Community Maternity Hubs – Place based community led action for collective impact (Hubs)

Initiative Type

Model of Care

Status

Deliver

Added

03 March 2022

Last updated

14 November 2022

URL

https://cnxp3cuvtvrn68yjaibaht5ywrxspj7m.clinicalexcellence.qld.gov.au/improvement-exchange/community-maternity-hubs-place-based-community-led-action-collective-impact

Summary

Women who most need comprehensive antenatal care, including those with low educational attainment, ethnic minority status, or psychosocial risk factors, are lest likely to access it. Lack of

engagement with antenatal care predicts adverse perinatal outcomes including preterm birth (<37 weeks), small-for gestational age, intrauterine fetal or neonatal death, and reduced rates of breastfeeding, along with long-term health concerns. Four years ago, an integrated, relationship based, community co-designed maternity service continuity of midwifery care model known as the Community Maternity Hubs (Hubs) was implemented in a regional health district with a culturally diverse and socially disadvantaged population. The service (Hubs) now cares for approximately 28-30 per cent of the birthing population of the area. A 2020 mixed methods Evaluation of the service demonstrated increased engagement and improved short-term outcomes for those attending the service. The outcomes of the qualitative and quantitative evaluation were positive, particularly for priority populations, and will be presented. Further research has commenced and aims to identify barriers to and facilitators of inclusion in the way the service currently operates and to establish baseline data for long-term evaluation strategies of paediatric development and behavioral outcomes in the health district over the program's lifespan. Cohorts include: Aboriginal and Torres Strait Island families; Maori and Pacific Island; Culturally and linguistically diverse refugee and migrant backgrounds; young persons 18 and under. Findings show that midwifery group practice care provided in the community maternity Hubs model within Logan Hospital is safe, improves antenatal attendance and engagement and a range of maternity and neonatal outcomes including social determinants of health for priority populations. Women and midwives are highly satisfied with the model and implementation has been successful across the majority of indicators evaluated. Due to the time constraints of the evaluation period, this evaluation did not explore other longitudinal community outcomes that may be achieved as a result of the planning and capacity building within Logan and the community maternity Hubs. This is an area for consideration and funding has been sought to commence this work in 2022. Upscaling of these models should continue as a priority until 50 per cent (or more) women at Logan can access this care.

Key dates

Jul 2020

Jun 2021

Implementation sites

Metro South Health / Metro North

Partnerships

Metro South Health Maternity Choices Australia ATSICHS Brisbane Jajumbora Village Connect QNMU Griffith University ACCESS community services (CALD) HCQ – Health consumers Queensland Children's Health Queensland Hospital and Health Service Benevolent Socie

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Aim

- increased engagement of priority populations in Logan
- improved maternity and newborn outcomes
- improved longitudinal outcomes for the children and families of Logan

Benefits

Alongside improved social determinants of health for priority populations; Since establishment of the Hubs the overall results show that women in MGP were statistically significantly more likely to:

- attend 5 or more antenatal appointments (97.7 per cent MGP vs. 93.6 per cent SC).
- undergo antenatal psychosocial screening (92.6 per cent Midwifery Group Practice(MGP) vs. 86.6 per cent SC).
- receive an influenza vaccine (65.6per cent MGP vs. 59.4 per cent SC).
- have a spontaneous onset of labour (54.9 per cent MGP vs. 44.3 per cent SC).
- have a vaginal non-instrumental birth* (65.1 per cent MGP vs. 59.0 per cent SC).
- use non-pharmacological pain relief (25.3 per cent MGP vs. 29.8 SC).

Background

The first 2,000 days of life, commencing pre-conceptually with the development of the sperm and the ovum are critical to long-term health and wellbeing. Poor health outcomes at the start to life manifest in chronic disease with long term costs for individuals, families, and health systems.

Solutions Implemented

- co-designed service for community with community
- upscaling of continuity of midwifery care at Logan Hospital and community maternity Hubs
- implementation of community led collective impact frameworks and redesign of the service
- upscaling of the service to 30 per cent of the birthing population
- true co-design continues including external community governance and systems change that enable propionate universalism - (designing the system for the people)

Evaluation and Results

- mixed methods qualitative and quantitative evaluation
- comprehensive cost analysis
- community consultation and qualitative outcomes

Results: Prior to the Hubs demographics of the childbearing population of Logan include the following:

- Twice as many Logan women compared to the state either do not attend or have very low levels of antenatal care (10.3 per cent vs 4.9 per cent)
- In some pockets of Logan, four times as many women are not receiving antenatal care compared to women in the rest of the state.
- Higher numbers of women smoke during pregnancy compared with other Queensland women. In several suburbs in Logan 1 in 3 women smoked during pregnancy
- Higher incidence of low-birth-weight babies and an increased number of preterm babies. In several suburbs of Logan, over 15 per cent of babies were preterm compared to state average of 9.3% and over 9% for low-birth-weight babies compared to 6.6 per cent state average
- High incidence of babies admitted to special care nurseries - in some areas over 20 per cent compared to 17 per cent state average
- Lower numbers of children are fully immunized at 12 months compared to Queensland averages Outcomes for women and babies using the Hubs after implementation Alongside

improved social determinants of health for priority populations; Since establishment of the Hubs the overall results show that women in MGP were statistically significantly more likely to:

1. attend five or more antenatal appointments (97.7 per cent MGP vs. 93.6 per cent SC)
2. undergo antenatal psychosocial screening (92.6 per cent MGP vs. 86.6 per cent SC)
3. receive an influenza vaccine (65.6 per cent MGP vs. 59.4 per cent SC) · have a spontaneous onset of labour (54.9 per cent MGP vs. 44.3 per cent SC)
4. have a vaginal non-instrumental birth* (65.1pper cent MGP vs. 59.0 per cent SC) · use non-pharmacological pain relief (25.3 per cent MGP vs. 29.8 SC)
5. exclusively breastfeed (74% MGP vs 69 per cent per cent SC) and significantly less likely to · require a caesarean section* (26.0 MGP vs 30.2per cent SC)
6. have a baby before 37 weeks gestation* (6.2 per cent MGP vs. 8.9 per cent SC) · require SCN admission* (11.3 per cent MGP vs. 14.9 per cent SC)
7. use epidural anesthesia* (25.3 per cent MGP vs 29.8 pe rcent SC) · have an induction of labour (31.7 per cent MGP vs. 38.5 per cent SC).

Example of qualitative data
“I am happy with my midwife, she was amazing during the labour, she was very soft and kept taking to me. She was very helpful in anything; she was asking me how I felt and very helpful with contractions. My husband and I really appreciated her so much. I wish everyone would be like her the whole world would be at peace. She is calm and nice. Thank you very much for letting me know her and meet her” (MGP consumer CALD birthing 2021)