

Optimising the care of Aboriginal women during pregnancy

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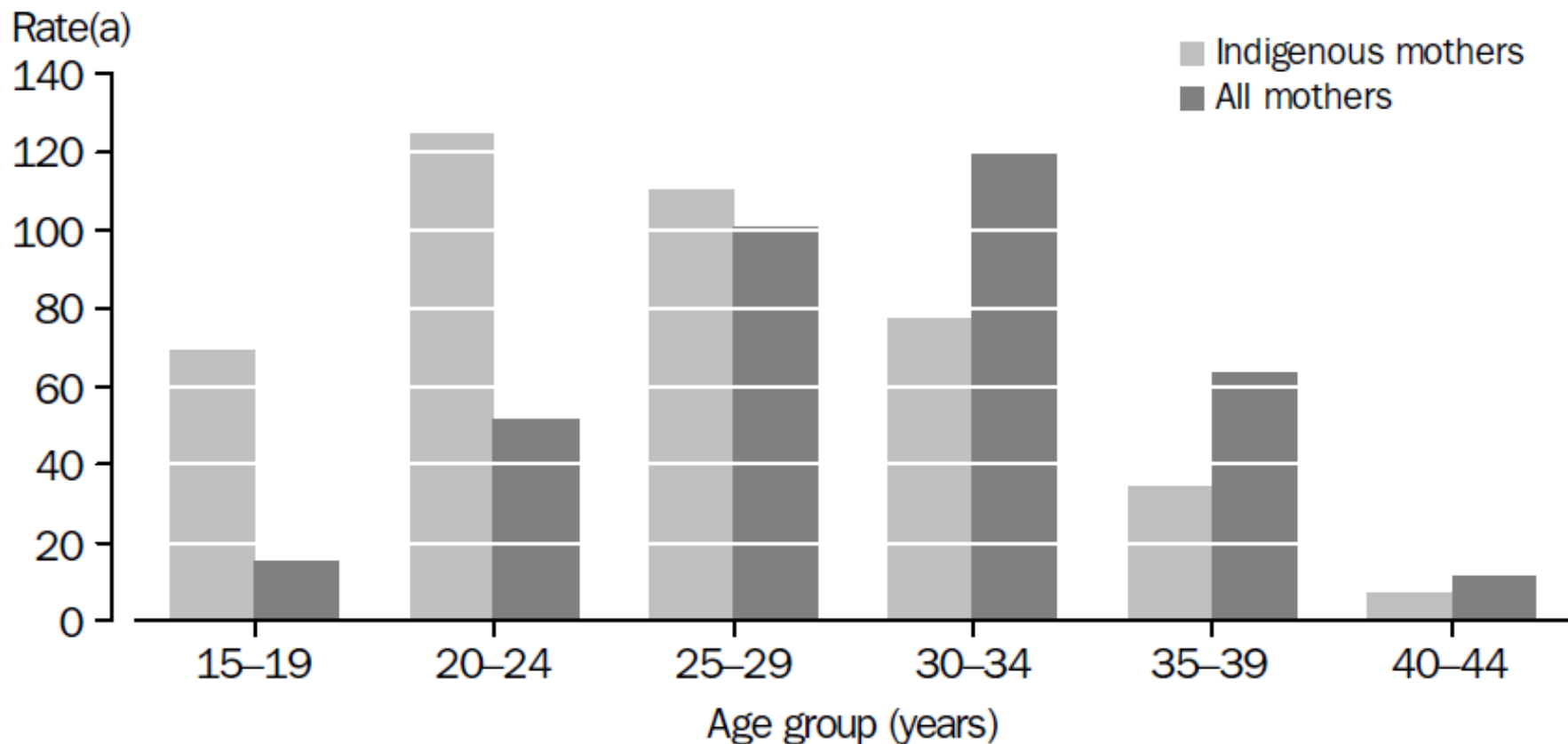
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Background

- ~3.8% of all women who gave birth in 2007 identified as Aboriginal and/or Torres Strait Islander
- Optimising the health of mothers and babies has been identified as a high priority by Aboriginal women (Stamp et al. 2008; Eades 2004; Carter et al. 2004)



Age-specific fertility rates (2006)



(a) Number of babies per 1,000 females.



Key outcomes

- 5 x higher maternal mortality rate: 45.9 vs. 8.7 per 100,000
- 1.5 x higher perinatal mortality: 15.7 vs. 10.3 per 100,000
- 3 x higher infant mortality: 12.3 vs. 4.2 per 100,000

BUT

- In 3 jurisdictions (SA, WA, NT) with >10 years of adequate identification of Aboriginal deaths ,1991-2005:
 - 51% decline in perinatal mortality
 - 47% decline in infant mortality
 - Declines observed to a lesser extent amongst other infants

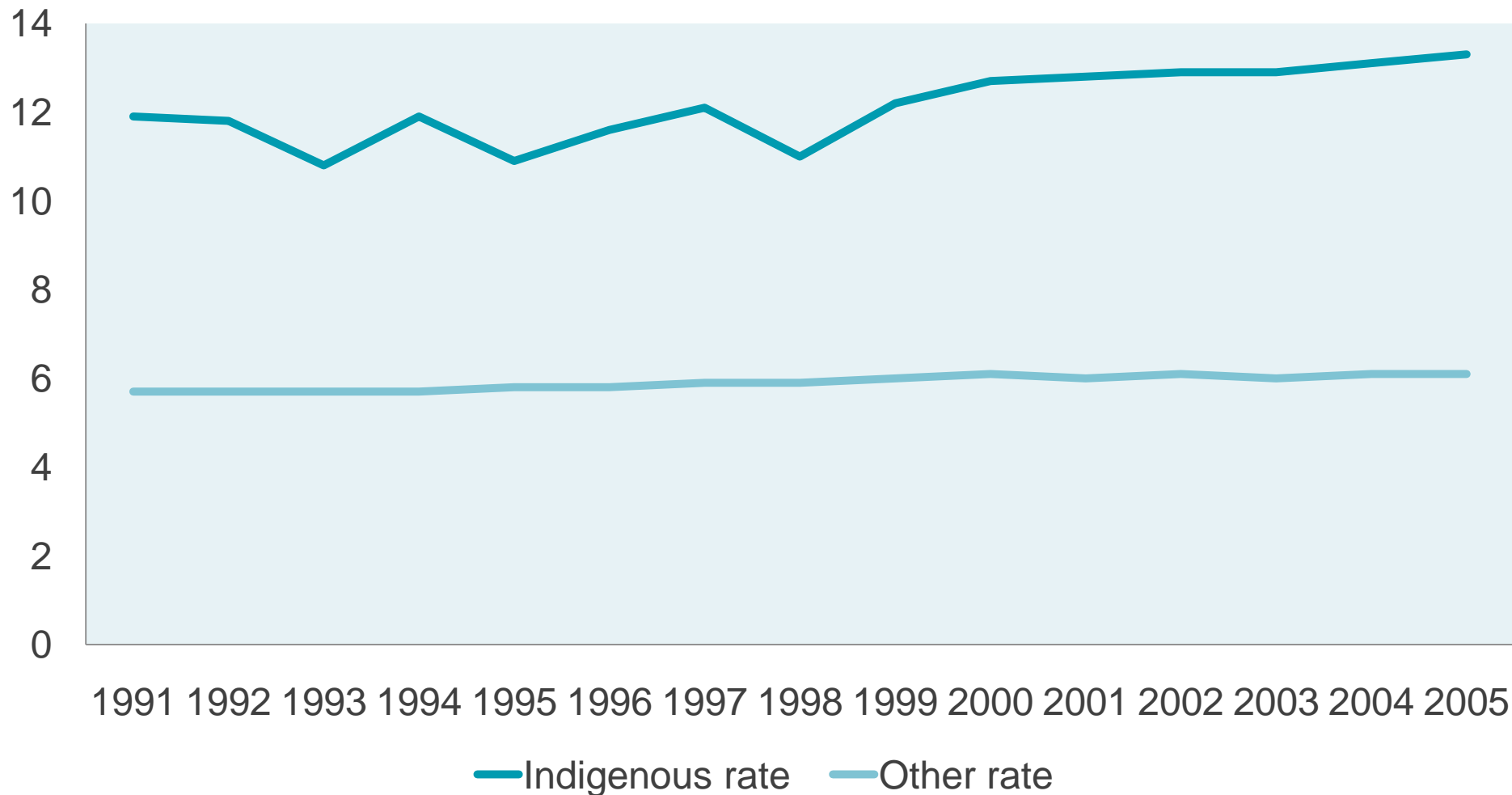


Child mortality (0-4 years)

- 3 x higher child mortality: 305 vs. 102 per 100,000
- Key target of the “Close the Gap” Campaign
- Infant mortality drives child mortality
- Most common causes of death
 - Conditions originating in the perinatal period (38%)
 - Symptoms, signs and ill-defined conditions incl. SIDS (20%)
 - Congenital malformations; injury incl. poisoning (11% each)
 - Diseases of the respiratory system (7%), nervous system (4%), circulatory system (2%); infectious & parasitic diseases (3%); other (4%)



Proportion (%) of low birth-weight live-born babies amongst Aboriginal and other mothers, 1991-2005*



*excludes Tasmania and Australian Capital Territory

Source: AIHW 2008. Aboriginal and Torres Strait Islander Health Performance Framework: 2008 report: Detailed analyses. Cat. No. IHW 22. Canberra: AIHW



Low birth-weight (LBW)

- The gap is widening
- LBW amongst full-term and singleton births almost **3 x higher** amongst Aboriginal mothers
- Highest amongst Aboriginal mothers living in remote (15%) or very remote areas (14%)
- Higher perinatal death rate amongst LBW babies born to Aboriginal mothers
- Long-term consequences for health in childhood and adulthood



Closing the gap

- Much of the gap in perinatal and infant mortality and LBW babies is due to preventable factors
 - Early teenage pregnancy (<16 years), under-nutrition, smoking, infection, alcohol consumption during pregnancy and pre-existing chronic diseases
 - All of which are disproportionately high amongst Aboriginal mothers
- Availability and access to high quality and appropriate antenatal care



Engagement with services

- 96% of Aboriginal women attended at least one session of antenatal care (vs. 99% of other women)
- No complete national data, but available data suggests underutilisation of antenatal care
 - Less frequent
 - Later in pregnancy (however still only 28% of Aboriginal mothers present in the 3rd trimester vs. 11%)
- Mainstream services are not meeting the needs of Aboriginal women



LBW babies by use of antenatal services, NSW, QLD, SA and NT combined, 2005

	Aboriginal and Torres Strait Islander mothers	Other mothers	Ratio
	%	%	
Attended at least one antenatal session	12.6	6.3	2.0
Attended no antenatal sessions	39.1	20.7	1.9
No. of sessions attended*:			
0	42.1	30.3	1.4
1	28.8	29.7	1.0
2-4	20.2	21.2	1.0
5+	10.0	5.7	1.7
Duration of pregnancy at first antenatal visit**			
First trimester	11.7	5.8	2.0
Second trimester	13.4	6.0	2.2
Third trimester	12.6	7.5	1.7

* Data for QLD, SA and NT

** Data for NSW and NT only

Source: NIHEC. Child mortality targets: Analysis & Recommendations, 2010.



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Similar findings in relation to preterm birth and perinatal mortality

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Evidence from individual programs

- Limited published information about Aboriginal women's preferences for care and birth, however..
- Increasing support for antenatal and birth programs tailored to the needs of local Aboriginal women
- Review of evaluations of programs (Herceg 2005; Rumbold & Cunningham 2008; Middleton 2009)
- Variable quality of the evaluations



Program	Program description	Evaluation outcomes
Anangu Bibi & Regional Family Birthing Programs, Pt Augusta, Whyalla	Culturally appropriate obstetric support for women by Aboriginal Maternal and Infant Care workers in partnership with midwives	Women's views, risk factors, process outcomes, pregnancy outcomes
Arnhem Land US training, Arnhem Land	Training AHW to undertake ultrasound in early and late pregnancy	Diagnostic accuracy
Congress Alukura, Alice Springs	Women's health service "embedded in the knowledge of the Traditional Grandmothers".	Care utilisation, birth weight, women's views
Daruk antenatal program, Sydney	Culturally appropriate midwifery program	Care utilisation, pregnancy outcomes, cost analysis
Gumilebyirra Women's Health Service, Darwin	Culturally appropriate women's health service	Care utilisation, women's views
Mum's & Babies Program, Townsville	Integrated model of antenatal shared care	Care utilisation, quality of care, birth outcomes
Nganampa Health Council, A-PY Lands	Community midwifery program	Pregnancy outcomes
Nguu Gundi, Rockhampton	Community midwifery program	Care utilisation, pregnancy outcomes
Strong women, strong babies, strong culture, NT/WA remote communities	Community based support program	Care utilisation, pregnancy outcomes
Women's Business Service, Mildura	Midwifery program encompassing holistic view of health	Women's views
Yapatjarra Shared Care Program, Mt Isa	Antenatal shared care program	Care utilisation, perinatal mortality

Impact: care utilisation

- No. of women accessing programs varied
 - Largest program: 280 women (456 births) over 4 years
- Increased care utilisation (~10%) (2 programs)
- Increased care initiation in 1st trimester (8-15%) (2 programs)
- Earlier gestation at first visit (1 program) (2 - 3 weeks)
- Increased antenatal visits (3 programs)
- Reduction in number of women with “inadequate care” (2 programs)



Impact: birth outcomes

- Birthweight:
 - increases (103g to 196g) reported in 4 programs, no change in 1 program
- Preterm birth:
 - 2 programs: reduction (5-7%) in PTB when compared with historical and concurrent controls
 - 2 programs: no difference
- Perinatal mortality:
 - 1 program: reduced perinatal mortality rate 36.6 per 1000 deaths (95% CI -60.3 to -12.8); 1 program: “6 fewer deaths”
 - 3 programs: no difference



Impact: other outcomes

- Women's views:
 - women more likely to be happy with care, information provided, waiting times
 - positive views expressed about flexibility, links with remote communities, use of female staff, staff attitudes, continuity of care
- Quality of care poorly reported
- Cost: \$507 per client cost saving reported in 1 program



Common elements of successful programs

- Community based and/or community controlled services
- Valuing and training Aboriginal staff & female staff
- Respect for Aboriginal people and their culture
- Specific location for women and children
- Welcoming, safe and flexible
- Provision of transport and childcare
- Continuity of care
- Integration of a broad range of services



Access and quality

- Increasing ACCESS to care is important....
- So is the quality of care provided when Aboriginal women do present for care



Quality of antenatal care in remote PHC centres

- Audit of 535 case notes across 34 remote Aboriginal primary health centres located in 6 regions
- Participating in a continuous quality improvement project (the ABCD project, Ross Bailie & colleagues)
- Aboriginal community controlled health services and government run primary health services
- Context of high staff turnover & competing acute care demand
- **Documented** adherence to guidelines in the antenatal and postnatal periods



Quality of care indicators: summary

- Despite later presentation, Aboriginal women are attending regularly
- Strengths and weakness in the delivery of antenatal care
 - Underutilisation of routine antenatal investigations and brief interventions/advice
 - Good documentation of follow up for diabetes
- Limitations: documented care only & small numbers
- Data is informing program changes in participating sites



Conclusion

- Promoting earlier care & increasing access is important
- Build on the success of current programs
- Supporting services to improve the quality of care is also important, particularly in relation to key factors affecting Aboriginal women:
 - Smoking cessation
 - Nutrition
 - Treatment of chronic disease
- Need on-going evaluation mechanisms to assess quality
- Improving health pre-conception

