

Strategies for improving provision of maternal health care for Aboriginal and Torres Strait Islander women

Aim

To bring together stakeholders to discuss the implementation of maternal health strategies identified through the ESP project (see ESP project description); and to develop a composite measure and minimum package of pregnancy care through ongoing analysis of continuous quality improvement maternal health data.

Overview

Background: This project has its origins in conversations with service/policy organisations during the April 2016 CRE-IQI bi-annual meeting. Two key messages emerged:

- 1 Organisations would have liked face-to-face opportunities to contribute to the ESP project.
- 2 There is a large number of clinical services to be delivered and measured, particularly in pregnancy care, in time- and resource-limited settings.

These messages resulted in a research proposal aimed at assisting health service leadership teams, particularly those in less developed services, to decide where best to focus their limited resources for continuous quality improvement. The proposal anticipates this approach will have real benefits for those women with access to relatively lower quality of care.

Project description: This is a coordinated, collaborative project in two parts. It builds on recently completed or current research by the Audit and Best Practice for Chronic Disease (ABCD) National Research Partnership (Partnership) and the CRE-IQI. It does this by adding further translation and consultation components, and by developing a useful tool for maternal health services

- + **Part 1:** This furthers the work of the maternal health component of the ESP project, during which stakeholders prioritised evidence–practice gaps in maternal health care for Aboriginal and Torres Strait Islander women and identified potential strategies to address the gaps. By bringing together stakeholders in face-to-face workshops to discuss these strategies, this part of the project aims to forge linkages between stakeholders across different levels of the health system, facilitating information exchange and assisting stakeholders to take action.
- + **Part 2:** This involves ongoing analysis of the ABCD Partnership maternal health data. We are currently using this dataset to develop a composite measure of pregnancy care based on the combination of clinical services that has the largest positive impact on pre-term birth, low birthweight and small-for-gestational age. This analysis will lead to the development of a minimum package of pregnancy care content that will form a useful tool for health services. We intend for the tool to be applied to care for all women, irrespective of risk or parity, at any primary health care service providing maternal health care.

Anticipated outputs

- + To increase the reach of the ESP project findings related to current, prioritised, evidence–practice gaps and associated barriers and enablers for achieving improvement (**Part 1**).
- + To increase translation of ESP project findings into policy and practice by facilitating discussion of strategies proposed during the ESP project, connections between stakeholders, and the development of plans to implement strategies (**Part 1**).
- + To use ABCD Partnership data to ascertain which combination of components of pregnancy care has the largest positive impact on birth outcomes (**Part 2**).
- + To develop this list of essential items into a composite measure of pregnancy care content, and then into a tool (with accompanying resources) for health services to use for planning and quality improvement (**Part 2**).

Next steps

After further consultation at the May 2017 CRE-IQI meeting we decided to have dedicated workshops for each of the two parts, rather than one workshop covering both. We have begun scoping the national conferences with which the two workshops could be aligned, and agendas for both have been drafted. Key outputs from the workshops are expected to be as follows:

- 1 Each project team will prepare a report from the workshops and send it both to the CRE-IQI and to all attendees inviting them to tell us what actions they have since taken.
- 2 2–3 journal articles: the article related to Part 1 has been published. We anticipate 1–2 journal articles based on Part 2.
- 3 Outcomes of the translation and consultation workshops will be used for reporting against CRE-IQI milestones and to inform future research related to Part 2.

Project team Melanie Gibson-Helm¹ leads the two teams responsible for the separate research components:

Team 1: Jodie Bailie², Veronica Matthews², Alison Laycock^{2,3}, Jacqueline Boyle¹, Ross Bailie²

Team 2: Arul Earnest¹, Jacqueline Boyle¹, Veronica Matthews², Sandra Campbell⁴, Alice Rumbold⁵, Steven Larkin⁶, Ross Bailie²

Project status Current

Dates 2016 – current

CRE research categories

- 1 Facilitate the use of quality improvement data in clinical governance, management and practice;
- 2 Refine and build new clinical audit tools and processes

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