

GOLD COAST
UNIVERSITY HOSPITAL
Millerri-Nyumbarli
Midwifery Navigator service

“Avoiding early separation of newborns
from their mothers
when Child Safety Emergent Orders
are in place”

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BaN MMid

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ACKNOWLEDGEMENT

The Gold Coast HHS (GCHHS) would like to acknowledge the traditional custodians of the Land and Seas and pay respect to Elders past, present and emerging.

We would also like to acknowledge the impacts of colonisation including: the dismantling of culture and heritage, extinguishment of language, dislocation from Land and deliberate separation of families and communities, which has profoundly impacted Aboriginal and Torres Strait Islander peoples.

It has had severe social, emotional and physical consequences, including suicide rates that are up to two and a half times higher than non-Indigenous Australians.

What is the role of the Midwifery Navigators?

- MN Role is to assist vulnerable pregnant women with complex (mental health / substance use) needs to navigate the maternity care system
- MN work in partnership with the woman, lead care provider, specialist & allied health professionals; as well as Child Safety Services if they are involved

What is the aim of the service?

Primary aim is to improve perinatal outcomes for vulnerable women & babies

Increase client engagement with healthcare & community services



To break the cycle of intergenerational trauma from separation

To support HHS in providing trauma-informed, client-centred care

Work collaboratively with stakeholders, reduce fragmentation

MIDWIFERY NAVIGATION

- Engaging with clients as early as possible in pregnancy
- Linking clients with a CoC midwife whenever possible
- Referrals to allied & community supports
- Coordination & case management
- Attendance regular MDT meetings re the client
- Completion/updating Complex Management Plans
- PN follow up – up to 8 weeks post birth
- Care handed over to Child Health at discharge from MN



MN ELIGIBILITY CRITERIA

Pregnant women accepted
to birth at GCUH

Alcohol/other drug use in
pregnancy or recent use

Significant mental health
conditions

Unborn at significant risk of
not remaining in mother's
primary care

Eligible referrals have increased > 2.5 times in last 3 years ^{1,2}

**3 years
of MN client data
(Jan 2021- Dec 2023)**

509 eligible referrals received ^{1,2}

131 clients (plus 133 babies) were of the highest psychosocial risk (risk of child removal) ^{1,2}

30 of the highest risk clients' newborns placed under Emergent Orders ^{1,2}

25 of the highest risk clients did not have their baby in their primary care at 8 weeks post birth ^{1,2}

34% of highest risk clients had previously had at least 1 child removed ^{1,2}

21% of highest risk clients identify Aboriginal &/Torres Strait Islander ^{1,2}

“CHILD SAFETY EMERGENT ORDERS – NEWBORN” (nurse special pathway)

- Procedure & WI led by the MN in collaboration with CPU.
- Supports early collaboration between the woman, MN, CPU, primary care providers and Child Safety, when significant CSS concerns have been identified / are being investigated
- Supports well newborns under Emergent Orders to room-in with their mothers during the postnatal hospital admission (under the supervision of a nurse special) rather than being removed from their mothers soon after birth & placed in the NCU
- This change initiative was relatively cost-neutral however represented a change from LOW-VALUE health care to HIGH-VALUE health care
- In practice at GCUH since Jan 2021
- Published Sept 2023



WHAT DOES THE EVIDENCE SAY?

Children in foster care can experience a range of suboptimal outcomes including poorer physical and mental health, poorer educational attainment, and lack of identity ^{5, 6}

In many cases, courts only consider the risk of harm to a child should they remain with their mother, rather than considering the overall picture of the risk of harm from separation itself ⁴

In addition to negative health and social impacts, foster care is a major economic burden, costing Australia \$5.8 billion a year (2019/20 period) ³

Children in foster care also experience intergenerational negative sequelae with ongoing Child Safety Services' involvement for their own children ⁷



“The introduction of this Procedure has been a ‘game changer’ in the way that we manage newborns and their families in the Child Safety space. It has enabled open, honest, early conversations with parents, increased collaboration from the hospital teams and from our interagency partners and has equipped staff with the knowledge on how to manage these patients.”

(M. Johnson, Child Protection Liaison Officer, Clinical Nurse Consultant, Child Protection Unit, GCUH)

BENEFITS FOR MUM, BABY & STAFF

- Facilitates transparent communication of CSS intentions to the woman, & to GCUH staff, prior to birth
- Plans are formulated & shared in pre-birth MDTs and documented in Complex Management Plans
- Woman has time to process her emotions prior to the birth
- Woman has some agency over the process, she chooses to follow the nurse special pathway, she chooses how discharge occurs
- Mother-infant bonding and breastfeeding can be established



BENEFITS FOR MUM, BABY & STAFF cont



- Maternal attachment to infant encourages motivation to remain engaged with recommended services, to maintain abstinence, work towards reunification
- Usually has daily contact with baby post discharge, breastfeeding and supply of EBM can continue
- HHS not viewed as complicit in CSS removals soon after birth, client faith in HHS remains
- Virtually eliminated requirement of security or QPS visual presence for removals
- Decreases staff workplace trauma
- Changing attitudes towards clients

CASE STUDY “SIENNA”

- Sienna 38 yo pregnant with 4th baby, other 3 children in foster care under long term orders
- Long history of methamphetamine use (inhalation), alcohol use, cannabis use (now prescribed), tobacco use
- Long standing depression & anxiety, not medicated
- Significant trauma from brother’s brutal murder in early adulthood
- Has had all babies at GCUH, known and trusted relationship with Midwifery Navigators, MNGP midwives
- Supported by Midwifery Navigator during meetings with Child Safety in the antenatal period, Sienna made aware that CSS intend to place baby in foster care at point of discharge from GCUH



CASE STUDY “SIENNA”

- Pregnancy Complex Management Plan created and uploaded to iemr and shared with stakeholders
- Plan for 5 days rooming-in mother/baby in maternity ward, under supervision of nurse special
- Spontaneous labour at term, supported by MNGP Midwife and Midwifery Navigator during birth
- Midwifery Navigator supported Sienna when CSS came to serve TAO on D1, and serving CAO on D4
- Midwifery Navigator supported Sienna during postnatal meetings with CSS
- Midwifery Navigator supported Sienna during insertion of implanon
- Strong mother-baby bond developed and breastfeeding established



CASE STUDY “SIENNA”

- Sienna requested that foster carer come to collect baby at discharge so that she could meet her and tell her things that were important to know
- Sienna gave foster carer a communication book and both agreed to write in it and hand back and forth at contact visits
- Sienna felt much better after meeting foster carer
- Sienna choose to walk out of the hospital with her mother and Midwifery Navigator and left baby with foster carer and midwife to receive discharge education re feeding etc
- Sienna had daily contact visits with baby where she continued to breastfeed and hand over EBM
- At one month postpartum, Sienna entered 6 week rehab program



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THANK YOU!

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