

# Supported Mothers, Stronger Futures

ENGAGING WITH LOCAL MOTHERS IN THE  
NORTHERN RIVERS REGION TO IMPROVE  
ANTENATAL CARE COORDINATION AND SUPPORT

**Community consultation**



MANY TRACKS, ONE ROAD  
SUSTAINING COMMUNITY.

Northern Rivers Community Gateway



**BEACON STRATEGIES**

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# BACKGROUND

## PURPOSE OF THIS REPORT

In late-2016, Northern Rivers Community Gateway (NRCG) engaged Beacon Strategies to assist with co-designing a service model for community-based antenatal care coordination in the Northern Rivers region of NSW. The purpose of this project is to leverage the extensive evidence base available on what works, and position this within the local context to ensure the proposed service model responds to the needs of the Northern Rivers community. Beacon Strategies will deliver a number of pieces of work to develop this service model, including:

- evidence review
- population health profile
- service mapping
- community consultation
- summary report.

This paper reports on the 'community consultation' deliverable under the scope of work agreed by NRCG and Beacon Strategies.

## THE JOURNEY SO FAR

The emergence of community-based antenatal care coordination as a key priority for generating social impact is based on a compelling argument that the origins of social disadvantage begin in the womb. The critical part of the life course spent developing from embryo, to foetus and as a child largely determines the trajectory of one's health and personal capacities. Investing in the prenatal period through a holistic approach can save a lifetime of costs, ranging from postnatal healthcare costs through to better education and employment prospects and a lower likelihood of illness and incarceration. This means providing the optimal conditions for children to have every opportunity to thrive in life.

Evidence argues that a service mix should go beyond mere clinical services and take a whole-of-person perspective, incorporating services that can improve the social determinants of health. Existing academic literature has demonstrated that the following service categories can improve birth outcomes:

- clinical antenatal care
- drug, alcohol and smoking cessation
- mental health, wellbeing and resilience
- nutrition and physical wellbeing
- domestic violence refuge
- housing
- financial security
- legal assistance
- education and employment
- relationships and family planning
- parenting and attachment
- family planning.

A number of barriers exist in getting these services to women that really need them, such as those facing difficult socioeconomic circumstances or from culturally and linguistically diverse (CALD) backgrounds. Previous evidence indicates that a service model aimed at taking the coordination of prenatal care out of the clinical setting and basing it in community sector can help to alleviate these

barriers and promise greater impact. This person-centred approach introduces the role of an antenatal care coordinator as a trusted and ongoing point of contact. The coordinator's role is crucial to the activities of service intake, outreach, individual needs assessment, service referral, client follow-up and performance measurement. This is highlighted in detail in the evidence review.

Importantly, the community-based model must adopt an 'at-all-costs' approach to service delivery that reflects there is no more critical stage for physiological development, or for plotting the life-course of a person, than the prenatal stage.

## AIM OF THE CONSULTATION

The intent of conducting community conversations with both current and expectant mothers in the Northern Rivers region was to understand:

- what supports women to have a happy, healthy pregnancy
- barriers and challenges
- potential service delivery ideas.

This consultation process is the first stage of engaging with the local community to help inform the design of a community-based antenatal care coordination service model. Ongoing community engagement should remain a high priority throughout the implementation of the service model.

## ENGAGEMENT METHODOLOGY

Information was gathered through a mixed-methods approach of semi-structured interviews, focus groups and a survey.

Interviews and focus groups were conducted with the following groups:

- women accessing community services in Grafton (one focus group)
- women accessing community services in Lismore (two focus groups)
- community service workers providing case management for vulnerable women.

The general approach to each session was to sit with each group and lead a conversation about their own experiences relating to pregnancy, with particular exploration of what women found difficult during the period and what could potentially be put in place to better support other women in the future.

A survey was also conducted both online and in-person:

- online survey was targeted at mothers in Lismore and surrounding areas through paid social media advertising
- hard copy surveys were conducted through a mix local service providers and public outreach (e.g. stalls at local shopping centres)
- total number of surveys received was 97.

The interview questions and survey design used during the project can be found at Appendix A.

# FINDINGS

## SUMMARY



The proportion of women that felt that looking after their own health and happiness was important for the health of their baby

28%



The proportion of women reporting difficulty in staying healthy and happy during their pregnancy



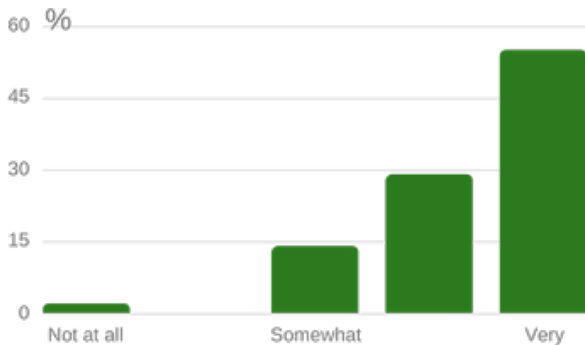
Almost 1 in every 2 women reported feeling overwhelmed during their first pregnancy.

84%

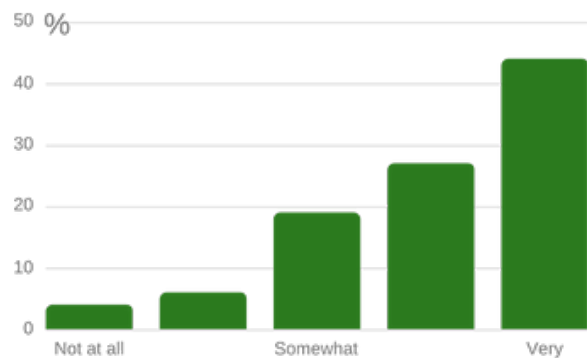


The proportion of women not accessing support services other than medical services at all or not often

**If there was a place you could go in the local area to access pregnancy services and support, would you find this helpful?**



**If someone could sit down with you and help you access services, would you find this helpful?**



## KEY THEMES

A graphical representation of all themes raised by participants in the consultation can be found at Appendix B. A set of common themes and a list of care/support principles emerged based on the information gathered through surveys and focus groups. Generally speaking, women from the Northern Rivers region stated that they value antenatal care and support across five key domains:

1. Social support
2. Clinical care
3. Holistic services
4. Trusted professional relationships
5. Accessibility

The common principles of high-quality and responsive service delivery that were identified by women are outlined and described below.

### 1 Social support

#### To be supported by friends and family during pregnancy

Women reported a strong preference for approaches that included partners, broader family and close friends. Almost half of survey participants felt overwhelmed during pregnancy so building on the strengths of each family was cited as a good way to build family resilience and foster support.

#### To build strong social networks and peer support

Women participating in the consultation process were enthusiastic about participating in programs that facilitated peer support and created new social networks. Participants acknowledged the key role that professionals play but it was also clear that there was a distinct role for peer support to offer more personal and meaningful support. There was a perception that those who have 'been there, done that' are a valuable yet untapped source of knowledge. Additionally, the opportunity to talk to other women was seen as critical for mental health and wellbeing of expectant mothers.

There was a strong belief that there is a lack of these types of peer support networks in the local community currently. Trusted service providers may play a moderating role in peer support groups. Women noted interest in both face-to-face and online delivery of peer support mechanisms.

## 2 Clinical care

### To receive effective and responsive clinical services

The vast majority of women appear to have access to some form of clinical services at a regular frequency during pregnancy. Almost 90% of survey respondents reported utilising clinical health services regularly (i.e. at least 5 times or more). Satisfaction levels with clinical services were generally quite high. There were some instances cited in the focus group where women felt like they had been judged or shamed by clinicians for particular lifestyle issues but were not provided with support to try and resolve their issues.

In the focus groups, participants described the value of one-on-one time with clinicians, in addition to group sessions and classes. There was a sense that clinician appointments were often rushed and didn't allow time to ask important questions. Sometimes there was an over-reliance on brochures and flyers as the primary source of information. Caseload midwives were acknowledged as being better able to provide a closer level of support.

### To have a choice in how and where clinical services are received

Women reported a limited awareness of different options for antenatal care such as midwifery group practice, obstetrician or GP-led shared care. There was also a lack of awareness around which model of care suited particular risk profiles, how each model of care could be initiated and continuity of the people involved. Overwhelmingly, women stated that choice over their care was important to them.

Some women noted that they found home visiting services to be an effective way of engaging with relevant clinical services, particularly if juggling other young children. However, a mix of home visits and attending clinics/services was noted as being ideal to foster social interaction.

## 3 Holistic services

### To access holistic services that improve maternal health and wellbeing

In the focus groups, women discussed a common perception that preparing for birth was the key focus of service provision with less of a focus on maternal health and wellbeing. Women recognised that their wellbeing during pregnancy was critical for a healthy birth and as such, want services that address a broader set of issues than just clinical care.

Women provided examples of experiencing financial stress and changing housing arrangements as life events that negatively impacted their health and happiness during

their pregnancy. Healthy eating was a significant area of interest, particularly in the planning and preparation of healthy meals.

## To have support tailored to individual needs

Women commonly recognised that their needs varied widely based on individual circumstances. Each individual has issues they want to address and don't see value in a 'one-size fits all' approach to antenatal care. For example, generic dietary advice conflicts with the advice provided to women facing particular health issues such as gestational diabetes and it can be difficult to find suitable options for their unique situation.

### 4 Trusted professional relationships

## To have an ongoing point of contact throughout pregnancy

Women stressed the importance of a trusted relationship with a regular point of contact. Some individuals praised the role that student midwives in their experiences due to the ability for student midwives to dedicate time to regular communication.

Having a person available to assist pregnant women to navigate the complex health system as well as broader social and community services was highly valued. This would involve genuine human interaction with a trusted person that monitored their progress and ensured continuity. It was reinforced that this may be from a non-clinical professional similar to a 'community visitor' style of service. The survey results indicated that having someone to sit down with to help access a variety of services was seen as helpful.

## To access accurate information from a trusted source

Participants noted there is a lot of conflicting information and professionals with different opinions relating to pregnancy. It was felt that health services are often busy which makes it difficult to get across all of the information needed in an appointment. Some clinicians are unable to clearly communicate risks in a way that is easily understood. This requires further clarification later or can result in the expectant mother becoming anxious or disengage from seeking information in future. Many of the participants advocated for a central access point for accurate information on common issues such as:

- nutrition guidance - what food to eat and what to avoid
- health promotion information in relation to alcohol consumption and smoking
- miscarriage – follow-up service to help monitor future pregnancies.

## 5 Accessibility

### To have easy access to services

In focus groups, participants stated that accessing the broad variety of available antenatal services is largely up to the individual. Cost and transport were raised as the two major barriers to services and are often inter-linked. As an example, regular ultrasound screening services are not bulk billed at providers in Lismore, requiring women to travel to Ballina to access bulk-billed services. Those women requiring medical specialists through the public system are required to travel to either Brisbane or Gold Coast to access services.

However, it was noted that a range of services are available in the local area. To help women navigate and initiate these services, it was felt that providers could improve accessibility by promoting through existing contact points. Suggestions included facilitating links with local GPs to refer women to other services and better advertising the variety of parenting and pregnancy telephone support services already available. Subsidised or free services were seen as important to reduce the financial barriers to accessing case and support services that cost money.

### To have services and programs available nearby

Respondents overwhelmingly stated a preference for accessing services close to their home. Co-locating service provision of non-specialised services within local community centres and public facilities (e.g. libraries) was seen as a possible solution. Another idea raised was to explore options for co-located service delivery where women are likely to be present. For example, holding cooking demonstrations and peer support groups at kindergartens and crèches where mothers might be attending to drop off other children. Transport assistance options (e.g. pick-up service) available to and from a variety of appointments would be beneficial.

# APPENDIX A: CONSULTATION APPROACH

## INTERVIEW/FOCUS GROUP QUESTIONS

### *Introductions/overview*

1. Who are we?
2. Why are we here?
  - a. Aims of session
  - b. Expectations of group
  - c. Brief overview of topic

### *Engagement questions*

3. Tell us about your experiences of your most recent pregnancy journey
  - a. What did you find helpful?
  - b. What did you find difficult or you struggled with?
4. Looking back now, how important did you think that period of time was for your child's development?

### *Exploration questions*

5. What are some of the specific things that would help you in your pregnancy journey?
6. Which of these would be your top priorities?
7. With these priorities in mind:
  - a. When would you do/have it? (i.e. timing and frequency)
  - b. Who would be involved? (i.e. provider-led or peer-led, individual vs group)
  - c. How might it work? (i.e. interest level, recruitment, transport/access)
  - d. Where would you do it?
8. Where would we reach other women in the community to help support them?

### *Exit question*

9. Anything else you would like to add in relation to helping your pregnancy?

### *Close interview/session*

## SURVEY

### *Preamble:*

Welcome to the Northern Rivers Community Gateway pregnancy survey. Beacon Strategies on behalf of the Northern Rivers Community Gateway are wanting feedback on your pregnancy experiences. This survey aims to find out more information about how the community can be better supported to be healthy and happy while pregnant.

This survey will ask you questions about your experiences while pregnant and the information gathered through the survey will be used only for the purposes of this project. All responses will remain anonymous.

### *1. What Local Government Area do you live in?*

- Lismore City Council
- Richmond Valley Council
- Other (please specify)

### *2. Think back to your first pregnancy.... How did you generally feel during your time being pregnant?*

- Very overwhelmed
- Slightly overwhelmed
- Somewhat comfortable
- Comfortable
- Very comfortable

3. How difficult or challenging did you find it to look after your own health and happiness during the time you were pregnant?

- No problems
- Some problems
- Neither
- Somewhat difficult
- Very difficult

4. While you were pregnant, how important did you feel that looking after your health and happiness was for the health of your baby?

- Didn't think about it
- Not important
- Neither
- Pretty important
- Very important

5. Did you use any health services during your pregnancy? This may include: Doctor/General Practitioner, midwife or nurse or hospital based services?

- Not at all (0 times)
- Not regularly (1 or 2 times)
- Sometimes (3 or 4 times)
- Regularly (5 or 6 times)
- Very regularly (6 or more times)

6. How satisfied were you with the above services? Did they meet your needs?

- Not at all satisfied
- Partly satisfied
- Moderately satisfied
- Satisfied
- Very satisfied
- I didn't use any services

7. Did you use any other support services during pregnancy? Such as counselling or mental health services, drug and alcohol services, support groups, housing services, parenting education?

- No at all (0 times)
- Not often (1-2 times)
- Sometimes (3-4 times)
- Pretty regularly (5-6 times)
- Very regularly (6 or more times)

8. How satisfied were you with the above services? Did they meet your needs?

- Not at all satisfied
- Partly satisfied
- Moderately satisfied
- Satisfied

- Very satisfied
- I didn't use any services

9. Did you feel in control of your personal living situation during your pregnancy and able to make decisions about your own health?

- Not at all
- Partly
- Moderately
- Very
- Completely

10. Rate your knowledge of all the things you need to do while pregnant to stay healthy and happy?

- No knowledge
- Some knowledge
- A moderate amount of knowledge
- A fair amount of knowledge
- A lot of knowledge

11. In a couple of words, what was the biggest barrier to being healthy and happy during your pregnancy?

[Open-ended response]

12. In a couple of words, what is the one thing that could make being pregnant easier?

[Open-ended response]

13. How much support did you receive during your pregnancy from your partner, family and friends?

- Didn't feel supported
- Rarely supported
- Partly supported
- Pretty supported
- Very supported

14. If there was a place you could go in the local area to access pregnancy services and support, would you find this helpful?

- Not helpful
- Partly helpful
- Somewhat helpful
- Pretty helpful
- Very helpful

15. If someone could sit down with you and help you access services, would you find this helpful?

- Not helpful
- Partly helpful
- Somewhat helpful
- Pretty helpful
- Very helpful

