



Overview and Summary Report
of
Antenatal Services Audit for Aboriginal Women
and
Assessment of Aboriginal Content in Health Education
in
Western Australia

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The Indigenous population of WA predominantly comprises Aboriginal people, although small numbers of Torres Strait Islanders also reside in WA and use Aboriginal health services. In this report the term ‘Aboriginal’ is taken to include Aboriginal and Torres Strait Islander people.

Overview and Summary Report of Antenatal Services Audit for Aboriginal Women and Assessment of Aboriginal Content in Health Education in WA

Introduction

This report summarises the methodology and key findings and recommendations of the Antenatal Service Delivery Model for Aboriginal and Torres Strait Islander Women project (the project) undertaken by the Collaboration of Applied Research and Evaluation at the Telethon Institute for Child Health Research (TICHR) on behalf of the Women's and Newborns' Health Network (WNHN).

There are two components of the project. The first, *Antenatal service delivery model for Aboriginal and Torres Strait Islander women: Phase 1 - Audit of Antenatal Services* reports on outcomes of an audit of antenatal services used by Aboriginal women in Western Australia, examining the characteristics of the services, the provision of routine antenatal care and the cultural responsiveness of service delivery. The second, *Assessment of Aboriginal specific content in Health Professional Education and Continuing Professional Development* reports on a review of curricular for undergraduate nursing, midwifery and medical education and continuing professional development activities. The review was undertaken to assess the extent to which Aboriginal health content has been included to promote the provision of culturally appropriate antenatal care to Aboriginal women. The capacity of Aboriginal Health Workers to participate in the provision of antenatal care was also reviewed.

Both components of the project are intended to inform strategies to address the complex array of social and environmental determinants that contribute to the disparities in health status, level of care and outcomes of Aboriginal and Torres Strait Islander peoples. Several studies suggest that poor cross cultural interactions and poor communication and lack of cultural understanding also contribute to this disparity (AIDA 2008; Nguyen 2008). These studies confirm that cultural safety and cultural security are as critical as clinical safety in enabling Aboriginal patients to benefit from the care they are receiving. Recognition of this is reflected in policies and shifts in practice within the health sector to provide cultural safety and cultural security training to health care practitioners to increase their knowledge, skills and ability to improve their communication with Aboriginal clients. Increasingly, Indigenous health curriculum is being integrated into undergraduate and postgraduate medical education across Australia to promote cultural security and to support the cultural competence of service providers, organisations and health practitioners (Nguyen 2008). While cultural competence encompasses cultural security it is a broader concept that focuses on the capacity of the health system to be culturally responsive—that is to integrate cultural recognition and respect into service delivery, organisation structure and workforce to improve the health and wellbeing of Aboriginal people (Walker & Reibel 2009). Recent studies and Aboriginal maternal health policies highlight the importance of culturally responsive service delivery to improve perinatal outcomes.

Finally, in addition to communicating and disseminating the findings and recommendations, a key aspect of applied research is to identify ways to translate and where possible operationalise major findings and recommendations. In this instance, several of the recommendations derived from the audit findings identified the need for cultural competence and cultural security training. The project team have adapted existing cultural competence assessment tools for use by organisations and individuals; identified existing policies that can support and legitimate their operationalisation and identified a site to trial their effectiveness. The communication and translation processes are described towards the end of this document.

Background

It is widely recognised that Aboriginal and Torres Strait women have poorer perinatal outcomes than non-Aboriginal women nationally. In Western Australia and estimated 14.9% Aboriginal women give birth to babies below optimal birth weight (< 2500 grams) compared with 6.4% non-Aboriginal women. In 2006 the perinatal mortality was 24.9 per 1000 compared with 8.5 per 1000 for non-Aboriginal (Gee, et al, 2008). In addition, Aboriginal mothers giving birth in WA tend to be much younger and their children 0-5 years have a poorer start to life than their non-Aboriginal counterparts (Gee et al, 2006). The AIHW (2007) data suggest that perinatal indicators for babies in WA are likely to be consistent or worse than those found across the nation as a whole. As birth outcomes influence whole of life health and developmental outcomes, Aboriginal babies are being affected in both the short and long term (Fremantle et al 2008; Singh and Hoy, 2003; Smith et al 2000). The provision of culturally appropriate antenatal care is considered to be an important step towards improving Aboriginal women's birth outcomes.

The evidence suggests that providing targeted and responsive antenatal care and screening of and treatment for specific conditions of concerns improves perinatal outcomes for Aboriginal and Torres Strait Islander women (Lee & Panaretto 2004). Several models of antenatal care have been evaluated that have shown a range of improvements in birth weight, delivery term and perinatal mortality (PMSIEC 2008, OATSIH 2009). The Nganampa Health Council program in South Australia for example has shown consistent and sustained improvement since it commenced in 1984. An independent review of changes in perinatal outcomes over the 1984-96 period found that perinatal mortality rates decreased (from 45.2 per 1000 to 8.6 per 1000); low birth weight decreased from 14.2% to 8.1%; and mean birth weight increased (ref). The program's success was attributed to the following antenatal care elements: first presentation prior to 20 weeks; more than five antenatal care visits for each pregnancy; an ultrasound and screening performed in all pregnancies at an appropriate time; and regular and relevant checks performed in all pregnancies.

The research literature has consistently identified a suite of elements based on the growing body of evidence in this area that need to underpin quality antenatal care to address maternal and perinatal outcomes for Aboriginal women. Many of the models of care shown to be effective are being documented to inform policy and practice at a state and national levels (PMSIEC 2008). Nevertheless, despite this work there remains a significant gap in the knowledge and practice of antenatal service delivery.

In 2008 the WA Legislative Council Select Committee into Public Obstetric Services acknowledged the importance of antenatal care to the health of Aboriginal and Torres Strait Islander women and babies recommending that the Government, as a priority, consult with the Aboriginal community and health experts to improve pregnancy care and birth outcomes for Aboriginal women in Western Australia. The Committee also called for research to: a) assess the extent of inadequate pregnancy care among Aboriginal and disadvantaged women, its underlying causes, and develop strategies to address those issues; and, b) determine whether poor accessibility to free pregnancy care is a factor in the under utilisation of pregnancy care among disadvantaged women in Western Australia (WA Legislative Council 2008).

Importantly, this project goes some way towards addressing the Committee's call to assess the extent of inadequate pregnancy care among Aboriginal women, to attempt to identify its underlying causes and to begin to develop strategies to address those issues.

Phase1: Antenatal Services Audit for Aboriginal Women in WA

The primary aim of the audit was to gather evidence of available antenatal services across Western Australia to identify the different elements or suite of services currently included in antenatal and ancillary care available to Aboriginal women that could potentially constitute suitable model(s) of care for future implementation and evaluation in other locations. This is consistent with AIHW (2007) findings that highlight the need to identify appropriate suites of antenatal care to address the multiple risks and different individual circumstances and social determinants of Aboriginal women. Based on the relevant literature it was hypothesised that Aboriginal women will attend antenatal care if it is provided within a culturally appropriate, acceptable and comprehensive service delivery model (Jackiewicz 2008).

To achieve the project aims and explore the hypothesis an audit tool comprising 60 questions was developed informed by a review of the literature regarding strategies and models of care to improve antenatal outcomes (Reibel 2009). The literature search identified the key elements of 'culturally appropriate, acceptable care'. Australian studies show that culturally responsive services which have an Aboriginal specific antenatal protocol to promote cultural recognition and respect and foster cultural security together with strategies to increase access have improved antenatal outcomes in a very short period of time (Panaretto et al 2005; 2007). Drawing on these studies a framework of cultural responsiveness was developed comprising four key indicators specific to antenatal care for Aboriginal women:

1. the presence of an Aboriginal specific antenatal protocol;
2. confirmation of a specific program of antenatal care;
3. access optimised by location of service and availability of unbooked antenatal appointments and transport; and,
4. inclusion of Aboriginal Health Workers as members of multidisciplinary antenatal care teams.

Telephone interviews were conducted with representatives from 42 services utilising a purpose specific audit tool comprising 60 questions requiring Yes/Mostly/Sometimes/No or semi-structured responses. Data were analysed according to antenatal characteristics (eg, risk assessment, treatment, and risk reduction) and service status (Aboriginal specific or non-specific) as well as level of cultural responsive and security.

In terms of service usage, the results overall demonstrated significant gaps in antenatal services for Aboriginal women in metropolitan and rural and remote regions in Western Australia. Data shows approximately 65% of antenatal services used by Aboriginal women have not achieved a model of service delivery consistent with the principles of culturally responsive and secure care. Analysis identified few services that consistently incorporate Aboriginal specific antenatal protocols and maintain optimal access. Of the 42 services that were audited 18 antenatal services are specifically for Aboriginal women and 24 general (non-specific) antenatal services reported utilisation by Aboriginal women. Of the 42 services, 9 were confirmed as providing culturally responsive services incorporating the key indicators of cultural security combined with highly consistent delivery of other routine aspects of antenatal care. One of these 9 services is located in the metropolitan area and the others in rural and remote locations. The nine services cater for an estimated 220 from about 1800 Aboriginal women who give birth in Western Australia each year. The 42 services cater for approximately 55% of Aboriginal women.

The capacity to access health services is acknowledged as a significant barrier for many Aboriginal women. The audit reported on whether services: 1) are close to home, 2) offer unbooked or walk in antenatal clinics, and 3) provide transport to services. Overall, approximately 19 services are always provided close to home, 26 services always provide a walk in/unbooked antenatal clinic and 30 services

always provide a transport service. Specific services for Aboriginal women as well as some general services reported an average of five antenatal visits per woman. Importantly, where Aboriginal women comprise less than 25 per cent of clients in a general service the average is three antenatal visits and where they comprise less than 10% of clients as few as 2 visits were reported.

The patterns of usage underline a paradox between availability and accessibility as the findings show that despite the many services available through out WA that majority of Aboriginal women on average only access three antenatal visits during this period, and often late in the second trimester. The timing and frequency of access fall well short of the recommended number of visits required for optimal care and outcomes. There is compelling evidence that shows that the number of visits combined with the provision of targeted, culturally responsive care which screens for and treats specific conditions of concern improves outcomes. The Mums and Babies Program conducted by the Townsville Aboriginal and Islanders Health Service (TAIHS) demonstrated that an increase from three to six antenatal visits by women was associated with a significant reduction in perinatal mortality (Panaretto et al 2007).

The findings suggest that while the provision of services such as transport and flexible appointments go some way to encouraging access they are not sufficient to achieve the optimal number of 7-10 visits for women with high risk need. Other factors such as a service being located in a community setting and being used mainly by Aboriginal women were also important. These findings are consistent with a study by Nel and Pashen (2003) which found that changing the antenatal care settings to make them more culturally appropriate enhances the community's sense of ownership, increases access by women and improves outcomes. They identified the creation of culturally safe environments, the inclusion of Aboriginal staff and seeing patients within community controlled health services as important elements that ameliorate the social and cultural factors that can influence poor outcomes. An evaluation of services by NSW Health (2005) also reported increased access by women and improved outcomes when programs are linked with the local Aboriginal controlled health services based in the community.

In Western Australian antenatal services where culturally responsive indicators were in place antenatal services reported improved outcomes regardless of whether they provided services specifically for Aboriginal women or the general population. There is evidence to suggest that the cultural diversity in Aboriginal communities across the state and the complexity of family and kinship relationships are factors that can also impact on whether and how services are used. The provision of culturally responsive services by all antenatal services may address many of the socio-cultural factors that influence how Aboriginal women negotiate their interaction with available services in their locality.

Importantly, the audit data demonstrated a deficiency of cohesive service delivery and supports the prevailing view that services are fragmented and lacking clear principles and guidelines to support delivery of appropriate, effective and culturally responsive antenatal care to Aboriginal women in Western Australia, regardless of the service location.

The majority of services reported that other factors such as routine risk assessment, treatment, risk reduction and education about smoking, alcohol use and nutrition are routinely provided but their effectiveness and uptake are moderated by the level of engagement by Aboriginal women with the harm reduction strategies and interventions offered. The audit results and the research suggest that more culturally relevant approaches to assessment, risk reduction and education delivered by Aboriginal Health Workers are required to improve antenatal outcomes among Aboriginal women in WA. Studies such as the TAIHS Mums and Babies antenatal program in Townsville which offers culturally appropriate interventions and resources have reported reductions in smoking and alcohol use and registered improvements in perinatal outcomes (Panaretto et al 2007).

The audit included a number of factors that indicate quality of service delivery for clients. Two questions in particular are also indicators of cultural responsiveness – whether there is an Aboriginal specific protocol in the area/region and whether multidisciplinary care including Aboriginal Health Workers, is available. The overall results of the quality of client care in all services demonstrate inconsistent approaches to providing antenatal care with similar results for service quality. Of particular note were a lack of Aboriginal Health Workers as members of multidisciplinary antenatal care teams, a lack of cross cultural training and inadequate staff development in antenatal care. The inclusion of Aboriginal Health Workers (AHW), or Aboriginal Maternal and Infant Care (AMIC) workers in antenatal care has been demonstrated in a number of programs to improve issues related to attendance by improving the cultural safety of health service delivery (Stamp et al 2008; NSW Health, 2005).

In summary, the Audit of Antenatal Services shows most antenatal services used by Aboriginal women have not achieved a model of service delivery consistent with the principles of culturally responsive and secure care. Our analysis identified only nine of the forty two audited services surveyed that always incorporate Aboriginal specific antenatal protocols and maintain optimal access by Aboriginal women.

Finally, the implementation of culturally specific guidelines and the allocation of resources and strategies to support staff and organisations to improve cultural competence are strongly supported by the outcomes of the Audit of Antenatal Services.

Phase 2: Assessment of Curricular and Continuing Professional Development

The assessment of both curricular and continuing professional development (CPD) for nurses, midwives and medical graduates was undertaken to consider the extent to which Aboriginal health content is integrated into courses to prepare health professionals to provide culturally appropriate antenatal care to Aboriginal women. Curricular for Aboriginal Health Workers was also assessed to determine graduate capacity to participate in providing antenatal care.

The assessment involved an online audit of all relevant institutions in Western Australia to identify medical, nursing and midwifery courses. An email questionnaire was developed and sent out to all course coordinators, and where necessary, followed up with telephone interviews.

Evidence provided by all relevant educational institutions in Western Australia demonstrates compliance with existing regulations requiring compulsory inclusion of Aboriginal health content in all courses leading to registration as a nurse or midwife.

Midwifery courses at Western Australian tertiary institutions always include Aboriginal content covering both general health issues and antenatal care as both stand alone and integrated components of curricular. Although general aspects of Aboriginal health are incorporated into nursing education, there is no content relating to antenatal care in any nursing curricular. The Audit of Antenatal Services indicated that nurses can, at times, be the lone health professional providing antenatal care in rural and remote communities in Western Australia and nurses therefore require appropriate clinical and cultural competence skills to undertake this role. The *Code of Ethics for Nurses in Australia* developed in 2008 by the Australian Nursing and Midwifery Council, Royal College of Nursing, Australia and the Australian Nursing Federation for the nursing profession in Australia would appear to support this. The code is relevant to all nurses at all levels and areas of practice including those encompassing clinical, management, education and research domains, highlighting the need for cultural competence among nurses. The Code makes special mention of the rights of Aboriginal and Torres Strait peoples and acknowledges the responsibility of 'the nursing profession: *'to provide just, compassionate, culturally competent and culturally responsive care to every person requiring or receiving nursing care'*.

Since an extensive review of medical curricular in 2004 by the Council of Deans of Australian Medical Schools, initiatives to enhance the capacity of medical graduates and general practice registrars to provide culturally appropriate care to Aboriginal people have been implemented in all medical courses with the inclusion of appropriate units of study.

It is evident that appropriate mechanisms are now in place to support the development of culturally competent graduates. However, there is little in the way of ongoing CPD towards continuous improvement in the cultural competence of already registered health professionals.

An assessment of CPD provided by or through professional bodies for nurses, midwives and medical practitioners demonstrates a lack of cultural competence educational opportunities. Additionally, there are currently no regulations requiring regular participation in ongoing cultural competence CPD after registration and it is recommended that the Nurses and Midwives Board of Western Australia and Medical Board of Western Australia are encouraged to promote this aspect of CPD to all registrants in Western Australia.

Aboriginal Health Workers receive training in the provision of basic antenatal care as part of current curricular. An expanded skill base for AHW planning to work in models of antenatal care for Aboriginal women would ensure capacity for enhanced practice and build overall capacity in Aboriginal communities. Development of a comprehensive antenatal education module for Aboriginal Health Workers, provided by an appropriate Registered Training Organisation such as the Aboriginal Health Council of WA may be warranted.

Research Translation: Cultural Competence in Antenatal Services

A key requirement of WNHN projects is translation of recommendations into feasible actions. Demonstration of cultural competence by organisations and individual health professionals is clearly indicated in the Audit of Antenatal Services as an important factor in achieving greater engagement by Aboriginal women with antenatal services. Based on research evidence a process incorporating tools that enable assessment of organisational and individual cultural competence together with suggested actions and resources to improve in this area is described below.

Rationale for Cultural Competence Assessment

The rationale for developing a cultural competence assessment process for health services is documented in a raft of existing policy guidelines and frameworks (both State and Federal) that aim to address the health inequities experienced by Aboriginal people. These are based on recognition that existing services and approaches to improving the health and wellbeing of Aboriginal Australians have not been successful. There is increasing recognition of the need for health practitioners and those responsible for the delivery of health services to develop strategies and structures that take account of the historical, cultural and environmental experiences and contemporary circumstances of Aboriginal people. Cultural competence requires that organisations and their personnel have the capacity to: value diversity, conduct self-assessment, manage the dynamics of difference, acquire and institutionalise cultural knowledge, and adapt to the diversity and cultural contexts of individuals and communities served (Cross et al 1989).

Many of the Audit of Antenatal Services recommendations related to the delivery of culturally appropriate care and education and information to all Aboriginal women in the antenatal period. Seven of the Audit recommendations directly related to issues of cultural competence. The cultural competence of health practitioners and services is highlighted in the Audit of Antenatal Services and the Assessment of

Curricular as a key component to improving access and attendance by Aboriginal women at antenatal clinics as well as maternal and child outcomes. Despite the existence of policies and guidelines to highlight cultural competence there is a need for clear processes that facilitate changes and improvements to cultural competence in health services planning and increase the capacity of individual health professionals to provide appropriate care.

Cultural Competence Assessment Process

A cultural competence assessment process for individual health professionals involves critical self reflection, and for organisations, it involves reviewing the cultural responsiveness and security of provided services. The team adapted two assessment tools drawing on the work of Casey, Dudgeon & Wright (2009); Walker & Sonn (2009); Westerman (2007), and (Campinha-Bacote 2002) and the strategies outlined in the Cultural Respect Framework (WA DoH, 2004). The process of cultural competence assessment can benefit practitioners by heightening awareness, influencing attitudes toward practice, and motivating the development of knowledge and skills. The process also benefits organisations by informing planning, policy-making, resource allocation and training and professional development activities. Given the evidence regarding the link between culturally responsive care and improved maternal and perinatal outcomes this is arguable an essential aspect of health service provision (Nel & Pashen 2003; Panaretto et al 2005, 2007).

The development of individual and organisational cultural competence ensures all Aboriginal people using a health service are treated in a respectful and safe manner and secures their trust in the capacity of the service to meet their needs. The Cultural Competence Assessment Tool provides health services and individual practitioners with a series of questions to enable them to reflect on and assess capacity to provide culturally appropriate and effective care.

The aim of the Cultural Competence Assessment Tools is to provide the health sector with service specific information and resources that will allow health organisations, services and health professionals to identify changes that can be made to more appropriately meet the needs of Aboriginal women and their families during pregnancy and childbirth with an anticipated outcome of improved maternal and child outcomes.

The team has adapted existing Cultural Competence Assessment Tools (Walker & Reibel 2009) for both health services organisations and health practitioners in conjunction with members of the Aboriginal Collaborative Council for Applied Research and Evaluation Working Party on Cultural Competence. The team is currently liaising with the Canning Division of General Practice to trial the Cultural Competence Assessment Process with General Practitioners delivering services to Aboriginal families.

Communication and Dissemination Strategy

Three reports, a conference abstract and two power point presentations have been produced as part of the Communication and Dissemination strategy. Several activities have been undertaken to communicate and disseminate the key findings and recommendations to relevant stakeholders including health professionals, Aboriginal community stakeholders and health services and policy makers. The Antenatal Services Audit findings have been presented to range of audiences at local and regional seminars and an International conference:

- A presentation to the Telethon Institute for Child Health Research Scientific Forum in April 2009.

- A seminar presentation through the School of Primary, Aboriginal and Rural Health Care (SPARHC) in the Faculty of Medicine Dentistry and Health Sciences, University of Western Australia and linked to Rural Clinical School sites at Geraldton, Albany and Broome in June 2009 to approximately 30 people.
- A presentation at the International Conference Perinatal Society for Australia and New Zealand (PSANZ) in Darwin in April 2009 to an audience of approximately 60 people.

In addition, the final report has been disseminated to all 42 health services that participated in the audit, to the Women's and Newborns' Health Network, the Office of Aboriginal Health, Aboriginal Health Council of Western Australia and to 25 members of the Aboriginal Collaborative Council for Applied Research and Evaluation (ACCARE) and 10 members of the ACCARE electronic consultative group which includes representatives in NSW. All members have been invited to disseminate copies of the Report to their own networks.

Professor Fiona Stanley, Director Telethon Institute for Child Health Research has provided a copy of the Final Report to the Aboriginal Implementation Board appointed by the Premier to oversee Aboriginal policy implementation in WA. Information has also been provided to the Office of Aboriginal Health to inform recent planning around their Maternal Health Policy.

An abstract will be submitted to report on the key findings detailed in this Overview and Summary Report at the WA Health Symposium in December 2009.

As part of the translation process the Cultural Competence Background Discussion Paper and Organisational and Individual Assessment Tools were presented to approximately 60 people at the Telethon Institute for Child Health Research Forum at Wollaston in February 2009. The information has also been distributed to ACCARE members and the groups listed above. In addition, two conference presentations on integrating Cultural Competence into the maternal and child health services sector are planned. Abstracts will be submitted to report findings at:

- the *WA Health Symposium* in October.2009; and,
- the *LimeNetwork Connections 111* International Conference in Melbourne in December 2009.

The team also plan to submit papers to the *Quality in Primary Care: Advancing the Quality Agenda in Australasia* journal and other relevant journals.

Conclusion

The Audit of Antenatal Services represents a significant step towards documenting a more detailed understanding of current antenatal services available to Aboriginal women in Western Australia. The literature on models of antenatal care for Aboriginal women is limited and the audit outcomes provide a unique and comprehensive perspective of Aboriginal women's use of existing antenatal services and the characteristics of these services. Several studies have shown that culturally responsive care and cultural security are crucial to encouraging greater engagement by Aboriginal people with health services. The indicators used in the audit establish benchmarks for planning culturally responsive antenatal services. The findings of both the Audit of Antenatal Services and the Assessment of Health and Medical courses and CPD support the need for greater focus on integrating the concept of cultural competence into the health services and health and medical education and continuing professional development.

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