

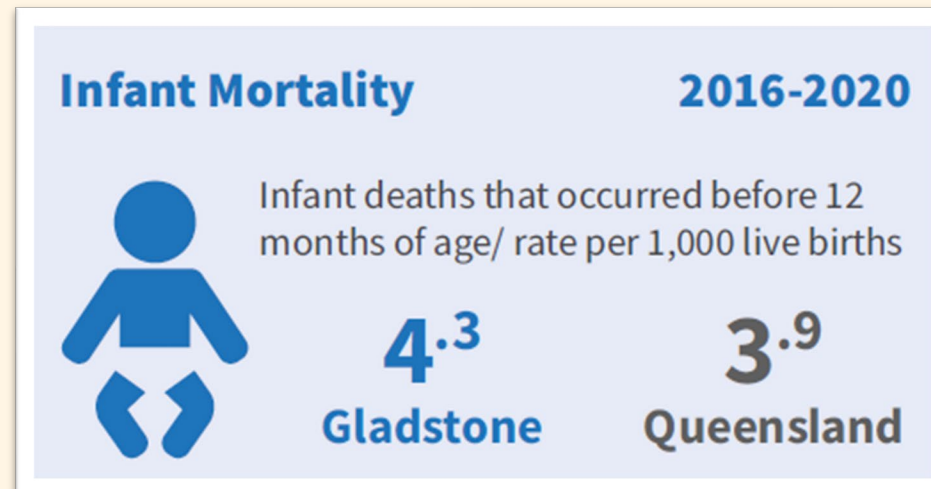
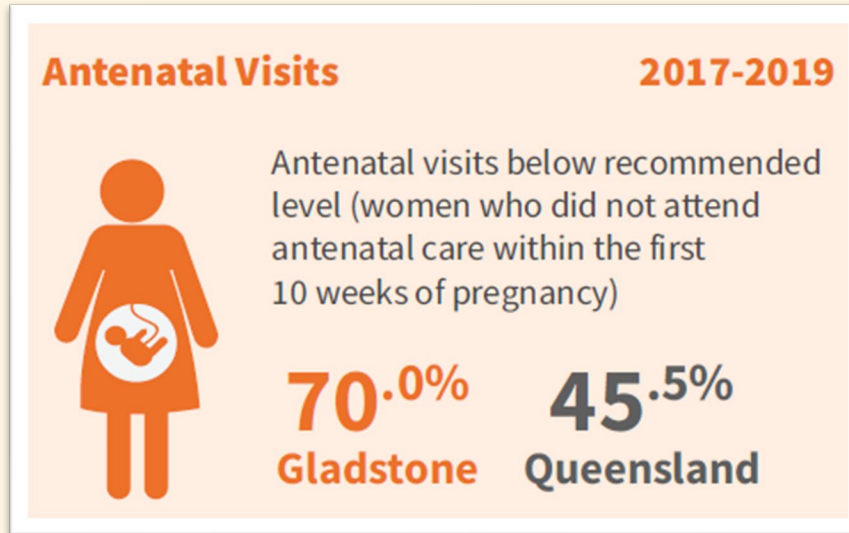


Together in Action - The Early Years

Improving maternal health outcomes for local Mums and Bubs

Gladstone Region engaging in action Together

Identifying Maternal Health Needs



Gladstone Maternal Health Study

Desktop study

Purpose

- *to understand pregnancy and birthing outcomes for mothers and babies in the Gladstone Region*
- *to identify opportunities for improved maternal health outcomes for mothers and babies in the Gladstone Region*
- *to explore examples of solutions achieving outcomes in other locations, as potential solutions for our region*



Earliest Possible Intervention

Assumption

In the interests of providing early awareness, education and assessments, early antenatal visits are identified as a positive opportunity to provide early maternal supports, information and screening

with the aim of

detecting lifestyle risk factors early and maximising opportunities to enable healthy outcomes for mothers and babies

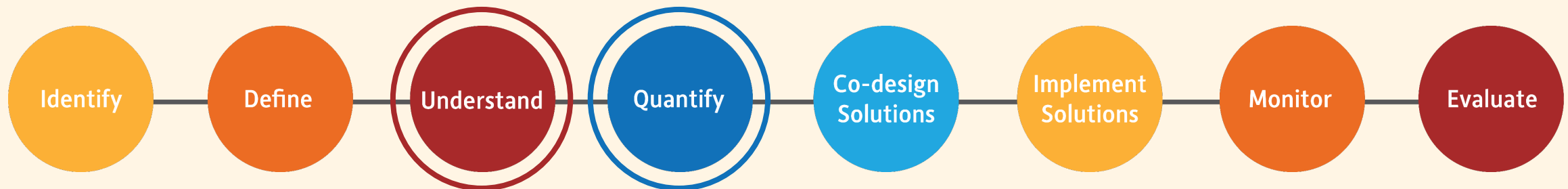


Methodology

Before we can consider the solutions that might support improved outcomes for our Mums and Bubs, we first need to understand more about the need.

Methodology

- *source and analyse perinatal data*
- *deep dive to define the current status of the need*
 - › *where is this happening ? for who ? when ?*
- *understand casual factors that inhibit access to existing solutions and supports*



Our Mums

- There is a higher percentage of birthing mothers having at least 2 or more previous pregnancies in Gladstone compared to Queensland and Australia, with a significantly higher percentage of birthing mothers having 4 or more previous pregnancies in Gladstone than the state and national averages. *Indigenous mothers are more likely to have 5 or more previous pregnancies compared to non-Indigenous mothers in our region.*
- *Gladstone has a higher percentage of Indigenous birthing mothers, and a higher percentage of young birthing mothers aged under 20 years old compared to Queensland and Australia.*
- There is a higher percentage of birthing mothers delaying their first antenatal visit until the second trimester (14-28 weeks) in Gladstone compared to Queensland.

Maternal Health in the Gladstone Region

- There is a higher percentage of birthing mothers who are obese in Gladstone compared to Queensland and Australia.
- There is an increasing trend in birthing mothers smoking in Gladstone, and a higher percentage of birthing mothers smoking during the first 20 weeks gestation and after 20 weeks gestation in Gladstone compared to Queensland and Australia.
- There is a higher percentage of birthing mothers experiencing pregnancy complications including gestational diabetes, poor foetal growth and threatened premature labour in Gladstone compared to Queensland.

Early Baby Outcomes in the Gladstone Region

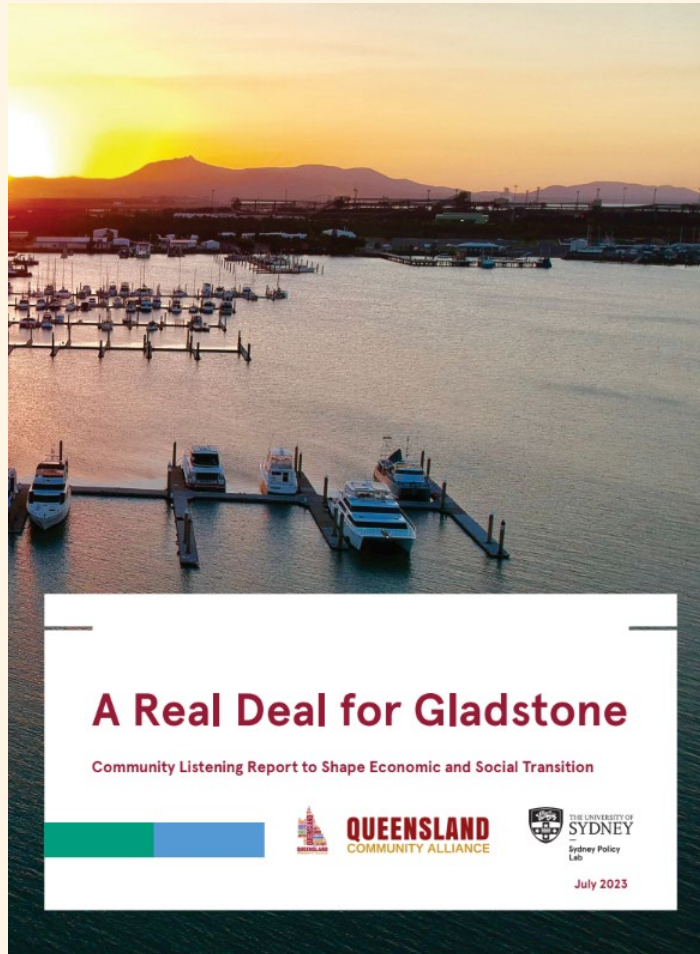
- There is a higher percentage of babies born with low birthweight (less than 2500 grams) in Gladstone compared to Queensland and Australia. *Young mothers aged under 20 years and Indigenous mothers are more likely to have low birthweight babies in the region.*
- There is a higher percentage of babies born with an Apgar score of less than 7 at 5 minutes (indicating complications) in Gladstone compared to Queensland and Australia.
- There is a higher rate of stillbirths in Gladstone compared to Australia (rate/1000 births). *The rate of stillbirth in Gladstone has increased since 2020.*

Community Voice

'A social prescribing approach could identify the "missing mums" who live in Gladstone and ensure they have the connection and wrap-around support needed to thrive and to raise happy babies.

In addition, we propose the exploration of a Community Maternity Hub... taking inspiration from the model that operates in Logan. Such a hub would re-establish continuity of care for new mothers in safe and accessible community spaces'.

Source: QCA 2021





Dr Barbara Panitz

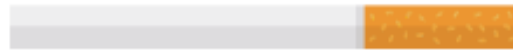
Gladstone Region engaging in action Together

Case Study: Logan Maternal Needs

7% of women in the Logan region do not attend the recommended number of antenatal appointments.



This compares to the state average of **5%**.



In 2014–15 **10%** of Queensland mothers smoked after 20 weeks gestation

compared to **15%** in Logan, with some specific areas in the community as high as **27%**.



The rate of low birth weight babies is similar to the state average of **7%**.



However in some areas of the Logan community it is as high as **14.8%**.

Case Study: Why Maternity Hubs were a good fit for Logan

'I've given birth through both the MGP and the mainstream and so in my own experience, I can say that giving birth mainstream I felt isolated and experienced a lot more anxiety. I definitely feel the hub model helps to reduce anxiety during pregnancy, birth and beyond'

'The option to have one- on-one antenatal support works so much better. We are private people and my partner gets very shy. I want us to be strong together for the birth so that will work better. I message my midwife when I need reassurance, it's really good'

-local Logan Mums

Case Study: Logan Maternal and Child Health Hubs

Objectives of the Logan Maternity Hubs are to:

- Increase the number of women accessing the recommended number of antenatal visits,
- Improve pregnancy outcomes (preterm, birthweight, APGAR, perinatal deaths),
- Better connect and coordinate women to health, community and social services enabling a healthy pregnancy.

Eligibility:

- Aboriginal and Torres Strait Islander
- Māori and Pacific Islander
- Culturally and linguistically diverse (CALD) or non-English speaking women including refugees
- Young women aged under 18 years old



Source: Logan Together 2021

Better Outcomes for Women and Children in Logan

Women using the Hubs were:

Statistically more likely to:

- attend 5 or more antenatal appointments
- undergo antenatal psychosocial screening
- receive an influenza vaccine
- have a spontaneous onset of labour
- have a vaginal non-instrumental birth
- use non-pharmacological pain relief
- exclusively breastfeed

Less likely to:

- require a caesarean section
- have a baby before 37 weeks gestation
- require SCN admission
- use epidural anaesthesia
- have an induction of labour

'The Hubs are definitely the significant piece that really has changed lives... they certainly have changed the maternity landscape within Logan'

Gladstone - Logan Comparison

2021	Gladstone	Logan
Population (Estimated Resident Population 2022)	65,302	363,057
Land Area	10,484 km ²	958 km ²
Population Density (persons/km ²)	6.2 persons per km ²	378.9 persons per km ²
Remote Classification	Regional	Metropolitan
Median Age	38 years	34 years
Birth Rate (rate per 1000)	13.1	15.7
Couple Families with Children (%)	41.7%	44.9%
Children aged 0-14 years (%)	21.5%	22.7%
Average number of children per family	1.9	1.9
Born overseas	13.3%	27.9%
Non-English-speaking households	7.5%	21.1%
Aboriginal and Torres Strait Islander people	6.2%	4.2%

Source: ABS 2021 & 2022

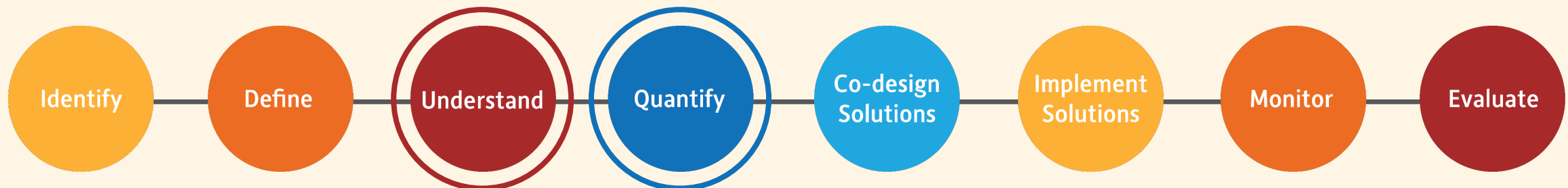
Next Steps

Before we consider the solutions that might support improved outcomes for our Mums and Bubs, we first need to understand more about the need. The next stages of this study are to:

- *deep dive to understand the current status of the need - where is this happening? for who? when?*
- *understand causal factors that inhibit access to existing solutions and supports*
- *compare Gladstone and Logan to identify similarities and differences in demographics, maternal health outcomes and participation rates*

This supports later considerations of Maternal Hubs, alongside other potential solutions, in the next collective action steps,

- *to co-design tailored solutions for the Gladstone Region that would meet local needs.*



Your Voice

Question 1: What knowledge gaps do we need to fill?

Question 2: Are we approaching our objective with the right process steps?

Question 3: What assumptions might we be making?