improvements they would like to see. Information was collected in the context of antenatal, domiciliary, postnatal care, and maternal and child health care. Whilst the intent was to understand antenatal care, conversations naturally led to birthing, postnatal care and Maternal and Child Health care

Publicly available local antenatal and birthing data is not readily accessible. Maternal Child Health (MCH) Nurses receive birthing notifications and have been able to share this. It is estimated that 30% of women birth outside the WSM, excluding Northern Grampians (NG) Shire due to its proximity to other birthing centres.

It is noted that GH Horsham are implementing a new maternity model including an outpatients clinic based in Horsham. By Five will aim to work with all services when exploring next steps to address emerging themes. It is also noted that General Practitioners (GPs) were not consulted in this first stage of work due to the challenges with work schedules, however we acknowledge their important and ongoing role in this space.

Themes that have emerged from the information gathered are:

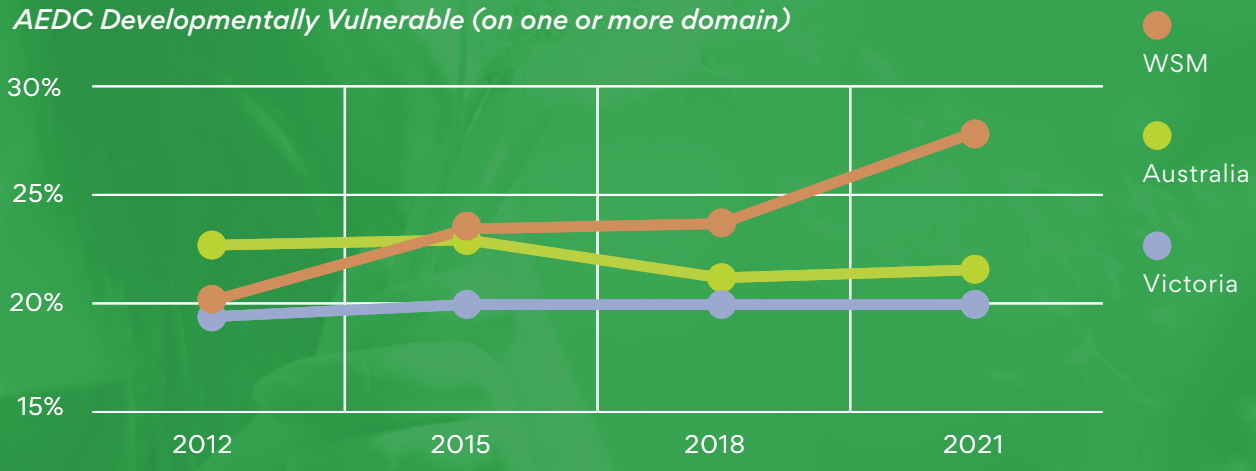
- Approximately 30% of women birth outside the region, either by choice (e.g., location, family, preference of provider) or because they are unable to birth locally due to the capability of Horsham (e.g., certain types of diabetes, Body Mass Index)
- Accessibility of services (antenatal, domiciliary, postnatal) varies significantly dependent on where a woman lives
- Provision of antenatal care in our communities requires strengthening to ensure all women have access to quality, accessible care that is coordinated and delivered as close to home as possible.
- Some women, even if they birth in Horsham, are required to travel long distances to make antenatal appointments. This can be expensive and stressful, particularly if they have other children, and are required to take time off work
- Women reported feeling there are not enough maternity services available locally, both generalist and specialist. There is also interest in more midwifery-led care available, particularly at a local level
- There is appetite to offer antenatal care in local areas, in a shared care format, like the West Wimmera Health Service (WWHS) clinic
- Stories were shared of women having to relocate themselves and their families close to their due dates to be close to a birthing service. This requires accommodation, travel and time off work for support family/people in preparation. Some women reported the impact this had on their birth plan e.g., being induced or choosing an elective cesarean.

ABOUT
By Five

The WSM By Five Early Years Initiative was initiated by the WSM Regional Partnership in response to the poor developmental outcomes of children across the region as indicated by the Australian Early Developmental Census (AEDC).

The AEDC is a nationwide data collection of early childhood development at the time children commence their first year of full-time school. The AEDC highlights what is working well and what needs to be improved or developed to support children and their families by providing evidence to support health, education and community policy and planning. The 2021 AEDC showed that more than 1 in 4 children were developmentally vulnerable in one or more of the 5 Domains, about 8% higher than the State average. Starting school behind has life-long consequences for children and communities.

FIGURE 1: 2012 - 2021 AEDC DATA



The 2022-2025 By Five Strategic Plan outlines the intention to improve the AEDC outcomes of children in our region. As a place-based initiative, we work with families, communities, service providers and researchers on the following priorities:

1. Equitable access
2. High quality care
3. Engagement and participation
4. Confident and connected families
5. Supportive community environments

WIMMERA SOUTHERN MALLEE

The WSM covers 34,000km2, about 13 percent of the State, with a population of about 48,500. This sparsely populated region is home to many small, vibrant communities and two regional centres, Horsham and Stawell. Whilst we are an older population with an age average of 49 years (10 years higher than the State), we have 2,555 children aged 0-4 years who all deserve the best services and community supports to thrive.

WSM population: 48,500

Population 0-4 years: 2,555

WSM area: 34,000 km2

The Wimmera Southern Mallee (WSM) By Five Initiative aims to ensure all children succeed in learning and life. We are committed to ensuring that every child and family has access to **consistent, quality** early years services in the **quantity** required for children to thrive. This includes antenatal care.

Antenatal care is regarded as one of five key evidence-based interventions/platforms in early childhood that can redress inequities in early childhood, if delivered effectively, are available locally in sufficient quantity and children and families can participate at the right dosage levels (Restacking the Odds, 2019).

While the focus of this mapping work was to understand antenatal care, conversations with service providers and women, along with information provided through surveys, by nature, led to conversations across the continuum of antenatal, domiciliary, post-natal care, and maternal and child health care. Often health providers in rural areas work in dual roles and may see women in different stages of their pregnancy journey, or in other aspects of their health and wellbeing journey.

ANTENATAL CARE

Antenatal care refers to the planned visits between a pregnant woman and a midwife or doctor to assess and improve the wellbeing of the mother and baby throughout pregnancy. Effective models of antenatal care focus on the individual's needs and preferences, collaboration, and continuity of care (Molloy et al., 2018).

The National Health and Medical Research Centre recommend the schedule of antenatal visits should be determined on the individual woman's needs. For a woman's first pregnancy without complications, a schedule of 10 visits should be adequate. For subsequent uncomplicated pregnancies, a schedule of 7 visits should be adequate.

It is recommended that the first antenatal visit should occur before 10 weeks pregnancy due to the high information needs in early pregnancy. There are a number of tests that are most effective when conducted early in the pregnancy e.g., gestational age assessment and testing for chromosomal anomalies (National Institute of Health and Clinical Excellence, 2008).

Australian maternity services are delivered through a mix of public and private services with planning and delivery predominately undertaken by the states and territories through publicly

funded programs and the Commonwealth providing national direction and supporting efforts to improve care and outcomes (COAG Health Council, 2019).

In Victoria, there is a tiered maternity and newborn service system with six levels of maternity and newborn care across both the public and private services. The Department of Health Capability framework for Victorian maternity and newborn services (2022) outlines the role of maternity and newborn services and defines the minimum standards required to deliver different levels of care. The levels of care are as follows:

Figure 2: The Victorian system of maternity and newborn care

The Department of Health, Safer Care Victoria and the Victorian Agency for Health Information work together at a systems level to support maternity services to provide high quality care, that is delivered in partnership with consumers and is based on the best available evidence.

QUALITY AND QUANTITY IS IMPORTANT

Regular antenatal care is associated with positive maternal and child health outcomes, and the likelihood of receiving effective health interventions is increased through accessing antenatal care (Australian Institute of Health and Welfare, 2021). In particular, regular antenatal care in the first trimester of pregnancy is associated with better maternal health, fewer interventions in late pregnancy and positive child health outcomes.

Some women will experience difficulties in accessing health services and may experience poorer outcomes. Considering and respecting the broader context of a women's life, including social, emotional, physical, psychological, spiritual and cultural needs, is important in pregnancy planning and care, and women should be given information in an appropriate form to support them to make choices about their care (Pregnancy Care Guidelines, 2020).

GUIDELINES & Research

COAG WOMEN-CENTRED CARE

Strategic directions for Australian Maternity services

Australian maternity services are delivered through a mix of public and private services with planning delivery predominately undertaken by the states and territories through publicly funded programs, and the Commonwealth providing national direction and supporting efforts to improve care and outcomes. This document provides overarching national strategic directions to support Australia's high-quality maternity care system and enable improvements in line with contemporary practice, evidence, and international developments. Safety, respect, choice and access are the values and principles under which the strategic directions have been developed.

MATERNITY AND NEWBORN SERVICES USER GUIDE

Safer Care Victoria

This guide is available to help Victorian maternity and newborn services understand their role and requirements in providing safe, high-quality healthcare, and has been designed to complement the Victorian Clinical Governance Framework (Safer Care Victoria, 2017).

Included in this document are models of maternity care. Providing more maternity care options for women that enhance continuity of care are key priorities for maternity service planning and improvement. Maternity services should provide models of care that respond to the preferences and care needs of their local communities where possible. Collaborative and integrated care with other local providers of maternity care, such as general practitioners or eligible midwives, provide a convenient model of care for women wanting to be cared for closer to home, where appropriate. Any shared care model needs to operate under an established agreement between the shared care affiliate and the maternity service.

Safer Care Victoria also produced the Maternity Dashboard User Handbook, which guides the use of the maternity indicators dashboard report, a tool for clinicians, managers and health service executives. Included in this, is the Birthing Outcomes System (BOS) which is an integrated pregnancy, birthing and neonatal record used by the majority of Victorian maternity hospitals and is the primary data source for the Victorian Perinatal Data Collection.

POSTNATAL CARE PROGRAM GUIDELINES FOR VICTORIAN HEALTH SERVICES

The postnatal period is defined as the period after the delivery of the baby, usually the first six weeks after birth (AIHW, 2022). Postnatal care may be provided in the acute and community healthcare sectors or in the woman's home. Postnatal care may be provided by a number of health professionals, including registered midwives, registered and enrolled nurses, obstetricians, GPs and Aboriginal health workers. Victorian Public Health Services are responsible for providing postnatal care to women both in the hospital and for the immediate period following a woman's discharge.

Health services may restrict service delivery to individuals residing within a geographical area, however, they should demonstrate flexibility to accommodate the exceptional needs of women residing outside of this area. Where health services determine that a woman lives outside of their feasible geographical area, the provision of postnatal home-based care should be sub-contracted to a local health service, private provider, or district nursing service. Sub-contracted health services are responsible for arranging appropriate remuneration with the birthing hospital for any services provided. In some cases, sub-contracting of postnatal home-based care should be arranged to maintain continuity of care and/or carer.

RESTACKING THE ODDS

Restacking the Odds (RSTO) is a collaboration between the Centre for Community Child Health at the Murdoch Children's Research Institute, Bain and Company, and Social Ventures Australia. RSTO aims to ensure that children and families can access a combination of high-quality, evidence-informed services when and where they need them. It looks to support service providers and communities to use evidence-based data to improve the quantity, quality, and participation in five services most commonly available in communities:

- → Antenatal care
- → Sustained nurse home visiting
- → Early childhood education and care
- → Targeted parenting programs
- → The early years of school

By Five and RSTO are working together to look at the potential for the WSM to become a partner and further our work in antenatal care, and also early childhood education and care.

RURAL DOCTORS ASSOCIATION OF AUSTRALIA POLICY POSITION

Rural Maternity Services in Australia

Rural Doctors Association of Australia have released a position paper on Rural Maternity Services in Australia. They state access to safe, high-quality maternity services that deliver contraceptive, safe termination, preconception, antenatal, perinatal, and postnatal care, provided by a well-trained and supported workforce, diminishes the health risks for rural women and their babies. Health workforce training, recruitment, retention, and development strategies are necessary to ensure the ongoing provision, maintenance, and sustainability of rural maternity services.

MATERNAL AND CHILD HEALTH NURSE QUALIFICATIONS

The Victorian Maternal and Child Health (MCH) Service is a free universal primary health service available for all Victorian families with children from birth to school age. The service is provided in partnership with local government (represented by Municipal Association of Victoria), health services and the department with the aim to promote and optimise health, wellbeing, safety, development and learning outcomes for children and their families.

The MCH Service provides a comprehensive and focused approach for the promotion, prevention and early identification of the physical, emotional and social factors affecting young children and their families. The MCH Service supports child and family health, wellbeing and safety, focusing on maternal health and father-inclusive practice as a key enabler to optimise child learning and development. In order to practice as a MCH nurse in Victoria, a MCH nurse is required to hold current registration with Australian Health Practitioner Regulation Agency (AHPRA) as:

- A Registered Nurse (Division 1)
- A Registered Midwife, and
- In addition to the above registrations, hold an accredited postgraduate degree/diploma (or equivalent) in maternal and child health nursing (Maternal and Child Health Service guidelines, 2021).

THE Local Story

ACCESS

Regular antenatal care in the first trimester is associated with better maternal health in pregnancy, fewer interventions in late pregnancy and positive child health outcomes. The Australian Pregnancy Care Guidelines (Department of Health, 2020) recommend that first-time mothers with an uncomplicated pregnancy have 10 antenatal care visits during pregnancy (7 visits for subsequent uncomplicated pregnancies). It is also recommended that a woman has her first antenatal visit within the first 10 weeks of pregnancy.

Whilst there are many screens and checks taken at each antenatal appointment, there are only two publicly available datasets currently available at a Local Government Area (LGA) Level; percentage of women who did not attend antenatal care within first 10 weeks, and percentage of women who smoked during pregnancy.

At the national level, the Australian Institute of Health and Welfare recorded that nationally in 2019:

- 85% of women attended 7 or more antenatal care visits
- 57% attended 10 or more antenatal care visits
- 55% of women attended antenatal care within the first 10 weeks of pregnancy.

However, data at the local level is not as accessible therefore we do not currently have an understanding of how many WSM women attend the recommended number of antenatal visits.

Data which shows the percentage of WSM women who did not attend an antenatal appointment within the first 10 weeks from 2017-2019 is available, and is summarised in the table below. All LGAs had a percentage lower than the Victoria average, other than Yarriambiack Shire.

Table 1: % Women who did not attend antenatal care within the first 10 weeks

LOCAL GOVERNMENT AREA	DATA QUALITY INDICATOR	% WOMEN WHO DID NOT ATTEND ANTENATAL CARE WITHIN THE FIRST 10 WEEKS
Hindmarsh	Acceptable	47.8
Horsham	Good	39.0
Northern Grampians	Good	29.9
West Wimmera	Poor	44.5
Yarriambiack	Good	53.9
Victoria		49.4

Accessed 2022 PHIDU, Torrens University Australia

Smoking during pregnancy is associated with poorer perinatal outcomes, including low birthweight, being small for gestational age, pre-term birth and perinatal death. It is also the most common preventable risk factor for pregnancy complications and supporting women to stop smoking during pregnancy can reduce the risk of adverse outcomes for mothers and their babies (AIHW, 2022).

In Victoria in 2019, 8.0% of women smoked during their pregnancy. There has been a steady decrease in rates since 2009 where 12.0% of women smoked.

Locally, the rates of smoking during pregnancy are unfortunately higher. Public Health Information Development Unit (PHIDU) data from 2017-2019 for WSM women is in the table below.

Table 2: % Women who smoked during pregnancy

LOCAL GOVERNMENT AREA	DATA QUALITY INDICATOR	% SMOKING DURING PREGNANCY
Hindmarsh	Acceptable	14.0
Horsham	Good	16.3
Northern Grampians	Good	14.5
West Wimmera	Poor	13.2
Yarriambiack	Good	24.9
Victoria		8.0

Accessed 2022 PHIDU, Torrens University Australia

Yarriambiack Shire showed the highest rate of smoking in pregnancy for Victoria with 24.9% and all LGA's showed rates of smoking above the Victorian average.

Birthing notification data is collected by Maternal Child Health (MCH) Nurses in each LGA. Below is the birthing statistics for 2021-22 year and the approximate percentage of women who birthed outside the region. It is estimated that across the five LGA's 45% of women birth outside the WSM. When excluding NG Shire data, it is estimated that 30% of women birth outside the WSM, highlighting the need to support women to access services locally, regardless of where they are birthing.

Table 3: 2021-22 WSM birthing data

LOCAL GOVERNMENT AREA	NUMBER OF BIRTHS 2021-22	APPROX % BIRTHED OUTSIDE THE WSM
Hindmarsh	53	20
Horsham	273	30
Northern Grampians	115	95
West Wimmera	37	50
Yarriambiack	79	30
Total	557	45

Data provided by MCH Nurses

LOCAL FEEDBACK

The aim was to consult with key service providers and women in each LGA. This included face to face visits, teams meetings, phone calls and follow up emails. A short survey was also developed which was posted on the active Facebook group 'Mama's In The Wimmera' and circulated through playgroups. We engaged with 13 service providers, and 15 women through playgroups, and received 64 completed surveys.

We acknowledge there may be groups who aren't well represented, however we see this mapping document as the first stage of work to improve access to quality and consistent antenatal care in the WSM. As opportunities for collaborative work develop, further consultation with services and consumers will occur throughout the process.

SUMMARY OF EACH Local Government Area

HORSHAM RURAL CITY

GH Horsham is the only birthing centre in the WSM. Based on the Capability Frameworks for Victorian Maternity and Newborn Services, it is a Maternity Capability level 4 service and Newborn Capability level 3 service. A level 4 service has the ability to provide local care for women at low risk, and for women with some risk requiring additional care. A level 3 service can provide local care for healthy babies at low risk. A full description of Maternity capability levels can be found here:
https://www.health.vic.gov.au/patient-care/maternity-and-newborn-care-in-victoria

As a level 4 services, GH Horsham provides antenatal care, birthing services, lactation support and domiciliary postnatal visits in the home. The Birthing Outcomes System (BOS) is used as the online maternity record, which other health services can access to assist local women to book into the hospital if they are choosing to birth there. Historically, Wimmera Health Care Group (now GH Horsham) had Memorandum's of Understanding (MOUs) with the small rural health services to provide domiciliary care in their local service areas. .

Local data shows that approximately 30% of women who live in the WSM birth outside the region. This is either due to choice (e.g., family, preference of provider, option of private hospital) or because they are unable to birth at GH Horsham (e.g., high BMI, certain types of diabetes).

There are currently 2 GP Obstetricians based at Lister House Medical Centre and 1 Obstetrician/Gynaecologist based between the Alan Wolff Medical Centre and the Maternity Outpatients Clinic, plus midwives based at the hospital, and both the medical centres. They are all based in Horsham and service the WSM.

The development of a new model of Maternity Care and establishment of a maternity outpatient clinic based in Horsham is currently in progress at GH Horsham. This will allow women to receive care via different care pathways depending on their risk status when birthing at Grampians Health:

- Caseload midwifery (otherwise known as Midwifery Group Practice) where a woman is allocated to a primary midwife who will provide care for the woman across the pregnancy continuum.
- 'Maternity Care Clinic' – all women who book into birth at GH Horsham will be seen by one of the midwives who work within this model – irrespective of whether they are also seeing a GP or Obstetrician for part of their care. These midwives will also provide the home postnatal care visits (domicilary care) once women are discharged from hospital.
- Obstetric-led care – women who need to have their care escalated to an Obstetrician will see them and a midwife in this pathway.
- Shared Care with GP Obstetricians at Lister House clinic is also an option for women and they will see the doctors at Lister House for some antenatal appointments and the midwives/Obstetricians at GH Horsham for some other appointments in the care schedule.

The Lactation Consultant service for GH Horsham will be based at the new maternity outpatients clinic. The clinic will be open 5 days per week.

The new maternity service at GH Horsham will be led by a Maternity Services Manager. The development of the new maternity service also aligns with the re-development of the birth and breastfeeding education programs which will be launched in 2023.

CONSUMER FEEDBACK

16 women living in the Horsham Rural City Council completed the survey. 10 women delivered in Horsham, 5 delivered in Ballarat, and 1 delivered in Adelaide. The 6 women who delivered outside of Horsham, did so due to family, preference of provider and/or high-risk pregnancies. 15 of the 16 women were able to make all their appointments.

Themes from the responses include:

- Lack of appointment availability and challenges in re-booking appointments if unable to make one for any reason
- Need for more maternity providers (Ob/Gyn, GP Obs and midwives). One Ob/Gyn and 2 GP Obs is not sufficient to service the WSM area. Also an appreciation for the current staff providing antenatal and perinatal care
- Women with high-risk pregnancies noted the lack of option to receive care locally if they have diabetes or high BMI
- A need for more specialised care locally through telehealth or visiting specialists. Pregnancy and post-partum can be stressful enough without needing to travel long distances for appointments
- Need for improved ultrasound technology and equipment in Horsham
- Greater access to midwifery-led care to build relationships throughout pregnancy and be in attendance for birth

HINDMARSH SHIRE

West Wimmera Health Service (WWHS) is a Maternity Capability Level 1 service and Newborn Capability level 1 service. This means that they can provide local care for healthy women and babies at low risk.

The Midwife and MCH nurses run an antenatal clinic one morning a week on a Wednesday at the Nhill hospital, and by appointment at Jeparit and Rainbow. This clinic was set up approximately 15 years ago with the GP at the time when the birthing services ceased. Women can attend this clinic regardless of where they choose to birth and the staff will work with their chosen birth provider to determine how their shared care will look. In addition to the clinic, the following care is available:

- Antenatal classes for women and their partners to impart confidence and an understanding of what to expect during pregnancy, childbirth and afterwards are conducted when numbers permit.
- Antenatal education is incorporated in the Pregnancy Care Clinics.
- Domiciliary visits to the family home after childbirth.
- Regular contact between MCH and child over the child's first five years to assess the child's physical and developmental progress.
- Parent groups and weekly playgroups.
- Immunisation programs.

Hindmarsh is unique in its MCH service where the MCH nurses are employed by WWHS, rather than Hindmarsh Shire. This arrangement enables continuity of care available to women as they can receive pre-pregnancy care, antenatal shared care, domiciliary care and maternal and child health care out of the one service provider.

CONSUMER FEEDBACK

6 women who live in Hindmarsh Shire completed the survey. 3 delivered in Horsham and 3 delivered in Ballarat. Those who delivered in Ballarat chose to do so due to preference of provider and access to a private hospital. All women travelled 100km+ for each appointment. Even those who delivered at Horsham needed to travel 100-200km for each appointment. None of the women referenced they accessed the WWHS clinic for any antenatal care.

Themes from responses include:

- → Need for better ultrasound equipment in Horsham
- → More care for mothers' post-birth
- → More pregnancy providers in Horsham and the preference of having a known midwife throughout pregnancy and for birth

WEST WIMMERA SHIRE

Where women birthed in 2021-22 (provided by MCH team)

HEALTH SERVICE/LOCATION	HARROW	GOROKE	EDENHOPE	KANIVA	TOTAL PER SERVICE
Grampians Health Horsham	1	2	5	10	18
St John of God Ballarat	1			3	4
Western District Health Service Hamilton	1		5		6
Warrnambool		1			1
Naracoorte		1	4		5
Melbourne (Monash)			1		1
Adelaide (Private)		1			1
Adelaide (Public)				1	1
Total per town	**3**	**5**	**15**	**14**	**37**

Data provided by MCH Nurses

West Wimmera Shire is serviced by GH Edenhope, Harrow Bush Nursing Centre (HBNC) plus West Wimmera Health Service which has sites in Kaniva and Goroke. MCH services are provided through West Wimmera Shire. Within the MCH team is also a Perinatal Emotional Health Practitioner.

Women are required to travel long distance to access care, on average 80+km. There is interest from the MCH team, who also have midwifery skills, to provide local antenatal care to women, regardless of where they are birthing, similar to the WWHS model.

HBNC has recently begun offering antenatal care to local women, through the midwife at the centre. The need for this service was amplified during Covid where women were not always able to travel for care. The midwife has built relationships with the Obstetricians and GP Obstetricians where women birth and they will determine together what amount of care the midwife will provide. The main locations where women in this area reportedly birth are Hamilton, Horsham, Naracoorte, Ballarat and Warrnambool. There is pathology available at HBNC so women can have blood tests and the Oral Glucose Tolerance test done locally, plus there is the option to receive antenatal education at the centre also.

Currently there is no funding for the antenatal clinic, it is absorbed within the service. HBNC would like to explore opportunities to ensure the sustainability of this service for local women. It is currently not listed as a Level 1 Maternity Service however as the Clinical Governance for HBNC sits with WWHS, there could be an opportunity to formalise the antenatal clinic under WWHS existing capabilities.

CONSUMER FEEDBACK

24 women living in West Wimmera Shire Council completed the survey. 11 delivered in Horsham, 7 in Ballarat, 3 in Adelaide, 1 in Naracoorte, 1 in Mt Gambier and 1 in Melbourne. Those who delivered outside of Horsham did so due to family, being high-risk, preference of provider and location. 23/24 women were required to travel 80+km to access appointments. 6/24 could not make all their appointments due to distance, cost and/or availability of appointments.

Themes from the responses include:

- Distance is considered an issue for many women, even those who could make all their appointments
- Those who accessed the WWHS maternity clinic were grateful to have care available closer to home, although some women did not seem to be aware of this service locally
- All women who had high-risk pregnancies (8 women) referred to the need to have access to specialist services locally. The travel required is expensive, emotionally draining and often requires taking time off work

HARROW BUSH NURSING CENTRE

The Harrow Bush Nursing Centre (HBNC) has recently begun offering antenatal care to local women, through the midwife at the centre. The need for this service was amplified during covid where women were not always able to travel for care. The midwife has built relationships with the Obstetricians and GP Obstetricians where women birth and they will determine together what amount of care the midwife will provide. The main locations where women in this area birth are Hamilton, Horsham, Naracoorte, Ballarat and Warrnambool. There is pathology available at HBNC so women can have blood tests and the Oral Glucose Tolerance test done locally, plus there is the option to receive antenatal education at the centre also.

Currently there is no funding for the antenatal clinic, it is absorbed within the service. HBNC would like to explore funding opportunities to ensure the sustainability of this service for local women. It is currently not listed as a Level 1 Maternity Service however as the Clinical Governance for HBNC sits with WWHS, there could be an opportunity for the antenatal clinic to sit under WWHS.

NORTHERN GRAMPIANS SHIRE

Women in this area birth at East Grampians Health Service (Ararat), GH Horsham, St John of God Ballarat, St John of God Bendigo, GH Ballarat, Bendigo Health, Mercy Hospital Melbourne, Sunshine Hospital and occasionally private midwife practice based in Central Victoria.

In Stawell there are two GP clinics which both offer antenatal care to women. These GPs will generally see women at the start of their pregnancy and then refer on to usually Ararat or Ballarat. East Wimmera Health Service (EWHS) has five campuses in Birchip, Charlton, St Arnaud, Wycheproof and Donald. St Arnaud is the only town in NG Shire, the other towns are in Buloke Shire. Shared care is offered to women by the GPs in these five towns. Previously the midwives at EWHS had offered antenatal care based out of the GP clinics in all towns, however this became challenging to coordinate and the GPs were happy to provide this service in partnership with the birthing services. In general, the private providers (St John of God Ballarat and Bendigo) do not offer shared care.

East Grampians Health Service located in Ararat, offers low risk midwifery care. GP Obstetricians and a midwifery team provide antenatal, intrapartum, postnatal and domiciliary care to women in the region. Women can choose to alternate antenatal care between a GP Obstetrician and midwife.

In St Arnaud and the northern part of the Shire, domiciliary care is provided by the four midwives employed by EWHS. They coordinate their care based on where the women live, and availability of staff at the time. It is anticipated there will be challenges with continuing to provide domiciliary care by midwives due to recruiting and retaining staff, and staff retiring.

Domiciliary care around Stawell and in the southern part of the Shire is more ad hoc. Currently there is no domiciliary care available through GH Stawell. Previously, the NG MCH Nurses provided domiciliary care and had MOU's in place with providers however they felt that there was level of risk of providing this care due to the skills and equipment required so they no longer provide this service. As domiciliary care is an extension of hospital care, requiring minimal checks and care may include blood pressure, heel prick tests, and newborn screening. There was also a need to maintain midwifery training and upskilling which was difficult for staff to commit to with other roles.

CONSUMER FEEDBACK

2 women who live in the Northern Grampians Shire completed the survey. 1 birthed in Ballarat and 1 birthed in Horsham. The woman who birthed in Horsham did not provide any further information. The woman who birthed in Ballarat was high risk but was able to access some antenatal care through Ararat Medical Centre and domiciliary care through EWHS. She referred to the need for travel vouchers to support women who need to travel for antenatal care, and more specialist support for women in rural areas.

At the Marnoo playgroup visit, there were four women who participated on that day. They had delivered babies in Horsham, Ballarat, Ararat and Melbourne.

Themes that came through the visit included:

- Challenges in accessing domiciliary care. The woman who birthed in Horsham was required to travel back to Horsham for her domiciliary visit
- Lack of mother's groups available. One woman was able to ring around and connect with a group in Horsham, however this is a 140km round trip
- Availability of services related to antenatal care, post-natal care (e.g., lactation support) and ongoing support (e.g., mother's groups) can be ad hoc in this part of the region.
- The importance of the MCH nurses as a continued source of support and care. The women were all grateful to have this service available

YARRIAMBIACK SHIRE

Birth locations 2021-22:

HEALTH SERVICE/LOCATION	NUMBER OF BIRTHS
Grampians Health Horsham	53
St John of God Ballarat	5
Ballarat Health Services	9
Mildura	3
Bendigo	2
Swan Hill	1
Warrnambool	1
Royal Women's Melbourne	1
Epworth Geelong	1
Home Birth	1
Unsure	2
Total	79

Data provided by MCH Nurses

Rural Northwest Health is not specifically funded for antenatal care however when birthing services ceased in 2004, they began an antenatal clinic to continue to service women in the Northern area of the Yarriambiack Shire Council (YSC). The clinic runs every second Friday for low-risk patients and is led by two registered midwives. The clinic also assists with the booking in process for women choosing to birth at Horsham, using the BOS system. The staff find that it is mainly attended by first-time mothers. Mothers having their second or more tend to be happy going to their doctor for all their appointments, and others utilise the service just for the opportunity to book in for birthing at GH. The staff have a good relationship with the Horsham GP Obstetricians as they have regular contact with them in other roles e.g., district nursing. The same midwives also provide domiciliary care across the health service catchment area. Concerns regarding the sustainability of the clinic when both staff retire was expressed. Further exploration of service maintenance was welcomed.

Murtoa, Minyip and Rupanyup in the southern part of YSC, is serviced under WWHS. Currently there isn't any locally available antenatal care. Most women travel to other locations including Horsham for such care.

CONSUMER FEEDBACK

14 women who live in Yarriambiack Shire completed the survey. 10 delivered in Horsham, 2 delivered in Mildura, 1 delivered in Swan Hill and 1 delivered in Warrnambool. Those who delivered outside of Horsham did so due to family and location. 4 of the 14 women did not attend all their appointments due to distance, availability of appointments and covid. The clinic in Warrnambool recognised the distance from northern Yarriambiack Shire and due to a low-risk pregnancy, were able to schedule appointments further apart.

Themes from responses include:

- The opportunity for more involvement of MCH nurses during pregnancy, being connected with birthing hospital and being able to provide antenatal checks
- Shared care options for those who need or chose to birth outside of the region, the travel is very challenging particularly if you have other children
- More postnatal care available closer to home
- More maternity providers available in Horsham and option of team midwifery or midwifery group practice

ADDITIONAL SUPPORT SERVICES IN THE WSM

Healthy Mums, Healthy Babies - provided by Grampians Community Health:

The Healthy Mothers, Healthy Babies (HMHB) program is delivered by Grampians Community Health (GCH) and addresses maternal risk behaviours and provides women with support during their pregnancy. It works with women while they are pregnant until they are effectively engaged with MCH services after birth (usually 4 to 6 weeks).

The program is available in Horsham and Yarriambiack council areas and supports pregnant women who are unable to access antenatal care services or who need extra support because they have greater health risks. Women can be referred at any stage during pregnancy. It is not a clinical antenatal care service rather it links women to existing services and provides:

- outreach support to pregnant women who may have difficulties engaging with services or have complex needs
- community-based support to women
- help for women to access clinical antenatal care providers and MCH nurses
- health information and education
- peer support from other pregnant women

Women need to be referred while pregnant, a referral cannot be accepted once the baby is born. GCH have identified the need to better promote the HMHB program throughout Horsham and Yarriambiack areas to allow all eligible women to access the program as early in their pregnancy as possible.

GOOLUM GOOLUM ABORIGINAL CO-OPERATIVE:

Goolum Goolum is recognised as the principle Aboriginal Community Controlled Health Organisation within the Local Government areas of Horsham, Northern Grampians, Hindmarsh, West Wimmera, Yarriambiack and Ararat. Goolum Goolum provides early years services such as playgroup and kinder integration support. The Hamilton Street Medical Clinic is within the same building and offers GP appointments for Aboriginal families.

Two MCH nurses work at Goolum Goolum 2 days a week each, totalling 0.8FTE. They have recently extended their services to Stawell and now utilise space in an existing Hub for MCH appointments. The MCH service in Stawell is operating on the same day as Stawell Playgroup and offers childhood immunisations, home visits and parenting groups/education and advice.

From an Antenatal health perspective, local Aboriginal women will birth in Horsham and Ararat, unless health issues require them to birth in Ballarat. The community have a great deal of trust in the local GP Obstetricians and anecdotal evidence suggests that they attend most, if not all of their appointments due to this. Goolum Goolum will strive to offer shared antenatal care. It is hoped that Goolum Goolum will be able to offer checks to women, in a shared care structure with all local antenatal care providers.

BY FIVE

Next Steps

This By Five mapping exercise has encouraged discussion around opportunities in our region to improve access to quality and consistent antenatal care, with ideas being driven by the women's experiences and health services with whom the conversations have been with. There are opportunities throughout the WSM which warrant further discussion and development with all key stakeholders. These will be placed-based strategies that harness and leverage local resources and local data, and utilise the State-based Maternity framework as a minimum.

1. Understand the West Wimmera Health Service Early Years Model of Care

During this mapping work, a meeting between RSTO, By Five and WWHS occurred where the initial premise was to discuss how the RSTO antenatal indicators could be included in the current antenatal clinic. However, it became apparent through conversation that the WWHS service is greater than just the antenatal period. The continuum of care focus includes antenatal care (information sessions, pregnancy care checks), home visits post birth (domiciliary), maternal and child health visits, enhanced maternal and child health, and immunisation. This spectrum of care is all provided locally by the WWHS team. We aim to develop an understanding of this approach, the impact of leveraging local resources in rural areas and the potential benefits to children and families.

2. Support small rural health services to explore care under the Maternity and Newborn Capability Framework

There is an interest from the small rural health services to formalise their antenatal and postnatal care and strengthen this service locally. This may include becoming a Level 1 Maternity and Newborn service which enables shared care with birthing providers across Victoria, provision of education in preparation for birth and parenthood, and provision of domiciliary care. Increasing the capability of WSM services to deliver this care will enable the coordination of antenatal and postnatal care for women and their families and the opportunity to receive quality care close to home.

3. Explore sustainable quality maternity care models for rural areas

Further work with stakeholders to understand how we can improve access to quality and consistent care across the continuum of pre-natal, antenatal, domiciliary, postnatal, and maternal and child health care. Research rural models of care around Australia and investigate how local skills can be utilised and enhanced to provide the best care to women and children. Support professional networks across the WSM to build relationships and develop future workforce planning opportunities.

References

Department of Health Clinical Practice Guidelines: Pregnancy Care, 2023 Edition, https://www.health.gov.au/resources/pregnancy-care-guidelines (Accessed: 2 November 2022)

Molloy C., Macmillan, C., Goldfeld S., Harrop C., Perini, N. Restacking the Odds: Antenatal care: An evidence based review of indicators to assess quality, quantity, and participation. Melbourne, Australia, 2018.

NICE (2008; updated 2017) Antenatal Care. Routine Care for the Healthy Pregnant Woman. London: RCOG Press, cited in Department of Health Clinical Practice Guidelines: Pregnancy Care, 2023 Edition, https://www.health.gov.au/resources/pregnancy-care-guidelines (Accessed: 2 November 2022)

COAG Health Council, Woman-centred care; Strategic directions for Australian maternity services 2019, https://www.health.gov.au/sites/default/files/documents/2019/11/woman-centred-care-strategic-directions-for-australian-maternity-services.pdf (Accessed: 3 October 2022)

Safer Care Victoria, Maternity and newborn services user guide, 2018, https://www.safercare.vic.gov.au/sites/default/files/2018-12/Maternity%20and%20newborn%20services%20user%20guide%20pilot%20WEB%20final.pdf (Accessed: 19 October 2022)

Australian Institute of Health and Welfare, Australian Mother and Babies, 2021, https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies-data-visualisations/contents/antenatal-period/antenatal-care, (Accessed: 7 September 2022)

Royal Children's Hospital, Restacking the Odds, 2019, https://www.rch.org.au/ccch/Restacking_the_Odds/ (Accessed: 7 September 2022)

Demott K, Bick D, Norman R, Ritchie G, Turnbull N, Adams C, Barry C, Byrom S, Elliman D, Marchant S, Mccandlish R, Mellows H, Neale C, Parkar M, Tait P & Taylor C 2006, Clinical guidelines and evidence review for post natal care: routine post natal care of recently delivered women and their babies, National Collaborating Centre for Primary Care and Royal College of General Practitioners, London. https://www.health.vic.gov.au/publications/postnatal-care-program-guidelines-for-victorian-health-services (Accessed 12 October 2022)

Commonwealth of Australia 2009b, Improving maternity services in Australia: The report of the Maternity Services Review. https://www.health.vic.gov.au/publications/postnatal-care-program-guidelines-for-victorian-health-services (Accessed 12 October 2022)

Department of Health Victoria, Maternity and newborn care in Victoria 2019, https://www.health.vic.gov.au/patient-care/maternity-and-newborn-care-in-victoria (Accessed 13 October 2022)

Acronyms

AEDC:	Australian Early Development Census
BMI:	Body Mass Index
BOS:	Birthing Outcomes System
EWHS	East Wimmera Health Service
FTE:	Full-time Equivalent
GCH:	Grampians Community Health
GH:	Grampians Health
GP:	General Practitioner
HBNC:	Harrow Bush Nursing Centre
HMHB:	Healthy Mothers, Healthy Babies
MCH:	Maternal and Child Health
MOU:	Memorandum of Understanding
RNH:	Rural Northwest Health
RSTO:	Restacking The Odds
WSM:	Wimmera Southern Mallee
WWHS:	West Wimmera Health Service

Acknowledgement

By Five works on the traditional country of the Wotjobaluk, Wergaia, Jupagalk, Jaadwa, Jadawadjali and Dja Dja Wurrung people. In our work we pay our repsects to Elders past, present and emerging and acknowledge their continuing custodianship of the land.

August 2023

BY FIVE
WSM Early Years Initiative

FOR MORE INFORMATION PLEASE CONTACT:

Emily Smith
By Five Project Manager
emily.smith@wda.org.au