BRIDGINGTHEGAP

PARTNERSHIPS FOR CHANGE IN REFUGEE CHILD & FAMILY HEALTH

POLICY AND PRACTICE BRIEF **#2**

Group Pregnancy Care for Refugee Background Women

Optimising the health of mothers and newborn babies

Antenatal care is essential for optimal maternal and perinatal outcomes. Women attending antenatal care in the first trimester of pregnancy have lower maternal and perinatal mortality than women who attend late or not at all.[1]

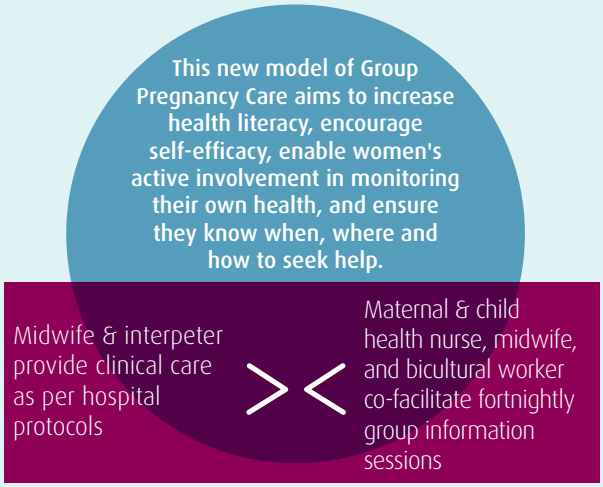
The Australian National Antenatal Care Guidelines identify group pregnancy care as having the potential to meet the complex needs of populations vulnerable to poor outcomes, including women of refugee background. The group setting provides a space for sharing information and developing supportive social networks. The evidence demonstrates that women learn best from each other's experience, with facilitated discussion focussing on what women want and need to know.

Women of refugee background are at risk of poor maternal and perinatal outcomes, and are more likely to have a baby that is stillborn or dies soon after birth compared with Australian born women.[2] Refugee women are more likely to have complex health needs, and face multiple barriers accessing pregnancy care and navigating health systems in high income countries.[3]

An innovative model of antenatal and postnatal care

A partnership has designed and tested an innovative approach to antenatal and postnatal care that involves inter-agency collaboration between public maternity hospitals, settlement services and maternal and child health (MCH) services. The new model of care provides multifaceted, culturally appropriate preventive health care, information and support in their own language to refugee women during and after pregnancy in a group setting. Unique to the model is the inclusion of a bicultural worker in the care team.

Figure 1.
Overview of the Group Pregnancy Care model



"Being able to speak the same language and share stories in the same language was good for me."

PROGRAM PARTICIPANT

Murdoch Childrens Research Institute

Foundation House
The Victorian Foundation for Survivors of Torture Inc.

CO-DESIGN WITH COMMUNITY MEMBERS AND STAKEHOLDERS

Healthy Happy Beginnings (as named by the community) provides group pregnancy care and information to Karen women from Burma in Werribee. Feasibility and acceptability of the model has been demonstrated by this successful pilot study, co-designed and implemented by the Bridging the Gap partnership.[4]

Priorities for pregnancy care identified through community consultation with Karen women and men included:

- access to care close to home (due to limited transport)
- greater access to professional interpreters
- meeting other people from the community also having a baby
- learning about what to do for a healthy pregnancy, and
- what to expect in labour and childbirth in a hospital, including the possibility of induction and caesarean.

The services agreed on what would be feasible within their existing resources to implement a new model of care to meet the needs of the community.

Key elements include:

- community and stakeholder engagement in co-design of local programs
- locating the program outside of the hospital and close to where families live (e.g. a maternal and child health centre)
- group information sessions are directed by what women want to know. Standard information will be provided in the sessions, however, this remains flexible to meet women's needs
- partners and family members are welcome to attend;
- transition to postnatal care with the MCH nurse and bicultural worker
- flexibility to embed the model in ways that work for health services and communities, and
- implementation, reflection and evaluation using the Plan Do Study Act framework (PDSA)[5].

"If we don't understand anything, we can ask questions and then they explain it to us again."

PROGRAM PARTICIPANT

A new way of working: Intersectoral collaboration & multi-disciplinary teams

A local Partnership Implementation Group comprising management from all partner agencies and other relevant stakeholders, has overseen the co-design and implementation of the program.

Figure 2.
Interagency collaboration for group pregnancy care

"When I was pregnant, I felt that my baby wasn't breathing or moving, so I asked the midwife here about it and got a check-up. She gave me advice and made me feel better."

PROGRAM PARTICIPANT

WOMEN'S EXPERIENCES OF GROUP PREGNANCY CARE

Approximately 120 Karen women from Burma have participated in the program (Nov 2014-Feb 2017). Nineteen of these women participated in focus groups to explore their experiences of being involved in the program, and whether it had helped them feel prepared for childbirth and going home with a new baby.[6]

Women had been in Australia for an average of 4.3 years (range 6 months-10 years).

Fourteen women were born in Burma and five were born in Thailand.

Nine women were first-time mothers and 10 multiparous, nine of whom had previously given birth in a refugee camp.

For 18 women it was their first contact with Australian maternity and maternal and child health services.

Overall, women were very positive about the program. Specifically, women:

- felt culturally safe, empowered and confident learning about pregnancy and childbirth in the group setting
- developed trusting relationships with the team of professionals
- valued being able to communicate with health professionals in their own language, and
- appreciated the continuity of care provided by the bicultural worker and MCH nurse post birth.

"She (bicultural worker) is very important... She helps us with everything."

PROGRAM PARTICIPANT

Expanding the model: scale-up with robust evaluation framework

Nationally and internationally, this is the first model of group pregnancy care designed with and for a resettled refugee community. The program is now moving to scale to trial the model with additional communities and new services, providing evidence to inform sustainability and replication elsewhere.

We anticipate that improved access and engagement with group pregnancy care will promote positive maternal, birth and infant outcomes and that program implementation will be cost effective.

Program evaluation is underway to determine the effectiveness of group pregnancy care to:

- improve timely access and engagement with preventive health care
- reduce adverse maternal, perinatal and infant health outcomes

We will also:

- identify program attributes (intensity, frequency, acceptability, sustainability) that are associated with health care access and engagement and improved health outcomes
- estimate the potential cost-offsets from improved health outcomes relative to the costs of implementing the program, and program cost-effectiveness, and
- examine mothers' progression in health literacy, social and emotional well-being and experience of care.

"I was a first-time mum, so I would come here and speak to the facilitators, and they gave me advice and just made me feel better... Very reassuring and encouraging."

PROGRAM PARTICIPANT

Considerations for policy makers & health services

Tackling health disparities through collaborative partnerships between communities and across services is critical to health care quality and safety in preventing adverse outcomes.

Since inception, the demonstration program has evolved and adapted over time to meet the needs of the services and the community. The partnership has learnt an enormous amount about what works well and not so well in the design and implementation of new ways of working together in providing care to refugee background women.

PARTNERSHIP LEARNINGS:

Community engagement and co-design

> involvement of the community and multi-agency staff in co-design of the model is critical for buy-in, refinement and adoption of a new approach

Team work

> new ways of providing multidisciplinary team-based care requires supportive mentoring, skill development in group co-facilitation, individual and team-focussed reflective practice, and supportive managers who understand and promote the principles underpinning the program

> the role of the bicultural worker is pivotal to linking the community and services

Group setting

> the group setting provides the time and space to ensure issues faced by refugee women can be addressed (e.g. how to contact the hospital and communicate urgent concerns about their pregnancy)

> women demonstrate better understanding of information when discussed and shared amongst peers

Safeguarding maternal health

> the program provides a culturally safe space to raise and discuss potentially sensitive issues. Any issue can be raised by women or staff and discussed one-on-one and in the group (e.g. mental health, family violence, trauma and grief). Group processes help to foster the trusting relationships to enable these discussions

Evaluation

> multifaceted evaluations are required to learn from women's experience as well as group pregnancy care providers and stakeholders, to determine whether the model improves perinatal outcomes.

REFERENCES:

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

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Bridging the Gap is a partnership program of system reform and quality improvement in maternity and early childhood healthcare with the aim of improving outcomes for women and families of refugee background.

FOR FURTHER INFORMATION ABOUT BRIDGING THE GAP

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Bridging the Gap is being implemented in the maternity services of Monash Health and Western Health and the maternal and child health services of the City of Greater Dandenong and the City of Wyndham. Mercy Hospital Werribee and VICSEG New Futures are partners on the Healthy Happy Beginnings program.