The Murri Clinic. Improving outcomes for Indigenous women and infants by redesigning service provision

Helen Stapleton (for Sue Kildea)
I acknowledge the traditional land owners, and elders past and present
The question should not be:

“Why do women not accept the service we offer?”

But rather:

“Why do we not offer a service that women will accept?” (WHO, 2005)
Background

- Murri antenatal clinic opened 2004

- Mater Mother’s Public Hospital, Brisbane
  - 5000 births overall p/a (10K incl. private)
  - 3-4% Indigenous women
  - State-wide referrals
  - Continuity of antenatal care midwifery, obstetric & Aboriginal Liaison service
    - Indigenous staff incl midwife & ALOs
  - ‘All risk’ model of care
    - Indigenous women & partners of Indigenous men
  - Service Evaluation (2009-2010)
    - Golden casket funding
Research aims & objectives

Aims

• To undertake an evaluation of the Mater Murri antenatal clinic
• To ascertain the strengths and challenges of the clinic
• To identify recommendations for future development

Objectives

• Employ a participatory approach
• Compare outcomes against ‘Close the Gap’ indicators
Study design & methods

Mixed Methods

• Focus groups / Individual interviews
  – service users [n=8]
  – internal stakeholders [n=10]
  – external stakeholders [n=17]

• Surveys
  – service users [n=38]
  – providers [n=147]

• Clinical outcomes
  – maternal & neonatal

• Chart audit
  – 23 items: 10 social, 13 clinical

• Two Indigenous Peer Research Assistants trained & employed

• HREC approved
Births at Mater Mothers’ Hospitals (Public) (Matrix and CRS database excluded transfers in) 1998-2009, n=45,216

Indigenous births n=1,523

Comparison
Group 1

Non-indigenous births n=43,693

Sub-group Analysis
Indigenous births 2004 – 2009
N=1016

Murri ANC (patient database) n=575 women

Excluded
Non-Indigenous Women with Indigenous partners n=74

Excluded
Received ANC but birthed elsewhere n=113

Sample n=388

Comparison
Group 2

Indigenous women accessing other MMH A/N Services n=441
Clinical outcomes: selected findings

Indigenous women were more likely to be:
- teenagers
- single
- under or overweight
- multiparous (already be a mother)

And to report:
- higher rates of domestic violence
- lower education levels
- higher rates of smoking, alcohol & marijuana consumption

But despite these challenges they:
- achieved higher normal birth rates
- used less epidural anaesthesia
- incurred fewer caesarean sections
- suffered less perineal trauma
- were discharged earlier from hospital
Preterm birth

Rate increased over time $p=0.01$, 7% difference by 2007-09
Smoking at booking

Gap increased over time $p=0.01$, 30% difference; non-Indigenous rate reducing
Conclusions & Recommendations

- Targeted interventions urgently required
  - Aligned with ‘Close the Gap’ indicators
- Multi-disciplinary team approach
- Partnership approach with community services
  - Community based Indigenous services
- Increase:
  - Midwifery time (MGP)
  - Admin support
  - Social support services
  - Indigenous workforce
    - Recruitment / retention
  - Community engagement
  - Indigenous control

NEXT STEPS: Birthing on Country.
System-wide reform country-wide

Birthing on Country
Maternity Service Delivery Models
A review of literature

BIRTHING IN OUR COMMUNITY
16 OCTOBER 2013
12:30pm, 55 Annerley Road, Woolloongabba
Lunch Provided

Recognising the unique partnership between the IUIH, ATSICHS Brisbane and the Mater Mothers’ Hospital.

Introducing a maternal and infant health care service for Aboriginal and Torres Strait Islander women living in urban areas.
The Institute for Urban Indigenous Health is proud to be a partner of the Birthing in our Community initiative. This initiative gives the opportunity for Aboriginal and Torres Strait Islander women to receive clinically and culturally safe antenatal care, in an urban setting. Birthing in Our Community will provide better service coordination between the community controlled sector and the hospital services to ensure improved health outcomes for Indigenous babies.

We believe that working in partnership with community controlled organisations in a strong collaborative partnership will help us to Close the Gap in maternal infant health outcomes for Aboriginal and Torres Strait Islander mothers and infants compared to non-Indigenous Australians. Our strategy is based on recommendations of women and their families, consultations with community and the best available evidence. We aim to develop the best example of culturally competent maternal infant health care internationally.

ATSICHS is the oldest and one of the largest community controlled health services in Queensland. Celebrating over 20 years of serving the community, ATSICHS is proud to be part of this dynamic new midwifery group practice initiative for Indigenous women. While ATSICHS continues to provide a range of primary health care and mums and bubs services, we were very keen to partner with our neighbour the Mater Mothers' Hospital and our regional peak the Institute for Urban Indigenous Health given our collective expertise and commitment to excellence. Our interest and aim was to increase the choice for Aboriginal and Torres Strait Islander women by adding another model of care option and basing this new model upon best practice. We are excited about this new partnership, “Birthing In Our Community”, which will provide coordinated and improved maternal and infant health care services to our clients, families and community.
Elder Aunty Valda giving the Welcome to Country address
The Gifting of an exquisite painting commemorates the event
Bianca Bergs
first program participant
with her beautiful baby boy
Thanks to Everyone who helped to make this happen!

In particular:
- The visionary & hardworking Mater colleagues who set up the Murri clinic in 2004
- The women and staff who contributed to the recent Evaluation
- Executives, managers and staff in our partner organisations:
  - Institute for Urban Indigenous Health
  - Mater Mother’s Hospital
  - Aboriginal & Torres Strait Island Community Health Service