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Investigating the processes of health record information sharing in the Birthing in Our Community model of maternity care

Birthing in Our Community (BiOC) is a multi-agency approach that partners the Mater Mothers' Hospital, Institute for Urban Health (IUIH) and Aboriginal and Torres Strait Islander Community Health Service, Brisbane Limited ATSICHS. The partnership program was launched in 2013 to promote and deliver maternity services specifically to pregnant women having an Aboriginal and Torres Strait Islander baby. The partnership aims to improve outcomes for mothers, babies and families through continuity of care model with midwives and family support workers to provide culturally safe maternity care in a suburban location away from the hospital setting. A previous service evaluation of an Indigenous-specific antenatal 'Murri' clinic found that women attending the clinic encountered culturally responsive care and felt safe in the service but wanted continuity in labor/birth and postnatally, as well as all other areas of the hospital where they did not always feel culturally safe. Additionally there were concerns regarding women either receiving duplication of care or 'falling through the cracks' when care was being transferred between multiple services. The BiOC model sought to address these areas and provide better integration of care between community and tertiary sectors. An important initial step in providing this continuity of care throughout the pregnancy and birthing journey is to ensure health record information sharing systems between health care providers is optimal and eligible women are identified and offered the program as early as possible. To optimize health record information sharing between all stakeholders providing care to women identified as having an Aboriginal and Torres Strait Islander baby in the BiOC model of maternity care. To map communication processes from first referral in the pregnancy for women having an indigenous baby through to the six week postnatal period in the BiOC model of care. To identify challenges and facilitators for women's health record information sharing between the staff of the BiOC partnership organizations. Action Research utilizing a mixed methods approach was utilized. The study included focus groups with participating staff members (n=24): Family support workers, midwives, General Practitioners (GPs) and administration staff from the BiOC partnership services. Open ended questions were incorporated to discuss how information was communicated between service providers in these partner organizations. Communication processes and challenges were discussed and process mapping was visited with participants after the initial focus groups for checking. This checking identified a possible pinch point of critical information being missed at the first stage of referral from the GP. Subsequently, an audit of the GP referral process was conducted to ascertain if this was the case and a woman's or their partner's Indigenous status was being missed. The results informed the design of a journey map describing the data shared across the organizations, the privacy legislation and communications systems. This map has guided the development of a comprehensive plan of communication sharing and intends to inform steps in referral and sharing of information between staff. The plan intends to be used as a check point for staff to refer to when transferring information concerning women who are eligible to join the BiOC model of maternity care.

Biography

Hawley Glenda has an extensive midwifery and public health background, having worked internationally and in Australia. Clinically, her experience includes managing and providing health care to indigenous populations in remote communities alongside local healthcare workers. Additionally she has worked in research with children and adolescents with type-1 diabetes and has proficiency in acute birthing care in major tertiary referral centers. She has completed a PhD in comparing maternity paper and electronic health records and the impact these records have on integrating care between pregnant women and antenatal health care providers. She is currently lecturing with the School of Nursing, Midwifery and Social Work at the University of Queensland and aims to continue work in antenatal, birthing, indigenous and e-information systems.

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