

# A Systematic Review: Models of Antenatal Care for Indigenous Women Living in Rural Australia

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## Introduction

For Australia's Closing the Gap Strategy to become effective, it must emphasize antenatal care, as this is a critical period when long-term health inequalities begin<sup>1</sup>. Indigenous Australian mothers experience higher rates of fetal and neonatal death, preterm delivery, low birth weight, maternal mortality, worse outcomes with gestational diabetes, and late entry to antenatal care services<sup>2-10</sup>. Australia's current antenatal care models are failing Indigenous mother's and their babies, with devastating flow on effects for Aboriginal communities.

## Methodology

Included:

- Studies with specific forms of antenatal care service delivery
- Setting: rural and remote Australia, New Zealand and Canada

Excluded:

- Studies on general health screening and post-natal care Research from developing countries
- Non-Indigenous participants

Database searches identified 570 articles published in English after 2000. Title and abstract screening assessed articles for relevance using formal inclusion and exclusion criteria. After screening for relevance, 53 articles remained and were critically appraised for methodological rigor, with formal appraisal tools from the Joanna Briggs Institute. Relevance and quality assessment identified 29 final articles for inclusion.

## Objective

To identify which features of antenatal models promote better outcomes among Indigenous pregnant women living in rural areas of Australia.



## Findings

Figure 1: Findings from systematic review

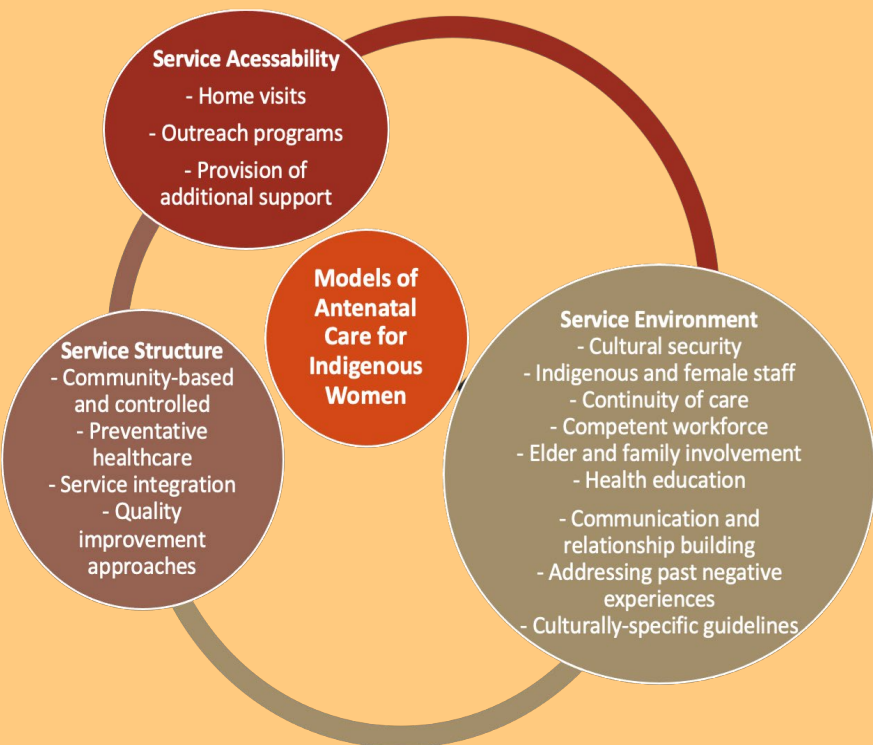


Figure 2: The 16 components a model of antenatal care should include to optimise antenatal healthcare delivery to Indigenous women living rurally.

### 1. Community connection and control

Community based programs enable delivery of culturally appropriate care. This can be in the form of community consultation to establish local programs and collaboration with Aboriginal leaders. Community based models resulted in higher patient satisfaction, increased antenatal care visits and adherence to antenatal guidelines. Birthing in remote communities can be safe and improve outcomes when compared to evacuation to a metropolitan hospital in low-risk pregnancies. This would be more culturally appropriate and increase positive birthing experiences in lower risk pregnant women, compared to the current evacuation policy.

### 2. Communication and information

Healthcare workers expressed difficulty explaining health concepts to women due to language barriers and a lack of standardised training regarding antenatal screening. This led to confusion and lack of confidence in explaining biomedical concepts to pregnant women.

### 3. Culturally appropriate care

Lack of cross-cultural knowledge was found to be a barrier to better service delivery. Cultural safety can be improved through:

- Legitimation and respect for Aboriginal culture, knowledge and skills
- Development of culturally appropriate resources for health education and promotion
- Education and feedback provision for healthcare workers
- Inclusion of more female Indigenous healthcare workers

### 4. Coordination and continuity of care

A multidisciplinary model of antenatal care with continuity of carer was associated with better outcomes. A midwifery led multidisciplinary model of antenatal care resulted in earlier and increased presentations for antenatal care, as well as increased screening compared to a standard hospital-led model. Studies also recommended inclusion of an Aboriginal Health Care Worker in the multidisciplinary team and quality improvement approaches.

### 5. Lack of support

Being evacuated alone and the lack of support during their labour negatively affected remote dwelling Indigenous women's birthing experience. Also, families often bear the financial burden of providing an in-person support system to the labouring women.