

# Providing antenatal care to marginalised women and pregnant people at the Kirketon Road Centre (KRC) - An integrated primary health care service in Kings Cross, Sydney

Nicole Christie<sup>1</sup>, Katrina Molloy<sup>1</sup>, Stephanie Gater<sup>1</sup>  
<sup>1</sup>Kirketon Road Centre, South Eastern Sydney Local Health District, Sydney

Contact: Nicole.Christie@health.nsw.gov.au; Stephanie.Gater@health.nsw.gov.au Published: July 2023

## ABOUT KRC

Kirketon Road Centre (KRC) is a walk-in, targeted, primary health care service in Kings Cross, Sydney. We provide non-judgmental, free and anonymous care. Services are targeted to young people, people who sex work, people who inject drugs, people from LGBTI communities, Aboriginal people and Torres Strait Islander people experiencing homelessness.

## BACKGROUND/PURPOSE

KRC aims to meet the health and social welfare needs of 'at risk' youth, people who inject drugs and sex workers. Women and pregnant people who engage with KRC have complex needs, are often homeless and have a substance use disorders. Many have had children removed from their care and have been in out of home care themselves. These pregnant women and people often lack social support, and their networks encourage instability.

## A case study highlighting the comprehensive care provided to a pregnant Aboriginal woman with complex medical history, ensuring effective treatment, follow-up, and a positive outcome

### Patient Overview:

- ▶ 28-year-old Aboriginal woman in early pregnancy.
- ▶ New client at our service.
- ▶ Obstetric history: G4P3 (4 pregnancies, 3 live births, last baby post-partum haemorrhage requiring a blood transfusion).
- ▶ Responsibilities for a 13-year-old, a 9-year-old (under care of Department of Communities and Justice, DCJ), and a 2-year-old (under care of DCJ)

### Initial Assessment and Care:

- ▶ Routine antenatal screening performed, including blood tests and ultrasound.
- ▶ Uncertain about last menstrual period (LMP), estimated gestation around 12-16 weeks
- ▶ Medical history includes methamphetamine use and hyperemesis (treated with Maxalon).
- ▶ Provided pregnancy multi vitamins through a voucher.

### Test Results:

- ▶ Positive Chlamydia vaginal PCR.
- ▶ Syphilis screening: RPR 128, TPPA >320, reactive TP EIA
- ▶ Hb electrophoresis indicates heterozygous beta thalassemia.
- ▶ Hemoglobin level: 111g/L.
- ▶ Ferritin level: 9ug/L.
- ▶ Limited recollection of prior syphilis history.
- ▶ Previous tests indicate non-reactive VDRL in 2019.

### Treatment and Follow-up:

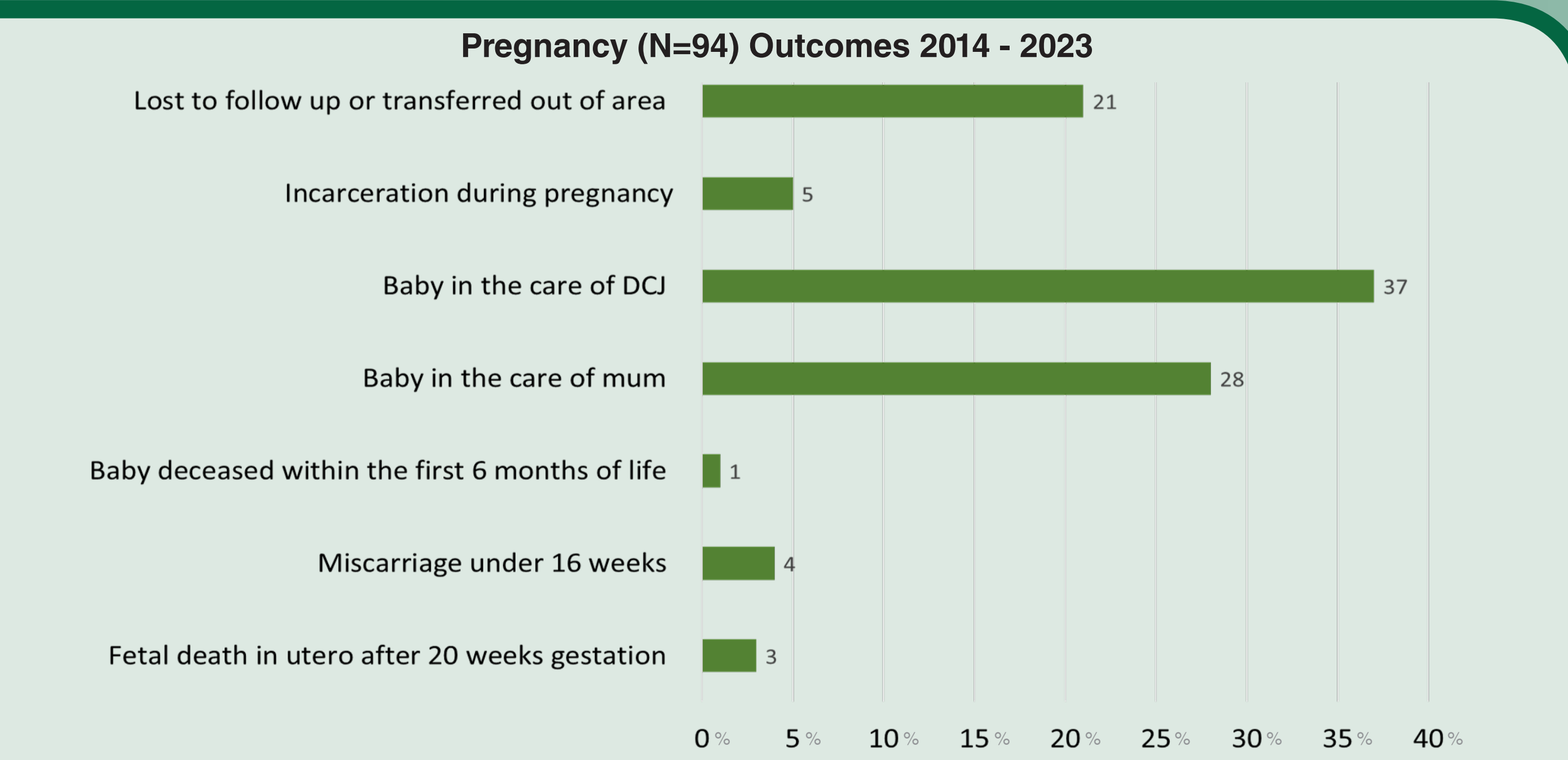
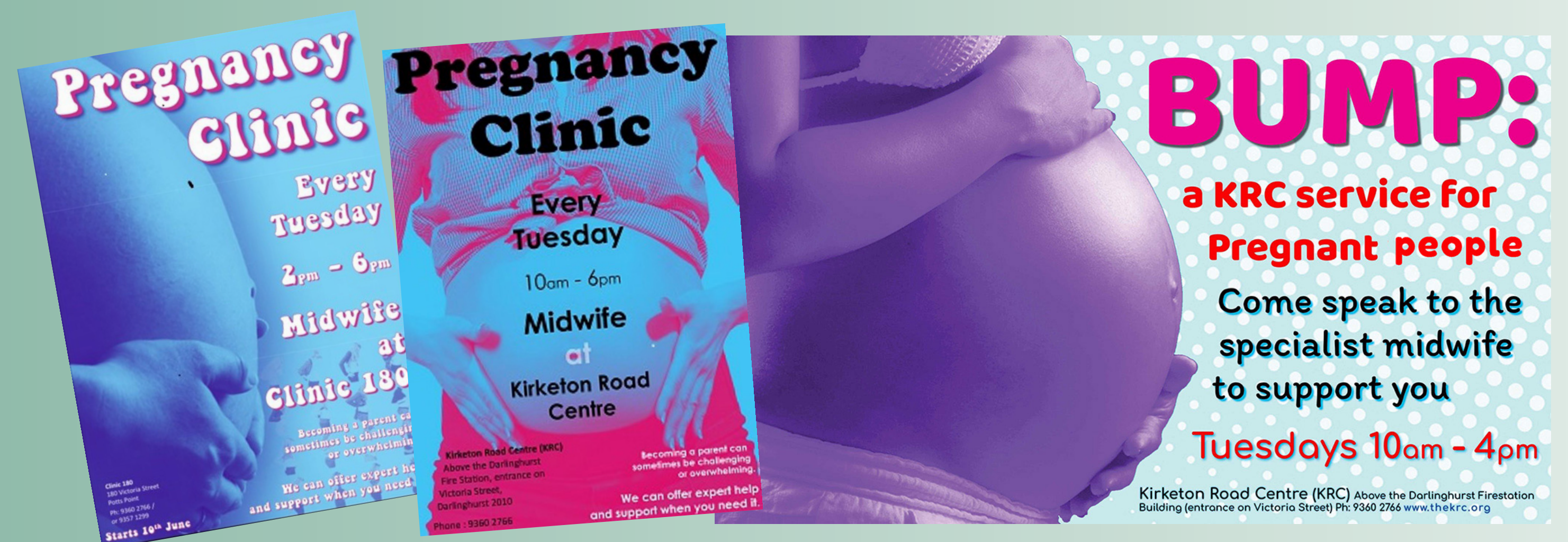
- ▶ Client presented with symptoms including dizziness and clumsiness.
- ▶ Neuro exam was normal; ruled out neurosyphilis.
- ▶ Treated for late latent syphilis; unable to obtain previous documented syphilis testing.
- ▶ Treatment: x3 doses of benzylpenicillin 2.4MU, Azithromycin 1g orally.
- ▶ Relocated to Far North NSW; arranged treatment at local base hospital with Sexual Health service support.
- ▶ Contact tracing: Partner contacted; coordinated testing and treatment.
- ▶ Referral letter issued to local antenatal service.
- ▶ Temporary relocation to Brisbane due to family health concerns.
- ▶ Missed follow-up; arranged additional benzylpenicillin dose (RPR 32).
- ▶ Antenatal care at local hospital (34 weeks pregnant).
- ▶ Successfully delivered a healthy baby girl; returned home to Sydney.

## INNOVATION AND SIGNIFICANCE

KRC's model of care is able to reach and provide much needed antenatal care, substance use disorder treatment, early medical abortion and contraception to marginalised and at-risk women and pregnant people. This is achieved through a flexible and non-judgmental approach to health care delivery, ability to prescribe and dispense opiate agonist treatment on site, outreach services and work in partnership with relevant community and tertiary based services. There is no designated midwife role here at KRC, we have registered midwives who are currently working in nursing positions with extensive reproductive health backgrounds, skills and a passion for providing antenatal care to marginalised pregnant women and people.

## APPROACH

Women and pregnant people attend for antenatal care and case management and form a holistic health relationship that extends beyond the birth of their child. Typically, the women and pregnant people we see do not engage with conventional hospital-based antenatal services. Our flexibility and no cost service increases accessibility to testing required during pregnancy and important treatment (e.g. syphilis). Our community outreach program reaches women and pregnant people who cannot or do not want to engage with the fixed-site service. We offer a wraparound service with midwifery care, drug and alcohol specialists, GPs, counselling, social work support and support from peers.



## OUTCOMES/IMPACT

This group of women and pregnant people experience a range of complex issues both systemic and personal during a time in one's life where stability is paramount. Recommendations include timely access to treatment services and housing, consistency amongst service providers and appropriate access to domestic violence and trauma counselling as required.