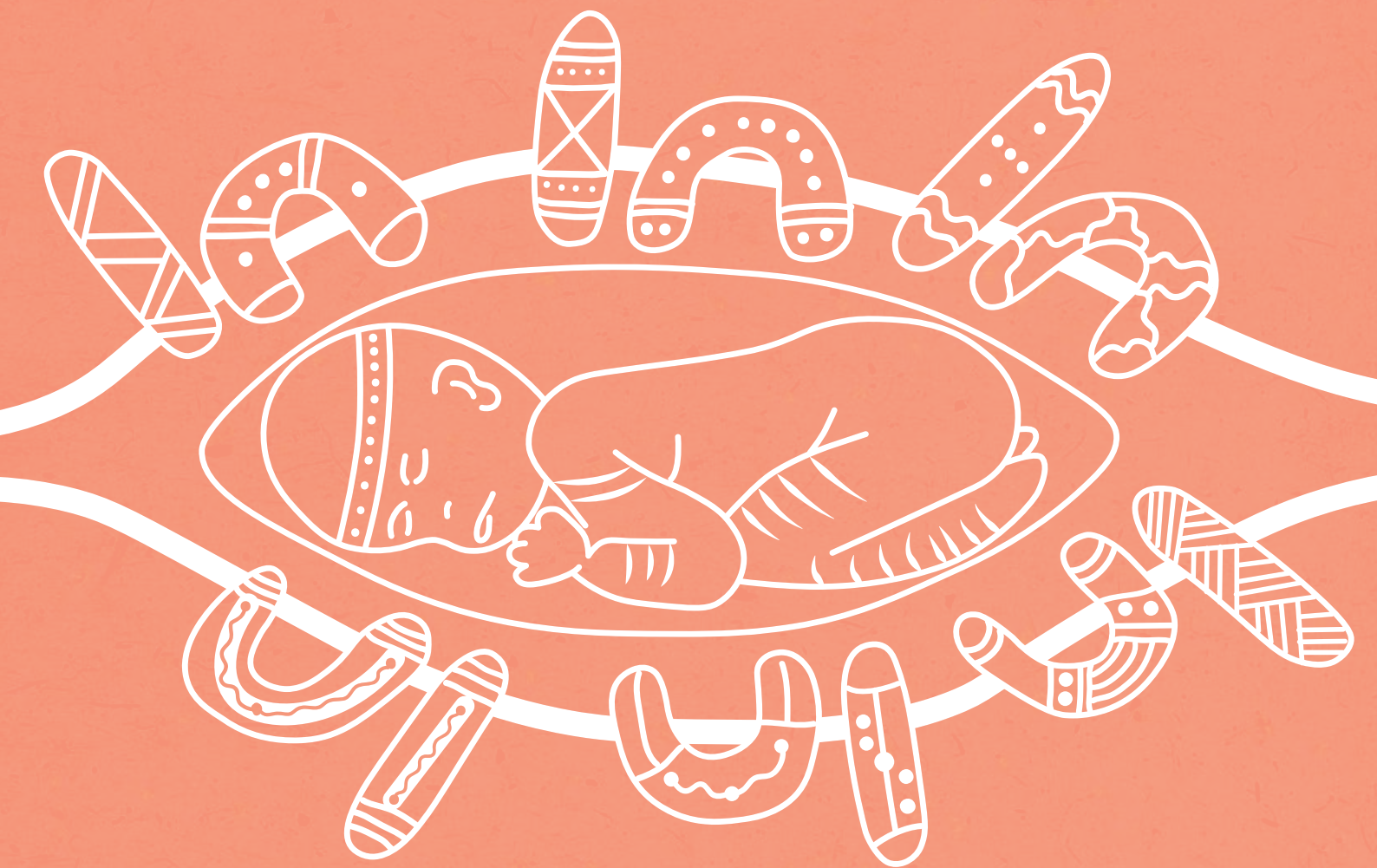


Maternity Services Integration Project (MSIP)

*Maternal Health Promotion Materials
Evaluation Report*





Birthing Story © Samantha Neilson, 2020. This painting is my story. It talks about how all my children have made a great impact on my life. It shows the baby/children in the middle of my world. The women sitting around the baby represent all the Mothers, Sisters, and Aunties, but most of all the midwives and doctors that helped in making the birthing process an enjoyable experience. The journey lines are the appointments that I and the family members attended for the health of our baby girl and myself. The bold dots symbolise the strong women and men about to become parents and/or extending too. The smaller dots around the women are the people in their lives encouraging them with their journey. The ochre red and yellow dots stand for the land that we all walk on. The blue and green dots are the waters that flow and change with the tides. The baby is outlined for some are walking among/beside us in the spirit world.

Acknowledgement

QAIHC acknowledges the Traditional Owners of the lands throughout Queensland. We respect and acknowledge the Elders that walked before us, and those who walk beside us today to continue to guide the birthing practices for women who are birthing Aboriginal and Torres Strait Islander babies.

QAIHC would like to acknowledge the contributions of the following people to MSIP: Wyomie Robertson, Margaret Cashman, Karen Francisco, Dr Lucy Morris, Rachel Doolan, Angela Young, Dr Kelly Dingli, Dr Rebecca Soole, Jenny Gillett, Georgina Chelberg, Stacey Giles, Dr Stephen Lambert, Prof Gregory Phillips

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About QAIHC

The Queensland Aboriginal and Islander Health Council (QAIHC) is a leadership and policy organisation. It was established in 1990 and is the peak organisation body representing Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSI CCHOs) in Queensland at both a state and a national level.

QAIHC membership is comprised of ATSI CCHOs located throughout Queensland which deliver holistic care that is patient and family centred, at no cost to the patient and at a single location. In delivering comprehensive primary health care, ATSI CCHOs also provide treatment, prevention and early intervention, rehabilitation and recovery services. There is flexibility in providing services, and many services include home visits, outreach, telehealth and family care plans.

The values and perspectives of the local communities shape the design and delivery of services, evaluation, cultural policies, engagement mechanisms and the physical attributes of the medical services. Empowering Aboriginal and Torres Strait Islander people to take charge of their own health advancement is a core element of the ATSI CCHO Model of Care.

Collectively, QAIHC's Members (see Figure 5, page 11) have established more than 70 clinics across Queensland, focussed on providing culturally appropriate primary health care services to their communities and improving Aboriginal and Torres Strait Islander Peoples' health status.

Introduction

1

Globally, Australia has some of the best maternal health outcomes worldwide, evidenced by low maternal and infant mortality rates. However, there are persistent disparities in maternal and perinatal health outcomes for Aboriginal and Torres Strait Islander women compared with non-Indigenous women.¹⁻²

Maternal health services play a vital role in creating a healthy foundation through supporting women during pregnancy, birth and the postpartum period.³ Moreover, child and maternal health feature as a priority in the many national and Queensland policies and strategies addressing Aboriginal and Torres Strait Islander health outcomes.⁴ This support is vital for helping close the gap in Aboriginal and Torres Strait Islander maternal health outcomes.

1.1 Maternity Services Integration Project

QAIHC secured funding from the Aboriginal and Torres Strait Islander Health Division (ATSIDH) and the Clinical Excellence Division of Queensland Health to deliver the Maternity Services Integration Project (MSIP) in 2019.

The overarching aim of the MSIP was to improve the maternity services journey of women birthing Aboriginal and Torres Strait Islander babies in Queensland across primary and tertiary health care settings, working together to provide one system of cultural safe care.

1.1.1 The three key components of MSIP

1.1.1.1 State-wide component⁵

- A retrospective case study of maternity services throughout the state and in-depth consultation with ATSICCHOs and Hospital and Health Services (HHS).

- The State-wide component aims to champion best practice in service integration and support a long-term sustainable approach to co-design of maternity services across service providers.

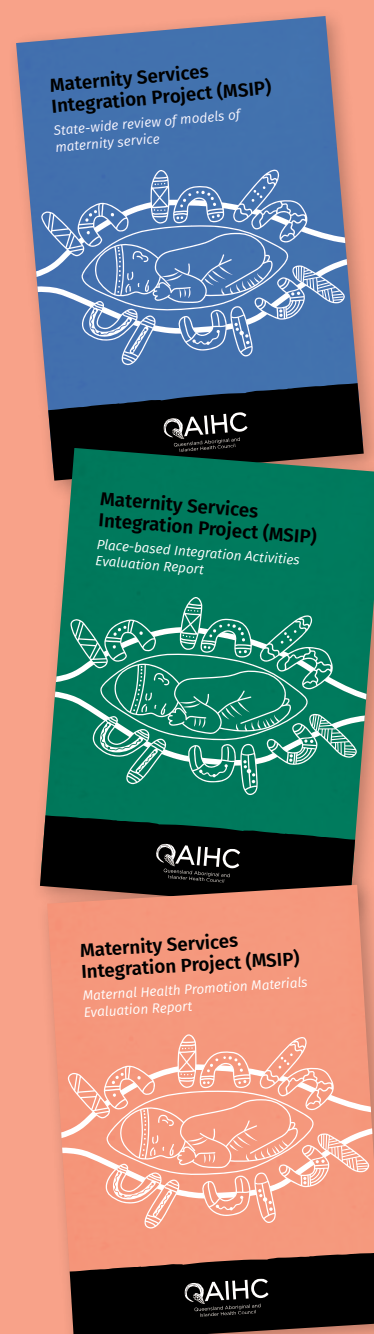
1.1.1.2 Place-based component⁶

- Implementation of a co-designed integration activity by participating ATSICCHOs and their local HHS. QAIHC undertook a facilitation role between service providers, to develop the planned activities in alignment to the five domains.

1.1.1.3 Resource component

- Co-design and distribution of maternal health products.

This report contains information about the maternal health promotional resources developed as part of MSIP and describes the evaluation findings of these resources.



Towards a co-designed approach for development of maternal health promotion materials

MSIP recognises the importance of self-determination for the participating ATSICCHOs to inform and drive localised solutions as relevant to their community. Development of the maternal health promotion products were informed by targeted stakeholder consultations conducted by the MSIP team in June 2020.

The development of the MSIP resources was informed by consultations with the clinical workforce of 11 (of 18) Member Services eligible to receive resources as part of MSIP and explored:

- maternal health resources currently available and where these resources were sourced
- who requires resources (e.g. mother, child, staff) and what maternal health promotion resources would be most helpful for maternity clients engaged with the ATSICCHO
- maternity health promotion resources to encourage collaboration, integration and information sharing between the ATSICCHO and local HHS
- resource options/suggestions and branding/artwork.

2.1 Commissioned artwork

QAIHC acknowledges the significance of every person's individual journey and story. In September–October 2020 QAIHC called for an expression of interest (EOI) for an Aboriginal and/or Torres Strait Islander artist to commission the artwork for the MSIP Project. The EOI was shared on the QAIHC website, Facebook, Instagram and LinkedIn. Three pieces were submitted and the artwork chosen was deemed to most closely reflect the aim of MSIP. The MSIP artwork, titled *Birthing Story* by artist Samantha Neilson (see inside front cover) embodies traditional knowledge of the Gumbaynggirr and Ghangulu women and was created with the consent of the custodians of the community.

2.2 Maternal health promotion products

The MSIP branded maternal health resources (see Figure 1) included:

- breast pumps
- baby bottles
- Pregnancy Health Record covers
- baby swaddles.

2.3 Distribution

In November 2020, 18 QAIHC Members received maternal health promotion material to distribute throughout their clinics. A map of QAIHC Members and HHS regions is provided on page 11. Due to manufacturing delays, swaddles were delivered in March–April 2021. As such, the swaddles were excluded from the evaluation.

To mitigate the likelihood of the resources acting as a potential confounding variable to the evaluation of place-based activities (Component 2)⁶ the MSIP materials were disseminated to those services not involved in the MSIP place-based component, specifically:

- Aboriginal and Torres Strait Islander Community Health Service Brisbane (ATSICHS Brisbane)
- Aboriginal and Torres Strait Islander Community Health Service Mackay Limited (ATSICHS Mackay)
- Bidjerdii Aboriginal and Torres Strait Islander Community Health Service (Bidjerdii)
- Charleville and Western Areas Aboriginal and Torres Strait Islander Community Health Limited (CWAATSICH)
- Cherbourg Regional Aboriginal and Islander Community Controlled Health Service (CRAICCHS)
- Cunnamulla Aboriginal Corporation for Health (Cunnamulla)
- Galangoor Duwalami Primary Healthcare Service (Galangoor)

- Gidgee Healing
- Gladstone Region Aboriginal and Islander Community Controlled Health Service t/a Nhulundu Health Service (Nhulundu)
- Goolburri Aboriginal Health Advancement Co Limited (Goolburri)
- Injilinjji Aboriginal and Torres Strait Islander Corporation for Children and Youth Services (Injilinjji)
- Kalwun Health Service (Kalwun)
- Kambu Aboriginal and Torres Strait Islander Corporation for Health (Kambu)
- Mudth-Niyleta Aboriginal and Torres Strait Islander Corporation (Mudth-Niyleta)
- North Coast Aboriginal Corporation for Community Health (NCACCH)
- NPA Family and Community Services Aboriginal and Torres Strait Islander Corporation (NPA Family and Community Service)
- Townsville Aboriginal and Islander Health Services (TAIHS)
- Yulu-Burri-Ba Aboriginal Corporation for Community Health (Yulu-Burri-Ba).

To ensure equitable distribution, the number of resources sent to each eligible Member was determined based on the number of mothers birthing Aboriginal and Torres Strait Islander babies in the respective HHS in a 12-month period.



Figure 1. MSIP branded resources

Evaluation

QAIHC undertook an evaluation of these materials in February 2021 to inform future design, delivery and sustainability of health promotion activities aimed at improving maternal health care for women birthing Aboriginal and Torres Strait Islander babies.

3.1 Evaluation aim

The overall aim was to undertake a process/implementation evaluation of the MSIP maternal health promotion material and gain insight into the integration of maternal health care delivery in ATSI CCHOs and their local HHS.

3.2 Evaluation approach

The clinical workforce of participating ATSI CCHOs were directly invited to complete a de-identified online survey three months after distribution of the MSIP resources to Member Services.

The post-distribution survey was informed by existing health promotion evaluation tools which were developed in collaboration with QAIHC's Clinical Leaders Forum (CLF).¹ The survey focused on the following key areas:

- Community need
- Distribution and reach
 - sentiment (patient and workforce perspectives).
- MSIP evaluation domain including:
 - collaboration and formal partnerships between ATSI CCHO and HHS
 - enablers and inhibitors
 - co-design
 - information sharing between ATSI CCHO and HHS
 - integration between ATSI CCHO and HHS.
- Future implications
 - sustainability.

3.3 Ethical approval

Ethical clearance was obtained from The Far North Queensland Human Research Ethics Committee on 6 December 2019 (Protocol Number HREC/2019/QCH/58819 – 1397); and the Townsville Human Research Ethics Committee on 21 April 2020 (Protocol Number HREC/QTHS/61002).

¹ The QAIHC State-wide Clinical Leaders Forum supports a strong network of clinical leaders within ATSI CCHO's, who learn from and support each other to implement evidence-based best practice and comprehensive primary health care for their communities.

Key evaluation findings

4

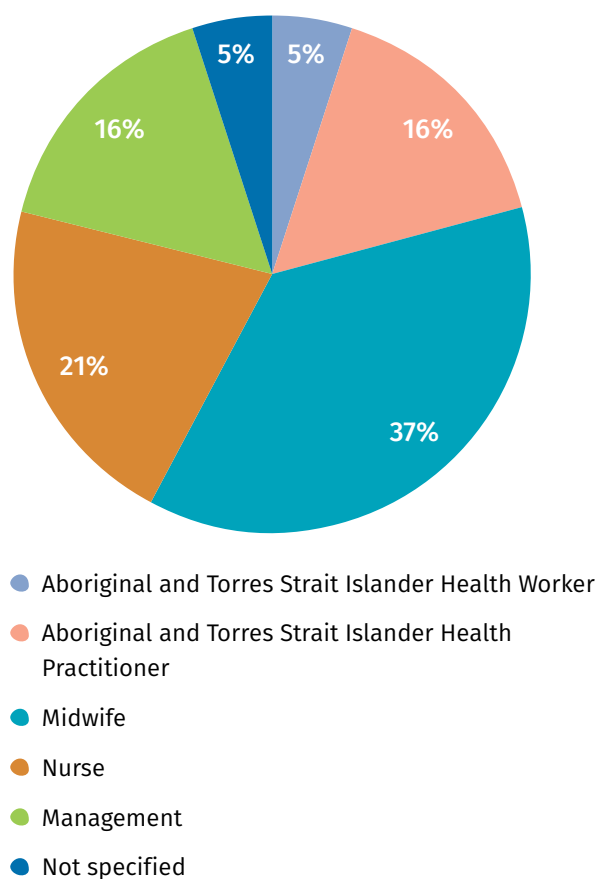
4.1 Participants

- The MSIP resources were distributed by one maternal health clinician at each participating Member Service (N=18). In total, 16 clinicians involved in maternal health care from 16 Member Services completed the survey.

4.1.1 Roles

- The ATSIICHO role of survey respondents is presented in Figure 2. The number of roles does not equal total number of survey respondents due to multiple roles held by some respondents (e.g. Nurse and management position). These are noted separately here for transparency and to aid understanding of ATSIICHO workforce capacity, qualifications and technical skills.

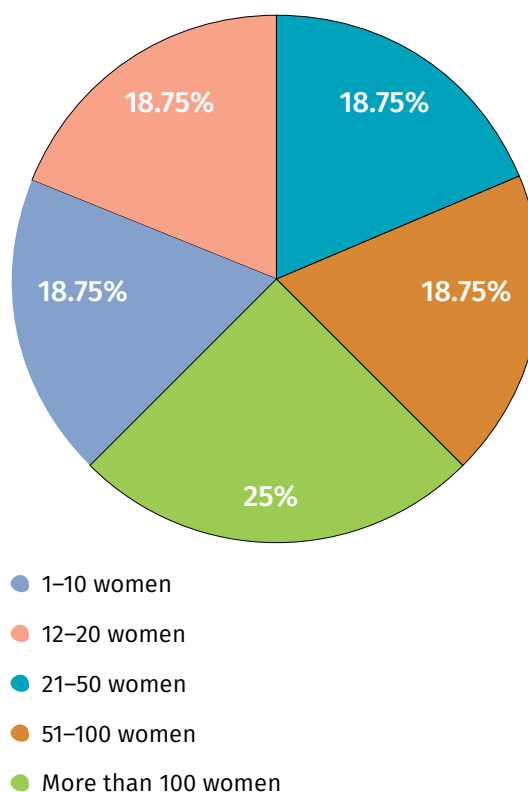
Figure 2. Role type of respondents



4.2 Community need

- The number of women birthing Aboriginal and Torres Strait Islander babies receiving maternity care varied greatly (from less than 10, up to more than 100) between participating ATSIICHOs (see Figure 3).

Figure 3. Number of women birthing Aboriginal and Torres Strait Islander babies receiving maternity care in participating ATSIICHOs



4.2.1 Access to maternal health promotion materials

- More than two-thirds (68.8 %) of respondents reported they have access to other maternal related health promotion material (other than the MSIP resources).
- Other maternal related health promotion material was primarily sourced from the ATSICCHOs' respective HHS (45.5 %) or a mixture of the local HHS and the ATSICCHO (36.4 %).
- Of note, respondents reported lower levels of perceived cultural appropriateness of maternal health promotion materials when resources were available from the local HHS only; compared with respondents whose available resources included those sourced from both the local HHS and the ATSICCHO.

4.3 Distribution and reach

- Most respondents (68.8 %) distributed all MSIP resources including the Pregnancy Health Record cover, breast pump and baby bottles.
 - However, at the time of survey data collection, two-thirds of respondents (66.7 %) were still in the process of distributing the materials within the capacity of their role (e.g. 53.3 % had distributed less than half and 13.3 % had distributed very few).
- MSIP resources were predominately distributed to women who had recently given birth (73.3 % of respondents) and pregnant women engaged with the ATSICCHO (66.7 % of respondents).
 - For women who received the MSIP resources during pregnancy, most received them during the third trimester (53.3 %).
- Other recipients of the MSIP resources included:
 - pregnant women not currently engaged with the ATSICCHO (20.0 % of respondents)
 - women trying to get pregnant (6.7 % of respondents)
 - biological fathers (13.3 % of respondents)
 - parents/grandparents of a pregnant woman (20 % of respondents)
 - new mothers during child immunisation visits (6.7 % of respondents).
- The majority of MSIP resources were distributed by respondents during consultation or clinic visits (86.7 %).

4.3.1 Perception of MSIP resources

4.3.1.1 For patients

- Overall, respondents strongly agreed (66.7 %) or agreed (33.3 %) that the MSIP resources were well-received by patients.

"They loved the artwork especially [the pregnancy health] record covers. Many were very excited by the breast pumps."

"Breast pumps were very appreciated as [they] decreased costs and also encouraged women to breastfeed."

"All of the women thought they were wonderful and were very appreciative."

4.3.1.2 For workforce

- Overall, respondents strongly agreed (53.3 %) or agreed (46.7 %) that the MSIP resources were well-received by workforce.

"Great incentives for the women".

"I enjoyed giving them to the families and explaining the story behind the artwork. I placed a [pregnancy health record] cover on my work notebook and it was mentioned by co-workers as to how great it looked."

4.4 Evaluation domains

4.4.1 Collaboration and formal partnerships between ATSICCHOs and HHSs

- More than half (60 %) of participants reported their ATSICCHO has some form of formalised partnership regarding maternal healthcare with their HHS.
 - These formal partnerships included Memorandum of Understanding (33.3 %), Service Level Agreement (11.1 %), Collaborations (11.1 %) and shared or co-delivered maternal care arrangements (44.4 %).
- More than half of respondents (57.1 %) reported the MSIP resources helped further improve collaboration between the ATSICCHO and the HHS.

4.4.2 Enablers and Inhibitors

- Overall, the majority of participants understood the purpose of the MSIP resources (Strongly agree = 35.7 % and Agree = 50.0 %) and a little more than half (57.1 %) received adequate information on how/when to distribute the MSIP resources.

"It was delivered promptly and well organised and packed. It enabled me to distribute effectively across the [our] clinics."

"Appreciate that there was plenty of opportunities to discuss project and resources."

"[MSIP team member] was an impressive coordinator and communicator for the distribution of these resources. Thanks to QAIHC and [MSIP team]."

4.4.3 Co-design

- Overall, participants felt the MSIP resources were culturally appropriate (Strongly agreed = 50.0 % or Agreed = 50.0 %) and relevant to their Service and the Community (Strongly agreed = 57.1 % or agreed = 42.9 %).

4.4.4 Information sharing between ATSIICHO and HHS

- More than three-quarters (78.6 %) of participants strongly agreed (28.6 %) or agreed (50.0 %) the MSIP pregnancy health cover helped HHS staff identify pregnant women with their ATSIICHO.

4.4.5 Integration between ATSIICHO and HHS

- A small number of participants strongly agreed (14.3 %) or agreed (28.6 %) that the MSIP resources prompted a maternal services collaboration between their ATSIICHO and HHS.
- For some respondents this was tangibly demonstrated by the Members sharing MSIP resources with partner midwives at their local HHS and other partner services and/or distributing MSIP resources during jointly delivered maternal services.

4.5 Sustainability

- Overall, respondents strongly agreed (42.9 %) or agreed (57.1 %) that the MSIP resources added value for patients.
- Overall, respondents strongly agreed (35.7 %) or agreed (57.1 %) that the MSIP resources added value for workforce.

"These resources are greatly appreciated not only by the women but the Maternal and Child Health Team."

- Almost all participants (92.9 %) indicated that the MSIP resources were not duplicative of resources that were already available to pregnant women within their Service.

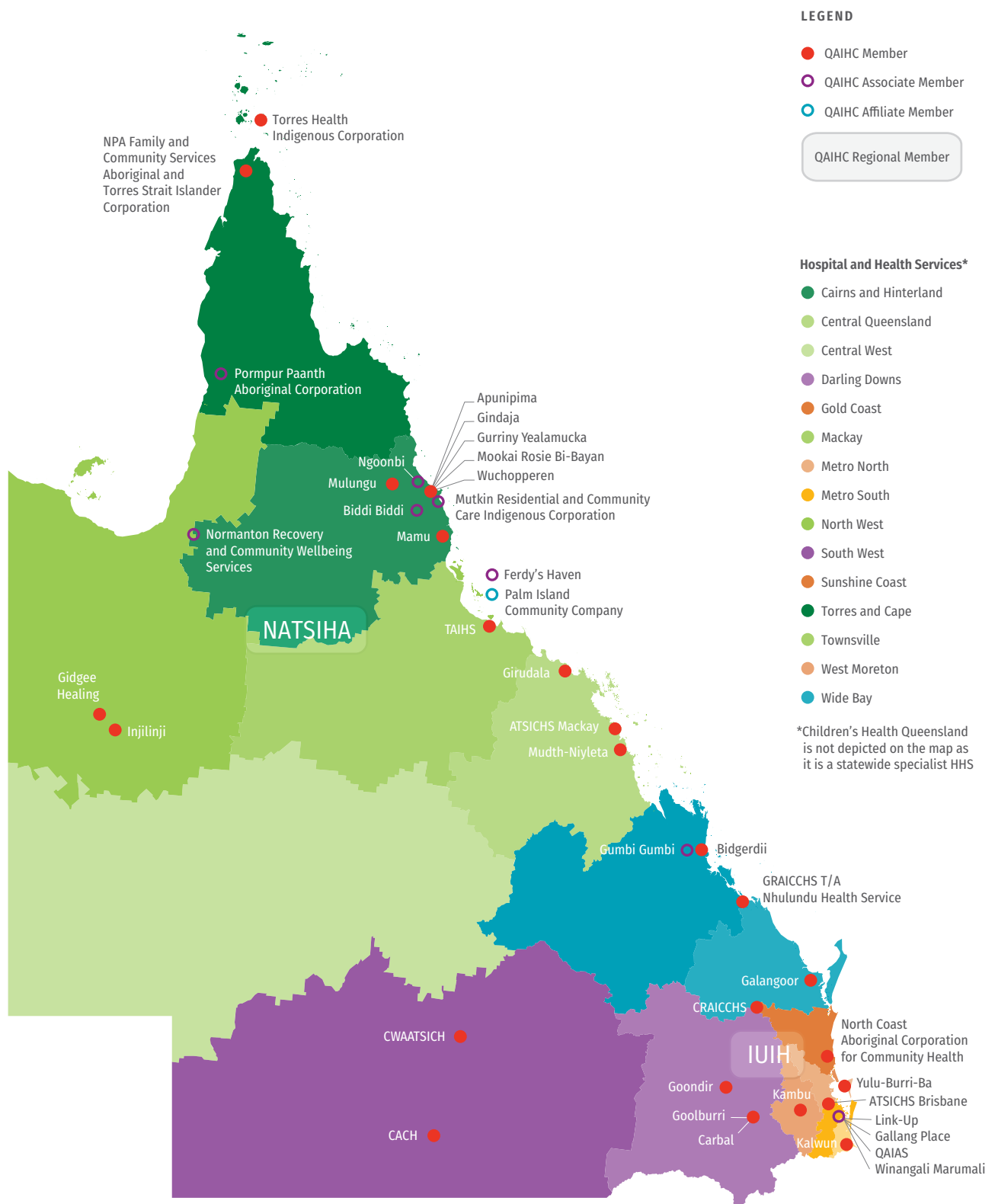
4.6 Future implications

- Other maternity resources which respondents expressed would assist maternity clients included culturally appropriate maternal health information including:
 - stages of pregnancy including screening types and timing
 - maintaining a healthy lifestyle during pregnancy including smoking cessation and gestational diabetes
 - baby growth and development including how to play with baby
 - safe sleeping practices
 - immunisation schedules
 - post-birth recovery (e.g. pelvic floor, postnatal depression)
 - information for fathers—How to care for baby and partner.
- Other resources reported by respondents to assist in their maternity healthcare role included pregnancy complication folding display, timeline pregnancy chart and pelvic model set.

QAIHC Members

			
			
			
			
			
			
			
	<div>REGIONAL MEMBERS</div> <div>   </div>		

Map of HHS Regions and ATSICCHO locations

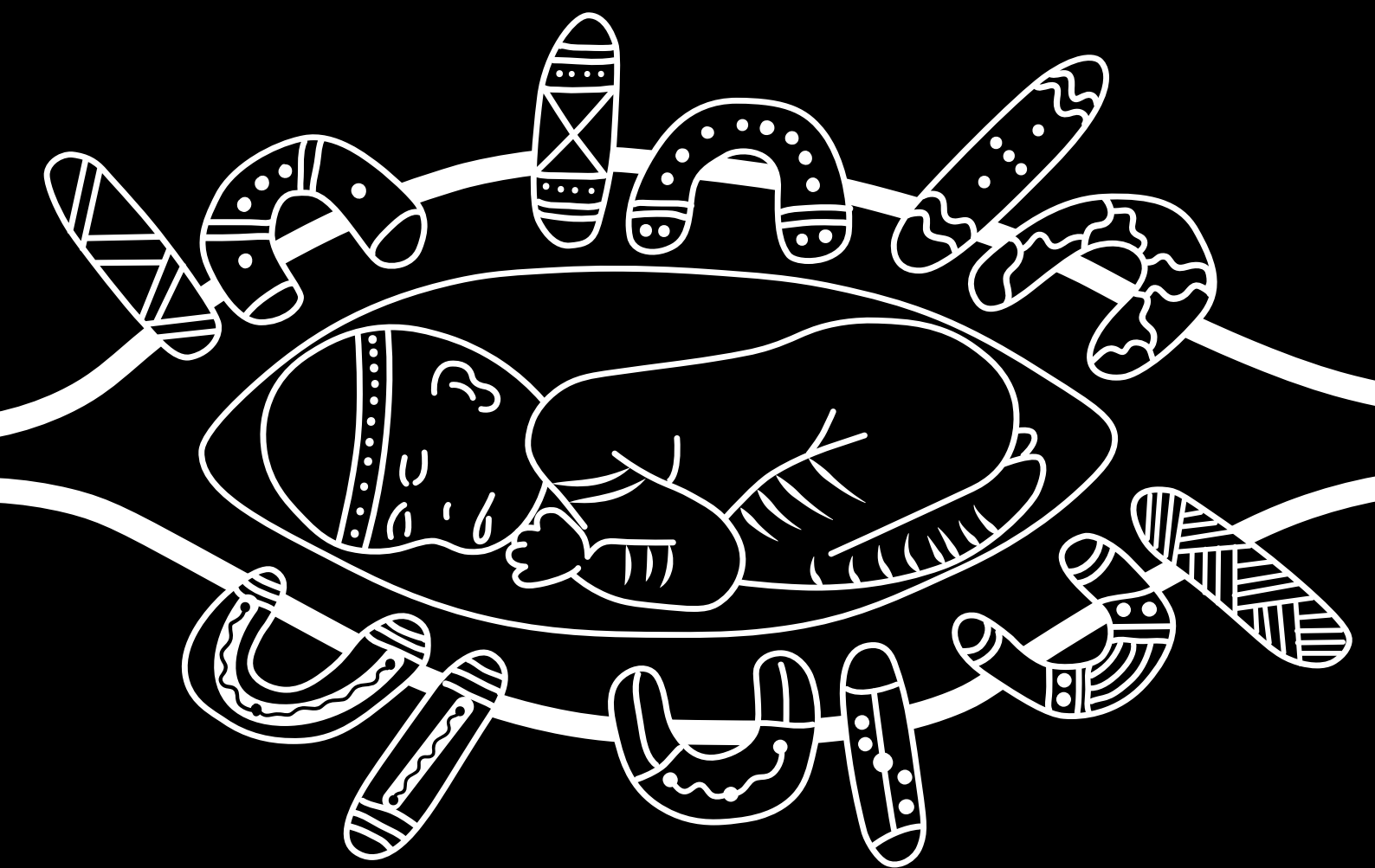


References

1. Australian Institute of Health and Welfare. (2018a). Maternal deaths in Australia 2016 Report. Retrieved from <https://www.aihw.gov.au/getmedia/558ae883-a888-406a-b48f-71f562db3918/aihw-per-99-printable-PDF-of-web>
2. Australian Institute of Health and Welfare. (2018b). Perinatal deaths in Australia: 2013–2014. Retrieved from <https://www.aihw.gov.au/getmedia/78784f2e-2f61-47ea-9908-84b34441ae0a/aihw-per-94.pdf.aspx?inline=true>
3. Bar-Zeev, S., Barclay, L., Kruske, S., Bar-Zeev, N., Gao, Y., & Kildea, S. (2013). Use of maternal health services by remote dwelling Aboriginal women in northern Australia and their disease burden. *Birth*, 40(3), 172–181.
4. Queensland Health. (2019). Growing Deadly Families Aboriginal and Torres Strait Islander Maternity Services Strategy 2019–2025. Retrieved from https://www.health.qld.gov.au/_data/assets/pdf_file/0030/932880/Growing-Deadly-Families-Strategy.pdf
5. Queensland Aboriginal and Islander Health Council. (2021a). Maternity Services Integration Project (MSIP): State-wide review of models of maternity service. Brisbane: QAIHC.
6. Queensland Aboriginal and Islander Health Council. (2021b). Maternity Services Integration Project (MSIP): Place-based integration activities evaluation report. Brisbane: QAIHC.

Glossary

Abbreviation/ Acronym	Meaning
ATSICCHO	Aboriginal and Torres Strait Islander Community Controlled Health Organisation
ATSIHD	Aboriginal and Torres Strait Islander Health Division
EOI	Expression of Interest
HHS	Hospital Health Service
HREC	Human Research Ethics Committee
MSIP	Maternity Services Integration Project
QAIHC	Queensland Aboriginal and Islander Health Council





November 2021

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