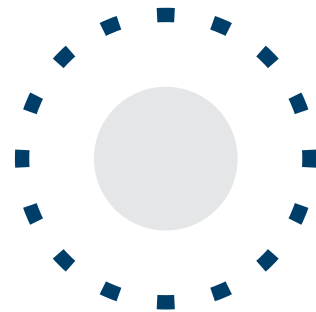


MATERNAL AND CHILD HEALTH STRATEGY

2019 - 2022



Murrumbidgee Primary Health Network and Murrumbidgee Local Health District acknowledge the Traditional Custodians of the land in the Murrumbidgee region. We pay respect to past and present Elders of this land: the Wiradjuri, Yorta Yorta, Baraba Baraba, Wemba Wemba and Nari Nari peoples.

Special thank you to the steering committee for their dedication and guidance in developing this document, including Paediatrician, Associate Professor John Preddy; General Practitioner, Dr Megan Elliot-Rudder; midwife Debbie Sanger; nurse practitioner Leigh Spokes; and MPH and MLHD staff.

Thank you to Beacon Strategies who were engaged to undertake the research and development of this Maternal and Child Health Strategy.

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**THIS STRATEGY HAS
BEEN DEVELOPED BY**



INTRODUCTION

ABOUT MURRUMBIDGEE REGION

Murrumbidgee Primary Health Network (MPHN) and the Murrumbidgee Local Health District (MLHD) share a common geographic boundary, comprising the same local government areas. The Murrumbidgee region spans 136,898 square kilometres, is situated in Southern New South Wales and is made up of a number of regional and rural towns.

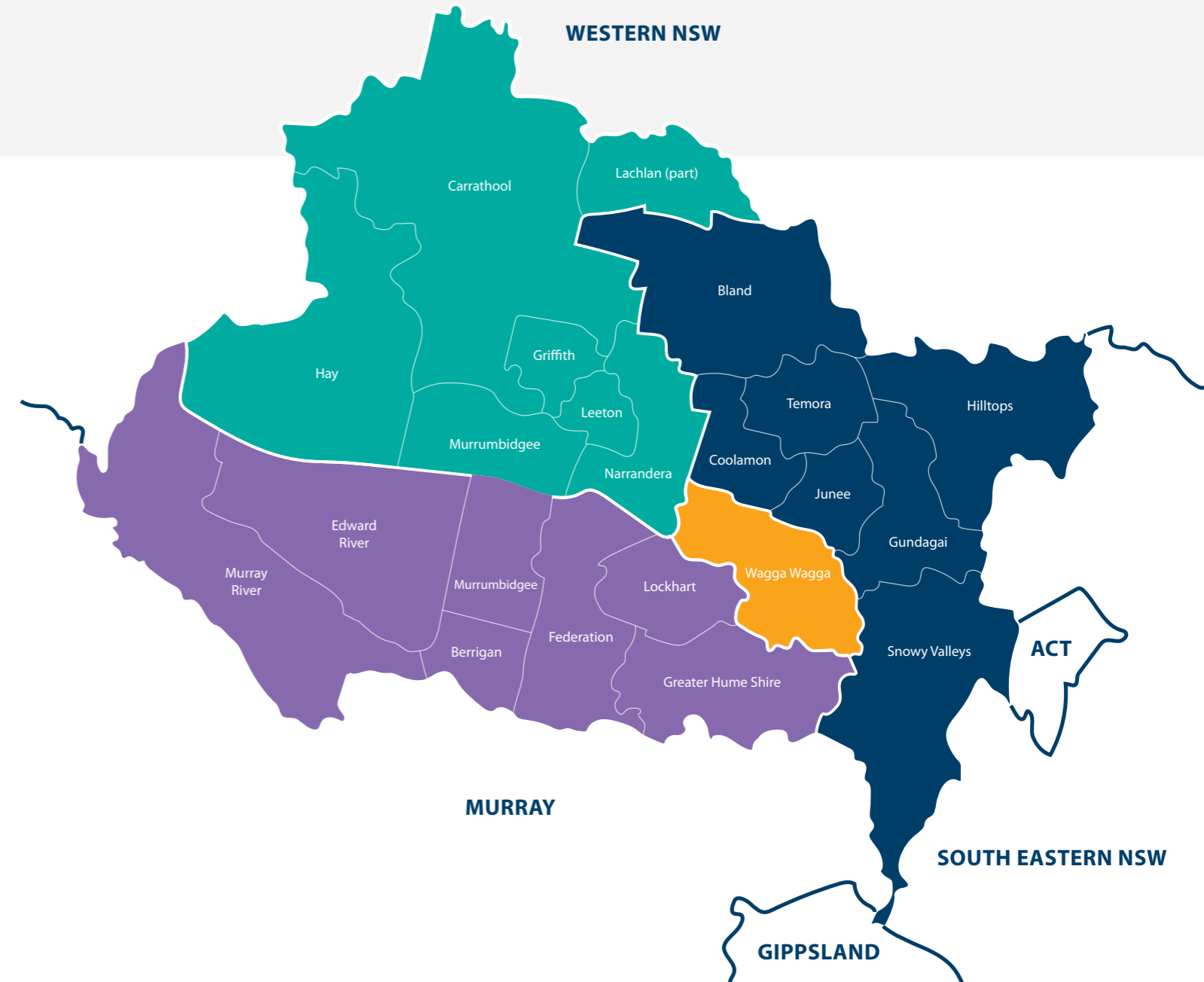
As highlighted in the MPHN needs assessment the health and wellbeing of the Murrumbidgee region is challenged by geography, cultural diversity, socioeconomic status, availability of services, service and health knowledge and various risk factors. As a result, the people residing in Murrumbidgee generally experience poorer outcomes compared to national rates across many health conditions including chronic diseases, heart conditions and cancers.

MPHN is one of 31 federally-funded primary health networks operating nationally with a key focus on improving the efficiency and effectiveness of health services, particularly for the most vulnerable members of the community. MPHN achieve this by improving the coordination and integration

of primary healthcare and commissioning health services to ensure people in the Murrumbidgee region receive the right care in the right place at the right time.

MLHD strives to support people to live the healthiest lives possible and to provide services as close to home as possible. Their vision is to provide excellence in all elements of healthcare and superior service to all. As the largest employer in the region, with over 5,000 healthcare staff working across 33 hospitals and 12 primary healthcare centres, MLHD are supported by hundreds of volunteers who make an invaluable contribution to enriching the lives of people in their care.

The recent MPHN Health Needs Assessment identified the need for a region-wide Strategy to ensure current maternal, child and family health services are effective and identify areas of unmet needs for the community. MPHN has developed the Maternal and Child Health Strategy and is committed to working with the MLHD to prioritise and implement the activities of the Strategy to improve health outcomes for women, children and families across the Murrumbidgee region.



4 SECTORS

Riverina – Incorporating the communities of Junee, Coolamon, Temora, Young, Boorowa, Harden, Cootamundra, West Wyalong, Gundagai, Tumut, Batlow and Tumbarumba

Wagga Wagga

Border – Incorporating the communities of Barham, Deniliquin, Finley, Jerilderie, Berrigan, Tocumwal, Corowa, Culcairn, Henty, Holbrook, Lockhart and Urana

Western – Incorporating the communities of Griffith, Leeton, Narrandera, Hay, Hillston and Lake Cargelligo

STATEMENT OF COMMITMENT BY MPH N

The development of the Murrumbidgee Maternal and Child Health Strategy 2019-2022 by the Murrumbidgee Primary Health Network (MPHN) and The Murrumbidgee Local Health District (MLHD) highlights the importance of achieving positive maternal and child health outcomes for our region.

The intent of the Strategy is to ensure that MPH N and MLHD, together with our stakeholders and partners, have an agreed framework guiding investment, partnership and implementation over the next three years to lead to better maternal and child health outcomes in our region.

To achieve this, we must build on the existing strengths of our community, primary care and hospital-based services, and deliver high-quality and innovative service models that respond to local needs and provide a positive care experience for families in the Murrumbidgee. This will enable us to sustainably grow the services and supports available to women and families, from conception and through the early years of a child's life.

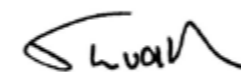
In particular, the Strategy recognises the importance of collaboration and partnership, which offer genuine opportunities to work together and provide a continuum of care that offers effective universal services for all children and families, while also providing appropriate targeted interventions for priority issues and vulnerable populations within our communities.

The Strategy is the result of ongoing engagement and consultation with community members and sector representatives who have helped shape a vision for change and identified strategic priorities. We acknowledge all those who have contributed to the development of the Strategy and greatly appreciate their willingness to work together to improve health outcomes. In particular, we acknowledge our steering group of passionate and expert contributors, who have helped lead the development of the Strategy.

On behalf of MPH N, I am pleased to state our commitment to leading and driving change in maternal and child health outcomes right across the region. We look forward to continuing to strengthen our relationships with the MLHD, general practitioners and primary healthcare practitioners, health and community service providers, and most importantly, with the leaders and members of our communities, over the next three years as we implement the Child and Maternal Health Strategy 2019-2022.



Melissa Neal
Chief Executive Officer
Murrumbidgee Primary Health Network



Jill Ludford
Chief Executive
Murrumbidgee Local Health District

STATEMENT OF COMMITMENT BY MLHD

The Murrumbidgee Local Health District (MLHD) is proud to partner with the MPH N in the development of the Maternal and Child Health Strategy 2019-2022.

The Strategy will play an important role in ensuring our efforts to improve health outcomes for children, women and families are coordinated and working together. The goals and priorities outlined in the Strategy closely reflect the First 2000 Days Framework recently released by the NSW Ministry of Health, which the MLHD is responsible for implementing within this region.

I believe that the Strategy identifies practical steps that we can take together to respond to the needs and challenges of our region. It was exciting to observe the level of engagement by our community in the development of the Strategy, which reflects the importance of this issue to the lives of parents and families who live throughout the Murrumbidgee region.

I acknowledge and second the Strategy's focus on collaboration and partnerships. On behalf of all MLHD staff, I look forward to working with our MPH N colleagues, service providers in the primary care and community settings, and community representatives, to improve maternal and child health outcomes in the Murrumbidgee region.



STRATEGY BLUEPRINT

HOW TO READ THIS STRATEGY

This Strategy has been developed as a result of extensive research and local consultation to inform a three year plan to guide MPH and MLHD, to improve the accessibility and appropriateness of healthcare services that support women, families and their young children across the Murrumbidgee region.

A range of priorities supporting this objective are proposed, and over the next three years MPH and MLHD will work together to prioritise and

implement activities as they align with the evolving local context, available funding and strategic direction. This Strategy is not a commitment by MPH or MLHD to implement all of the proposed activities but a mechanism to reinforce a culture of shared accountability across health service funders, including MPH, MLHD and other organisations involved in implementing maternal and child health services in the Murrumbidgee region.

THE FOLLOWING STRATEGY IS BROKEN DOWN INTO FOUR KEY SECTIONS:

1.

STRATEGY OVERVIEW - OUTLINING THE AIM, OBJECTIVES, SCOPE, METHODOLOGY AND STRATEGIC ALIGNMENT OF THE MATERNAL AND CHILD HEALTH STRATEGY.

2.

MURRUMBIDGEE MATERNAL AND CHILD HEALTH CONTEXT - ESTABLISHING THE NATIONAL AND STATE POLICY CONTEXT, POPULATION PROFILE, SERVICE LANDSCAPE AND CONSUMER EXPERIENCE OF MATERNAL AND CHILD HEALTH ACROSS THE MURRUMBIDGEE REGION

3.

MATERNAL AND CHILD HEALTH STRATEGY - DETAILING THE VISION, PRINCIPLES AND INTENTION OF THE STRATEGY

4.

PRIORITIES - PROPOSES THE HIGH LEVEL KEY PRIORITIES INCLUDING DESCRIPTION AND ALIGNMENT TO IDENTIFIED COMMUNITY NEEDS

STRATEGY OVERVIEW

AIMS AND OBJECTIVES

The aim of the Maternal and Child Health Strategy 2019-2022 is to develop an agreed regional approach to improving maternal and child health outcomes in the Murrumbidgee region. The Strategy aims to provide a high-level framework to guide planning, investment and implementation by MPHNS, MLHD and other stakeholders over the three-year period, while enabling the flexibility to respond to needs and opportunities as they emerge.

SPECIFIC OBJECTIVES OF THE STRATEGY ARE TO:

- » DESCRIBE THE NEEDS OF ANTENATAL AND POSTNATAL WOMEN AND CHILDREN AND THE BROADER STRATEGIC CONTEXT
- » PROFILE THE MIX OF SERVICES AND SUPPORT AVAILABLE TO WOMEN AND CHILDREN, INCLUDING AN UNDERSTANDING OF ANY SIGNIFICANT BARRIERS TO ACCESS
- » OUTLINE THE METHODOLOGY USED TO DEVELOP THE PLAN, INCLUDING DIRECT ENGAGEMENT WITH SECTOR REPRESENTATIVES AND COMMUNITY MEMBERS
- » DESCRIBE A VISION FOR CHANGE AND UNDERPINNING PRINCIPLES
- » OUTLINE STRATEGIC PRIORITIES AND POTENTIAL SOLUTIONS TO ADDRESSING IDENTIFIED REGIONAL NEEDS

SCOPE

The scope of the Maternal and Child Health Strategy predominantly relates to health and social services delivered in the primary care or community settings for women in the antenatal and postnatal periods, and children in their first 2000 days of life, within the Murrumbidgee region.

While the scope of the Strategy does not include health services delivered within the hospital setting, it does consider the coordination and integration between hospital-based services and primary care and community-based services. A number of Aboriginal and Torres Strait Islander

health professionals were engaged during the workshops, interviews and surveys. The MPHNS and MLHD are in the process of working with the Murrumbidgee Aboriginal Health Consortium to develop a regional plan for Aboriginal Health and this process will also gather information relevant to maternal and child health services for Aboriginal and Torres Strait Islander women. This will allow for strategies to be developed to ensure that the specific needs of the Aboriginal and Torres Strait Islander women and children are met.

METHODOLOGY

The development of the Strategy was informed through a comprehensive research and stakeholder engagement process consisting of:

HORIZON SCANNING

Horizon Scanning involved a review of key national and state policies to understand the strategic environment and context. Key documents were identified in consultation with the project steering group and analysed within the Murrumbidgee local context. This helped to ensure the Strategy is aligned to the priorities of other stakeholders and guided by both current and emerging evidence, trends, risks and opportunities.

SERVICE MAPPING

Service Mapping was undertaken to understand the accessibility and availability of the local service environment. A broad range of service types were profiled by location. Services specifically targeting pregnant women, young children and families across hospital, primary care and community-based services, such as:

- » antenatal, postnatal and paediatric clinical care
- » nutrition, wellbeing and development
- » parenting, family support and child protection services
- » mental health support
- » legal, domestic violence support and financial assistance
- » drug, alcohol and smoking cessation
- » immunisation
- » housing
- » vocational training and employment services
- » community inclusion.

The service mapping findings, along with anecdotal evidence from the project steering committee were used to inform the development of the consultation methodology and the overall direction of the Strategy activities.

POPULATION PROFILE

Population data provided a snapshot of the health and social needs of women and children within the Murrumbidgee region. Data was obtained from the MPH N Health Needs Assessment published in 2018 and available on the MPH N website. Relevant data items were examined for differences between Murrumbidgee and the wider Australian population, as well as differences within the region, to highlight potential areas of need.

CONSULTATION

Consultation was carried out across the Murrumbidgee region with sector representatives (e.g. service providers, GPs, MLHD staff) as well as community representatives to further understand the local context and explore potential solutions, identified needs and challenges. Moderated focus groups were held in each of the four MPH N subregions to understand issues unique to local areas, including:

- » Riverina (Young)
- » Wagga Wagga
- » Western (Griffith)
- » Border (Deniliquin)

These consultation sessions were supplemented with interviews with key stakeholders and online surveys for those unable to attend face-to-face sessions. A total of 157 people were engaged in the consultation phase of the project (23 attended community consultations, 29 attended stakeholder consultations, 72 completed community surveys and 33 completed stakeholder surveys).

STRATEGIC ALIGNMENT

The Maternal and Child Health Strategy aligns with and contributes to the achievement of the broader strategic direction of MPH N and MLHD.

MPH N's *Statement of Strategic Intent* outlines five priorities that underpin programs, services and activities, and reinforce the focus of the activities proposed within this Strategy:

Goal 1: Strengthen our understanding of health needs and inequity

Goal 2: Enhance engagement with consumers, partners and stakeholders

Goal 3: Optimise commissioning practices


Goal 4: Increase health system and service integration

Goal 5: Enhance capacity and capability of primary healthcare.

As outlined in MPH N's *Activity Work Plan* for the 2018-19 period, MPH N is currently commissioning and supporting several programs and services targeted at women, families and young children.

The MLHD as part of their *Our Communities, Our Futures Blueprint* and strategic priority areas is focusing on healthy children, families and communities through promoting wellness, early intervention and prevention and providing services where people need them. The Strategy acknowledges the work already done in this area, and aims to build on this without duplicating existing services, through building awareness, optimising utilisation, enhancing existing programs, designing and commissioning new service models where possible and improving coordination and integration of the local health system to enable positive maternal and child health outcomes.





MURRUMBIDGEE MATERNAL AND CHILD HEALTH CONTEXT

POLICY ENVIRONMENT

An understanding of the policy environment is vital for identifying shared priorities and developing an agreed approach to improving maternal and child health outcomes within the Murrumbidgee region. This policy environment is shaped by a range of stakeholders working across primary healthcare and hospital-based healthcare, early education, housing and social services portfolios, such as Commonwealth Government, NSW Ministry of Health, MPHN, MLHD, peak bodies and research institutions.

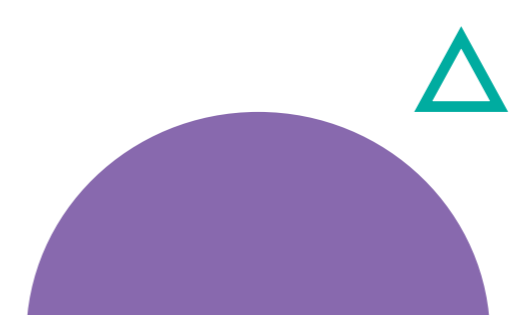
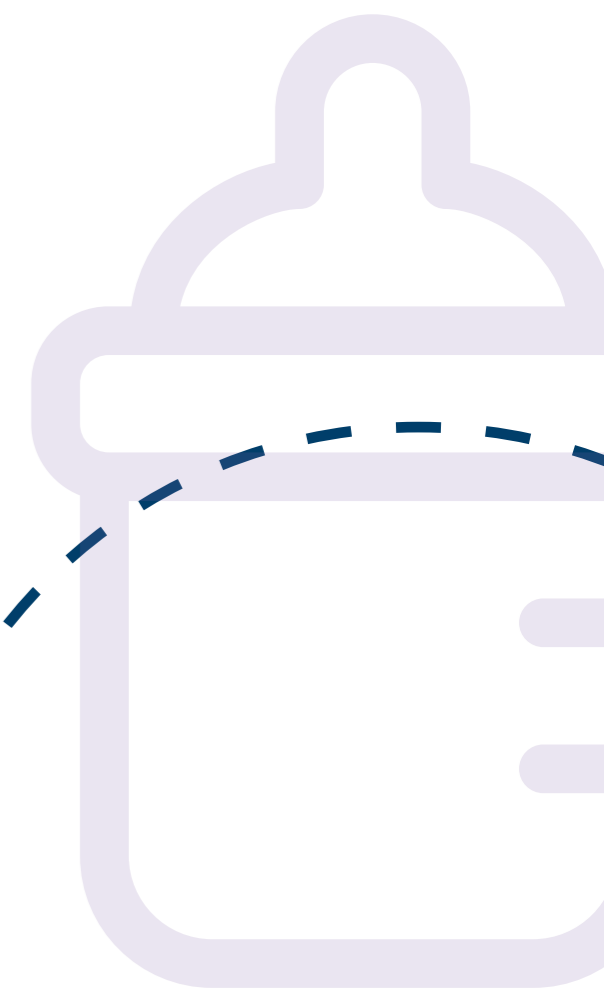
The First 2000 Days Framework, published by the NSW Ministry of Health in 2019, highlights the importance of the period from conception to age five in a child's life - the first 2000 days. It commits NSW Health system stakeholders to actions to ensuring children have the best possible start in life, and provides a valuable framework that can be replicated in both the primary care and community sector. It outlines three key objectives:

- » All staff working in the health system understand and promote the importance of the first 2000 days and the best opportunities for action.
- » The health system provides care to all and works in partnership to promote health, wellbeing, capacity and resilience during the first 2000 days.
- » The health system provides additional services for those who need specialised help, when they need it.

Underpinning the First 2000 Days Framework is the recognition that effective services are reliant on appropriately designing models which address the needs of both individuals and families.

The National Framework for Health Services for Aboriginal and Torres Strait Islander Families identifies key components to guide effective service delivery to meet the needs of Aboriginal and Torres Strait Islander children and their families, such as:

- » Building services around a primary healthcare model.
- » Utilising collaborative team-based approaches.
- » Developing a culturally competent workforce.
- » Holistic service delivery, with appropriate referral to health and social services.
- » Delivering services via place-based models.



The National Action Plan for the Health of Children and Young People: 2020-2030, released by the Australian Government in 2019, recognises the significance of the antenatal period through to infancy. It emphasises that any approach should ensure “Australian children, from all backgrounds and all walks of life, have the same opportunities to fulfil their potential, and are healthy, safe and thriving.” The Action Plan identifies several priority areas and actions relating to maternal and child health outcomes, such as:

- » Improving health equity across populations (e.g. universal service accessibility, telehealth services, health literacy, priority populations).
- » Empowering parents to maximise health development (e.g. home-based initiatives for parents in antenatal and perinatal stages, parenting education/information, family-centred models of care).
- » Tackling mental health and risky behaviours (e.g. positive parental mental health, support life course transitions).
- » Addressing chronic conditions and preventive health (e.g. screening for congenital conditions, immunisation, breastfeeding and nutrition).
- » Strengthening the workforce (e.g. workforce capacity and capability, trauma-informed practice, uptake of digital strategies).

MPHN’s Health Needs Assessment completed in 2019 responds to local issues and identifies several priorities for planning and commissioning:

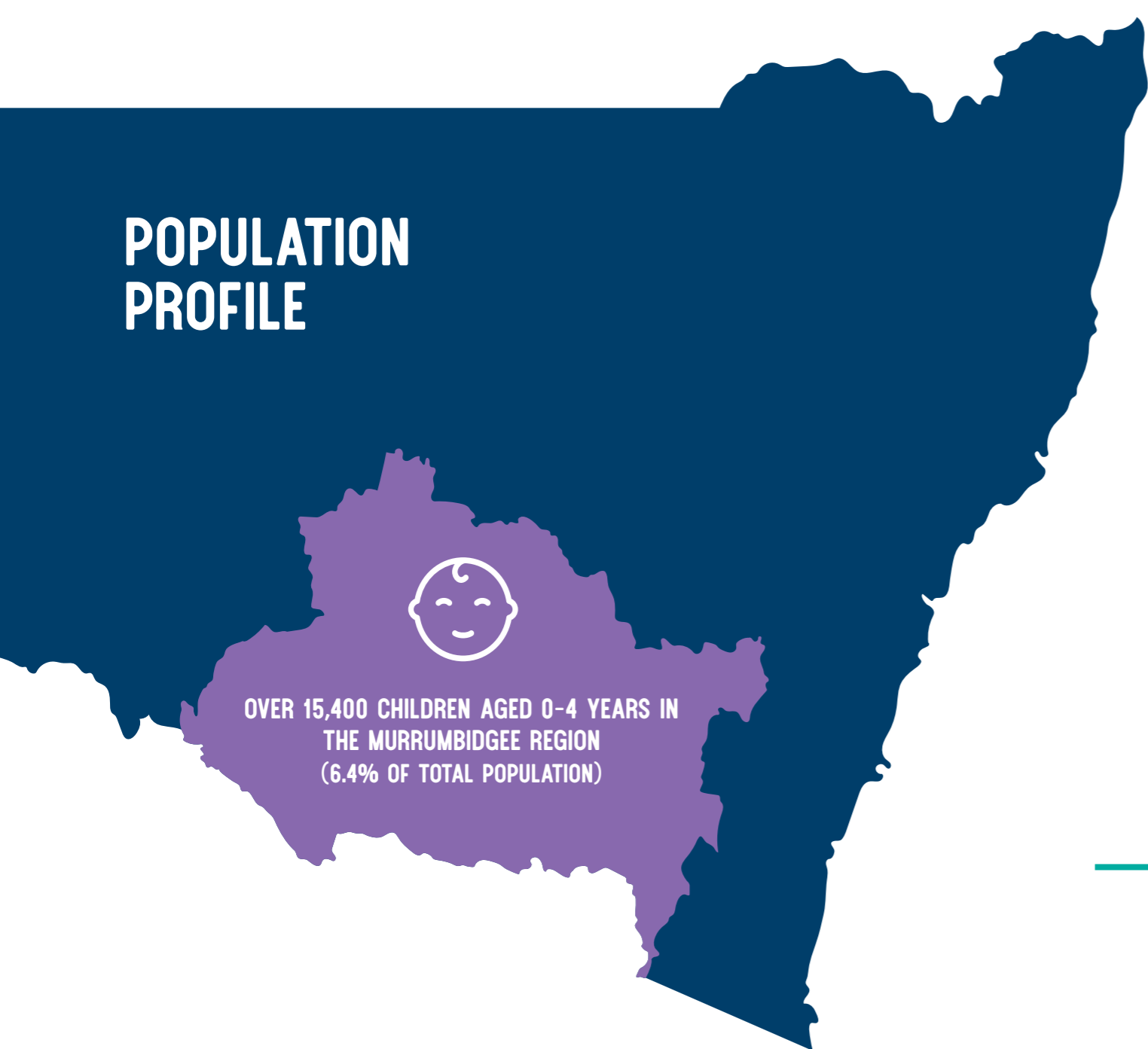
- » Developing a coordinated child and mental health Strategy, with a specific focus on:
 - Smoking in pregnancy
 - Antenatal attendance
 - Supporting young women and mothers with low educational attainment.
- » Funding relevant services, including:
 - Immunisation nurse position within MPHN
 - Drug education, support and counselling for pregnant women
- » Developing a childhood lifestyle program focused on childhood obesity.
- » Developing specific activities for Aboriginal child and maternal health with the Murrumbidgee Aboriginal Health Consortium.

Collectively, this policy environment reflects a local service system where high-quality, universal health services are available to all children within the region, with more targeted approaches planned and implemented for priority populations or unmet health needs.

“Collectively, this policy environment reflects a local service system where high-quality, universal health services are available to all children within the region, with more targeted approaches planned and implemented for priority populations or unmet health needs.”



POPULATION PROFILE

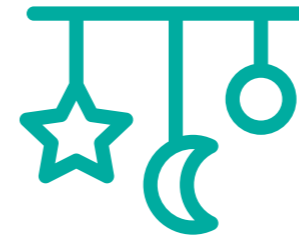


OVER 15,400 CHILDREN AGED 0-4 YEARS IN THE MURRUMBIDGEE REGION (6.4% OF TOTAL POPULATION)



1,381 ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN (12.0% OF TOTAL ABORIGINAL AND TORRES STRAIT ISLANDER POPULATION)

LOCAL GOVERNMENT AREAS (LGAS) WITH THE HIGHEST POPULATIONS OF CHILDREN AGED <5 YEARS ARE LACHLAN (7.8%), GRIFFITH (7.2%) AND WAGGA WAGGA (7.0%)



OVER THE THREE YEAR REPORTING PERIOD OF 2013 AND 2015, THERE WERE 8,680 BIRTHS IN THE MURRUMBIDGEE REGION.

FERTILITY RATE: 2.27

AVERAGE NUMBER OF BIRTHS PER FEMALE (HIGHER THAN THE NATIONAL RATE OF 1.88, AND RANGES ACROSS LGAS FROM 1.94 IN WAGGA WAGGA TO 3.11 IN MURRUMBIDGEE LGA)

5% OF BABIES BORN WITH LOW BIRTH WEIGHT
10.8% OF ABORIGINAL AND TORRES STRAIT ISLANDER BABIES BORN WITH LOW BIRTH WEIGHT
(HIGHER RISK OF ILLNESS OR DEVELOPMENTAL CONDITIONS DURING CHILDHOOD OR LATER IN LIFE)



MPHN'S HEALTH NEEDS ASSESSMENT IDENTIFIES A NUMBER OF HEALTH NEEDS RELATING TO MATERNAL AND CHILD HEALTH IN THE MURRUMBIDGEE REGION WHEN COMPARED TO NATIONAL DATA



- » higher rates of **infant and child mortality** (4.6 per 1,000 children vs. 4.1).
- » higher proportions of **women smoking during pregnancy** (17.7% vs. 11.0%).
- » lower proportion of **women having at least one antenatal visit** in the first trimester (55.0% vs. 62.7%).
- » higher proportion of **women aged under 20 years** (15.6 per 1,000 births vs. 11.4).
- » higher proportion of **women with children who have low educational attainment** (25.0% vs. 17.0%).
- » higher proportion of **single parent families with children aged less than 15 years** (23.5% vs. 20.4%).
- » higher proportion of **childhood obesity** (8.0% vs. 7.5%).
- » higher proportion of **children with physical health issues** (32.8% vs. 21.0%).
- » lower proportion of **babies fully breastfed at 3 months** (63.1% vs 67.9%).
- » lower proportion of **fully immunised 2 year old children** (87.9% vs. 88.9%).
- » higher proportion of **children in low income families** (23.5% vs. 20.9%).
- » higher proportion of **people not able to access the internet at home** (22.8% vs. 14.1%).
- » lower rate of **private health insurance coverage** (41.2% vs. 52.1%).
- » higher rate of **people experience cost barrier to access health services** (2.7% vs. 2.0%).

SERVICE LANDSCAPE

Examining the maternal and child health services available within the region is vital to understanding if the needs of women and children are being addressed by the current local providers. In addition, it provides an opportunity to consider issues such as service density, duplication and responsiveness to future demand.

For most maternal health services within the Murrumbidgee region, such as birthing and care during the antenatal and postnatal periods, women are often required to travel to larger, regional facilities due to the limited availability of services at a local level. Similarly, despite the larger number of postnatal services throughout the region and five mobile clinics, anecdotal reports indicate these services would be better attended if community-based. MLHD is developing multidisciplinary clinics where appropriate to provide a more robust service. The majority of LHD birthing, antenatal and postnatal services provide access to Aboriginal healthcare workers, however the only Aboriginal-specific maternity services are available in the least regional areas of the region (Wagga Wagga and Griffith-Murrumbidgee (West)).

A greater number of child health-specific services are available for those within the 0 - 2 year age bracket, compared to children between 3 - 5 years of age. Paediatric specialist services are limited to common childhood conditions such as hearing and

diabetes with only the Wagga Wagga and Griffith-Murrumbidgee (West) offering support services for children with disabilities and developmental delay.

Within the maternal and child health group, services that relate to the provision of clinical support such as birthing, postnatal care, mental health and healthy lifestyle are the most abundant. The majority of these clinical services are hospital or community health centre-based, with some, but not all, offering an outreach component. Social services such as legal, financial, child protection, parenting and domestic violence support are also predominant, while only a small number of social inclusion and housing related services are available throughout the region.

The geographic spread of services throughout the region is generally consistent and proportionate with the distribution of the population with Wagga Wagga, Griffith-Murrumbidgee (West) and Upper Murray areas recorded as having the highest number of services. The service mapping indicates that the Lower Murray areas have the lowest number of services. It is important to acknowledge that a proportion of women and children within the region may access services outside the region, which are not reflected within the findings of the service mapping activity.

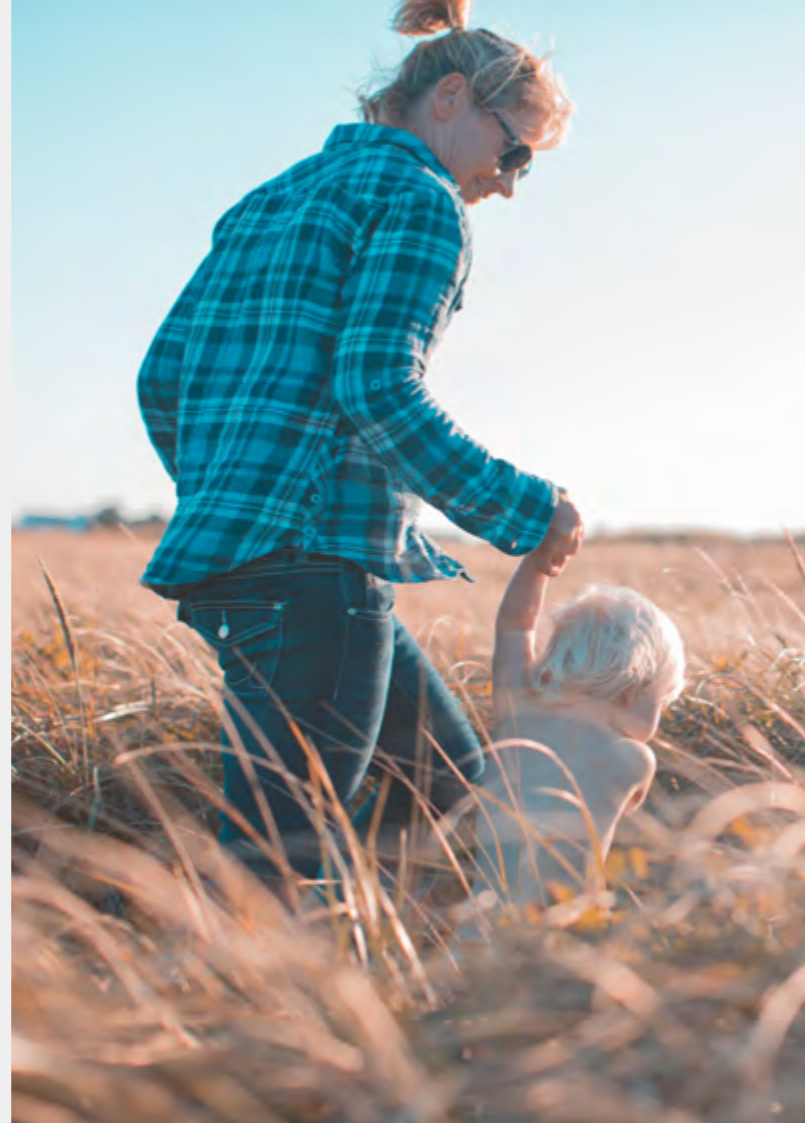
“For most maternal health services within the Murrumbidgee region, such as birthing and care during the antenatal and postnatal periods, women are often required to travel to larger, regional facilities due to the limited availability of services at a local level.”

WHAT IS OUR COMMUNITY TELLING US?

THEMES	ISSUES	DESCRIPTION
Accessibility	Geographic isolation	For families living in geographically isolated parts of the region, the ease of accessibility to maternal and child health services is limited.
	Social disadvantage	Targeted support for the most vulnerable women, children and families to address their complex needs, and maintain their physical and mental health is not accessed consistently across the region.
Workforce	Capability	Health professionals across primary and hospital-based care are not consistently equipped to meet the needs of women and families.
	Capacity	The demand for maternal and child health services is not being met consistently across the region due to the limited availability of a broad range of health professionals.
Availability	Service gaps	Women and families are unable to consistently access community based mental health, early intervention and prevention and practical supports.
Community	Health knowledge	Inconsistent access to accurate, timely and effective information on health behaviours.
	Service awareness	Women and families find it difficult to locate and navigate local maternal and child health services.
Coordination	Informal supports	Limited or sporadic opportunities for women and families to develop strong informal support structures.
	Coordinated journey	Coordination of the patient journey between hospital-based services and the community (primary care and non-government organisations) is fragmented.

GEOGRAPHIC ISOLATION

The varying levels of regionality within the Murrumbidgee region often requires women, children and their families to travel long distances to access maternal and child health services, the majority of which are typically concentrated in the least regional areas. This barrier is further exacerbated for specialised services (e.g. obstetricians and paediatricians) or services with limited opening hours. Those who are affected report impacts on both time, finances and wellbeing due to the necessity for extensive travel. As a result, women and children often present to local Emergency Departments rather than accessing appropriate primary healthcare services. Despite this barrier, Aboriginal Medical Services reportedly provide reasonable access to services for the Indigenous communities across the region.



WORKFORCE CAPABILITY

There is significant diversity in the levels of maternal and child health expertise and experience among health professionals throughout the region. General practitioners (GPs) deliver maternal and child healthcare services such as screening and assessment to varying levels depending upon their level of specialised skills and training in maternal and child health. MLHD have a specialised and skilled midwifery, child and family health nursing workforce who are trained in providing pregnancy and postnatal care and growth and development screening along with parenting advice and support up until the child is five years of age. While many consumers recall positive experiences with healthcare providers, others consistently report concerns over a lack of empathy, stigma for those who require additional support and limited availability of holistic care due to a lack of awareness of available referral points. Consumers are often unsure of the quality or type of maternal and child health support they require, which results in either a duplication of effort in sourcing a health professional with the required skill or a higher dependence on the MLHD services.

WORKFORCE CAPACITY

Across the region stakeholders and consumers report inconsistencies in the capacity of a range of health professionals such as GPs, obstetricians, paediatricians, midwives, child and family health nurses, lactation consultants and psychologists. Limited clinical supervision, and variable recruitment and retention processes, have been highlighted as contributing factors. Consumers have indicated that these factors have led to the reduced ability and availability of primary and community-based healthcare providers, specifically in geographically isolated areas, to provide maternal and child health services, and an over utilisation of hospital-based services.

SOCIAL DISADVANTAGE

The social gradient and its consequences for the most socioeconomically disadvantaged women, children and families adds further layers of complexity when they are attempting to access services. Within the Murrumbidgee region, socially vulnerable women and children do not access the universal mainstream health services, such as maternal screening and child development assessment, at the same rate as those who are higher on the social gradient. Further compounding this barrier to access are issues such as the dispersed location of services, travel and accommodation costs and, where applicable, service costs. These issues, which rarely operate in isolation of others, offer a significant disincentive to help seeking behaviours and the early identification of health concerns prior to escalation.



SERVICE GAPS

Numerous maternal and child health services exist throughout the MPHN region, however there are inconsistencies in the level of access to and type of services universally available to women, children and their families. In particular, consumers report that there are a limited number of available mental health services specifically addressing postnatal depression, or providing practical supports for women such as self-care strategies, resilience building and respite. Child health focused services targeting the early identification of behavioural issues and development delay, and subsequent intervention, are also considered scarce by consumers. This inability to access or to know how to access such services leads to a 'snowballing' effect of both maternal mental health issues and child development delays. As a consequence, the usage rate of intensive MLHD services increases due to issues within the remit the community-based or primary healthcare setting not being addressed.



HEALTHY KNOWLEDGE

Access to accurate, timely and effective information is inconsistently provided to women, children and their families throughout the MPH region. Consumers report that a disparity exists in the available knowledge on healthy behaviours during pregnancy (e.g. smoking cessation, nutrition, medication and breastfeeding) and awareness of child development milestones. This disparity is widened further for consumers who are experiencing a high level of disadvantage, and may not be available for Aboriginal and Torres Strait Island women, children and families depending upon their geographic location. The limited communication of knowledge results in low rates of health literacy and increased probabilities of poorer mental health outcomes, undetected developmental delays, utilisation of health services and reliance on hospital-based services for exacerbated issues.

INFORMAL SUPPORTS

Inconsistent opportunities for women and their families to engage in informal, peer support within their local community was identified by consumers within the MPH region as a contributing factor to the issue of social isolation. The ability to access a maternal and child support network, comprised of family or friends is acknowledged as a protective factor for both women and children in maintaining good physical and mental health. However within the MPH region, the expansive geographic location, lack of local networking opportunities and, when established, the sporadic nature of maternal and child group activities prevents region wide benefits. Similar to other barriers, the limited opportunity for social inclusion further compounds poor physical and mental health status and increases the community's reliance on hospital-based services.



SERVICE AWARENESS


A barrier that is consistently reported by the community is the lack of awareness among women, children and their families of the services available to them within the MPH region. In particular, the variety of options available for maternity care arrangements (e.g. midwifery led, GP shared care), which services were available within the local community and what the service touch points are within the referral process are highlighted by women and families as significant barriers to informed decision making. The lack of available information regarding service options significantly limits the ability of women and their families to be empowered to access care, resulting in higher rates of poorer mental health status and the inappropriate use of the MLHD services.



COORDINATED JOURNEY

Women, children and their families enter into the health system at varying points, however continuity of care between NGO, primary and hospital-based care settings is vital to achieving optimal outcomes. Coordinating the journey experienced by women and children within the MPH region is challenging due to the geographical diversity of the MPH region and the transient workforce. Common across both the maternal and paediatric context is a concern regarding the lack of integration between the MLHD and primary care setting, specifically regarding post-discharge team care arrangements.

This fragmentation results in the inefficient delivery of maternal and child health services which are often duplicated, and causes dissatisfaction for those consumers who are required to repeat their story to multiple healthcare providers. However, it should be acknowledged that 95 per cent of families residing in the MLHD region received a one- to four-week health check either in the home or at a clinic, post hospital admission. At this health check the family and Child and Family Health Nurse develop a plan tailored to the child's need and available service.



MATERNAL AND CHILD HEALTH STRATEGY

VISION FOR CHANGE

This strategy provides an opportunity for the MPH, MLHD and broader stakeholders to work collaboratively to 'break down the silos' to deliver and commission accessible, high quality maternal and child health services for all women and families across the Murrumbidgee region.



IMPLEMENTATION PRINCIPLES

Each of the activities recommended in this plan are to be implemented in alignment with the principles listed below:

- » **Services delivered in community:** women and families value receiving services within their community and are open to innovative service responses delivery by phone and internet.
- » **Focus on prevention and early intervention:** women and families desire services that address health and social issues at the earliest possible point, preventing the need for utilisation of hospital services where possible.
- » **Choice in provider:** women and families are to be presented with all of the options to make an informed decision on accessing services that are right for them.
- » **Continuity of care:** women and families value the familiarity of accessing services from organisations and health professionals with who they have built a good rapport with.
- » **Family inclusive:** service responses are to consider the involvement of the broader family, inclusive of fathers/partners, in any future activity.
- » **Culturally appropriate services:** women and families receive services that are culturally appropriate.

THE STRATEGY

MPHN and MLHD reiterates that the priorities outlined within the Strategy are not a direct commitment for immediate action by them or their partners. The Strategy represents a framework for future investment and collaboration between MPHN, MLHD, government departments and local service providers. It is recognised activities

outlined on the following pages are relatively high-level concepts and further work will have to be done by MPHN and MLHD to progress implementation. This may be achieved through a range of commissioning strategies comprising open market request for proposals, co-design processes or jointly commissioned scoping activities.



THE PRIORITIES OF THE MURRUMBIDGEE MATERNAL AND CHILD HEALTH STRATEGY ARE:

1. ENHANCE UTILISATION OF TELEHEALTH TO DELIVER MATERNAL AND CHILD HEALTH SERVICES
2. INCREASE UPTAKE OF MATERNAL AND CHILD HEALTH SCREENING AND ASSESSMENT FOR THOSE REQUIRING SPECIALISED SUPPORT
3. DEVELOP A REGIONAL MATERNAL AND CHILD WORKFORCE DEVELOPMENT PLAN FOR THE MPHN REGION
4. ENHANCE THE AVAILABILITY OF MATERNAL AND CHILD MENTAL HEALTH SUPPORT
5. INCREASE UPTAKE OF MATERNITY SHARED CARE ARRANGEMENTS
6. DEVELOP NEW OR ENHANCE EXISTING MATERNAL AND CHILD HEALTH HUBS
7. IMPROVE THE AWARENESS OF MATERNAL AND CHILD HEALTH RESOURCES AND SERVICES ACROSS THE MPHN REGION
8. IMPROVE CARE COORDINATION BETWEEN HOSPITAL-BASED CARE AND THE COMMUNITY E.G. PRIMARY CARE AND NON-GOVERNMENT MATERNAL AND CHILD HEALTH SERVICES
9. MAINTAIN COMMITMENT AND RESOURCING TO ABORIGINAL MEDICAL SERVICES AND INCREASE CULTURAL COMPETENCY OF MAINSTREAM SERVICES

PRIORITIES IN MORE DETAIL

1. ENHANCE UTILISATION OF TELEHEALTH TO DELIVER MATERNAL AND CHILD HEALTH SERVICES

Description	The adoption of telehealth as a method of service delivery to reach the most regional areas of Murrumbidgee for both social (e.g. parenting support) and clinical services (e.g. primary and specialist healthcare).						
Target group/s	Women (antenatal and postnatal), health workforce						
Example/s	<p>Maternal and Antenatal Telehealth Service (MATES) is a Central Queensland based telehealth service enabling antenatal patients to be seen by a specialist via telehealth, with access to a multidisciplinary team.</p> <p>Pregnancy, Birth and Baby is a national helpline, video and website service that supports parents, families and carers of children aged up to five years, operated by maternal child health nurses and funded by the Australian Government.</p> <p>Royal Far West Telecare Services for Kids provides a range of allied health, telepaediatrics and telepsychiatry services for children. This service is funded by schools in the region.</p>						
Issue alignment	Accessibility		Workforce	Availability	Community Capacity		Coordination
	Geographic isolation		Capacity	Service gaps	Health information	Service awareness	

2. INCREASE UPTAKE OF MATERNAL AND CHILD HEALTH SCREENING AND ASSESSMENT FOR THOSE REQUIRING SPECIALISED SUPPORT

Description	Improved utilisation of universal maternal and child health services among the most vulnerable women, children and families. Solutions should leverage opportunistic interactions, adopt varying communication platforms and focus on continuity of care.									
Target group/s	Women (antenatal and postnatal) and children									
Example/s	Western NSW PHN funds allied health services (e.g. speech pathology, occupational therapy) by visiting health professionals for early intervention to improve outcomes for children diagnosed with developmental delay in high need areas with no alternative services. Paediatric Outreach Clinics are provided in GP centres in Young, Gundagai, Tumut, Cootamundra, Temora, West Wyalong and Narrandera have been developed to reduce gaps in care navigation and coordination for socially and financially disadvantaged families.									
Issue alignment	Accessibility		Workforce		Availability	Community Capacity			Coordination	
		Social disadvantage				Health information	Service awareness			Coordinated journey

4. ENHANCE THE AVAILABILITY OF MATERNAL AND CHILD MENTAL HEALTH SUPPORT

Description	Increased focus on community-based low intensity mental health services, specifically relating to postnatal depression and maternal anxiety, and access to multi-sectoral service navigation support (e.g. clinical and non-clinical).									
Target group/s	Women and families									
Example/s	NewAccess service is currently funded by MPHN, targeting women at-risk of or experiencing perinatal depression. Brisbane South PHN commissioned a provider to strengthen sector capability to address low intensity mental health concerns of women at risk of perinatal depression.									
Issue alignment	Accessibility		Workforce		Availability	Community Capacity			Coordination	
	Geographic isolation	Social disadvantage			Service gaps	Health information	Service awareness			Coordinated journey

3. INCLUDE A REGIONAL MATERNAL AND CHILD HEALTH WORKFORCE DEVELOPMENT PLAN IN THE MPHN WORKFORCE STRATEGY

Description	Strengthening the existing workforce by increasing the awareness of primary care professionals (e.g. GPs, practice nurses and allied health professionals) relating to holistic and integrated care pathways, optimising available allied health services, building expertise and confidence in paediatrics and ensuring appropriate use of hospital-based resources.									
Target group/s	MPHN, MLHD, health professionals									
Example/s	Nepean Blue Mountains PHN commissioned NSW Rural Doctors Network's (NSWRDN) to develop a regional health workforce plan for the Lithgow LGA, to address known barriers to accessing primary healthcare. Western NSW PHN are developing a region wide Primary Healthcare Workforce Strategy to project regional and localised future workforce needs and identify high-risk workforce environments.									
Issue alignment	Accessibility		Workforce		Availability	Community Capacity			Coordination	
	Geographic isolation		Capability	Capacity	Service gaps					Coordinated journey

5. INCREASE UPTAKE OF MATERNITY SHARED CARE ARRANGEMENTS

Description	Improved workforce support of, and consumer confidence in shared healthcare arrangements between hospital-based services and community partners (e.g. GPs and community midwives).									
Target group/s	Women, children and families									
Example/s	MPHN deliver the Riverina Antenatal Shared Care Program, providing choice, continuity of care and greater accessibility for women by seeing their general practitioner during pregnancy Western Queensland PHN support WQ General Practice networks to increase capability and alignment with the delivering shared care regarding child and maternal health.									
Issue alignment	Accessibility		Workforce		Availability	Community Capacity			Coordination	
	Geographic isolation	Social disadvantage		Capacity		Health information	Service awareness			Coordinated journey

6. DEVELOP NEW OR ENHANCE EXISTING MATERNAL AND CHILD HEALTH HUBS

Description	Enhancement of existing maternal and child health hubs through integration with community and hospital-based services, provision of clinical services (e.g. child development screening, immunisation) and non-clinical supports (e.g. workshops and social groups). Establishment of new hubs in areas of unmet need, leveraging existing infrastructure and utilising local resources.							
Target group/s	Women, families and children							
Example/s	North Coast PHN is working collaboratively with stakeholders (e.g. LHDs) to co-design a consortium or partnership approach with health and social care agencies targeting children in the first 2000 days of life in Grafton. Northern Territory PHN is commissioning services to increase access to and availability of primary health services in small remote communities, including maternal and child health services in Tennant Creek/Barkly and access to early childhood development services in Galiwinku/East Arnhem.							
Issue alignment	Accessibility		Workforce		Availability	Community Capacity		Coordination
	Geographic isolation		Capacity	Service gaps	Health information	Service awareness	Informal supports	Coordinated journey

8. IMPROVE CARE COORDINATION BETWEEN HOSPITAL-BASED CARE AND THE COMMUNITY E.G. PRIMARY CARE AND NON-GOVERNMENT MATERNAL AND CHILD HEALTH SERVICES

Description	Establishment and consolidation of processes for the sharing of information and care planning for women and children transitioning between types of care.							
Target group/s	Health system, organisations and service providers							
Example/s	Royal Children's Hospital has primary care liaison roles to support RCH and community health professionals to work together more effectively. Operational Business Intelligence (QBI) Dashboard is a web based tool that improves coordination from metropolitan hospitals to rural communities.							
Issue alignment	Accessibility		Workforce		Availability	Community Capacity		Coordination
	Geographic isolation		Capacity			Service awareness		Coordinated journey

7. IMPROVE THE AWARENESS OF MATERNAL AND CHILD HEALTH RESOURCES AND SERVICES ACROSS THE MPHNS REGION

Description	Development and maintenance of centralised, holistic and up-to-date maternal and child health information (e.g. directory of local, state-wide and national services). Potential models should build upon existing service mapping data and contain relevant information for care arrangements, key child developmental milestones and targeted health promotion material.							
Target group/s	Women and families							
Example/s	Pregnancy, Birth and Baby supports parents on the journey from pregnancy to preschool with information, personalised clinical advice, digital tools, service finder and symptom checker. Statewide Paediatric HealthPathways led by North West Melbourne PHN provides clinical pathways through HealthPathways platform to enhance paediatric primary care. Increased promotion of the MLHD CYFH Smartphone App and integration between maternity services, GP's AND CFHNS.							
Issue alignment	Accessibility		Workforce		Availability	Community Capacity		Coordination
	Geographic isolation					Service awareness		Coordinated journey

9. MAINTAIN COMMITMENT AND RESOURCING TO ABORIGINAL MEDICAL SERVICES AND INCREASE CULTURAL COMPETENCY OF MAINSTREAM SERVICES

Description	Sustain investment to ensure capacity of Aboriginal Medical Services to deliver high quality maternal and child health services to Indigenous communities, in addition to the establishment of partnerships with mainstream services that enhance cultural competency and integration between MLHD and Aboriginal Medical Services.							
Target group/s	Aboriginal and Torres Strait Islander women and children, Aboriginal Medical Services							
Example/s	Birthing on Country project provides better birthing options for Aboriginal women and their babies by establishing Aboriginal Midwifery Group Practices, birthing in hospital with a known Midwife or stand-alone Aboriginal birth centres. Western Australia PHN partner with Aboriginal Community Controlled Health Services and provide primary care through programs focusing on maternal and child health among other areas of health.							
Issue alignment	Accessibility		Workforce		Availability	Community Capacity		Coordination
	Geographic isolation	Social disadvantage	Capability			Health information	Service awareness	Coordinated journey

GLOSSARY

Description of key words, and acronyms used throughout the Strategy.

TERM	DEFINITION	SOURCE
MPHN	Murrumbidgee Primary Health Network	-
MLHD	Murrumbidgee Local Health District	-
Primary Care	Primary care is the entry level to the health system and, as such, is usually a person's first encounter with the health system. It includes a broad range of activities and services, from health promotion and prevention, to treatment and management of acute and chronic conditions.	Australian Institute of Health and Welfare, 2016
Antenatal	The period of time before birth, during or relating to pregnancy. The healthcare during this period of time is defined as the care provided by skilled healthcare professionals to pregnant women and adolescent girls in order to ensure the best health conditions for both the woman and baby during pregnancy.	World Health Organisation, 2016
Postnatal	The time relating to or denoting the period after childbirth. The healthcare during this period of time is defined as the first six weeks after birth and critical to the health and survival of the woman and her newborn.	World Health Organisation, 2013

