Midwifery continuity of care for remote women: the central Australian experience

Raelene Carroll¹, Bernadette Lack¹
¹Midwifery Group Practice, Alice Springs Hospital

International and national research, including a recent Cochrane review, has shown that midwife-led care is a model of maternity care that should be recommended for the majority of women as it associated with good outcomes for mother and baby. The ‘Midwifery Group Practice’ (MGP) is a midwife-led model of maternity care in Alice Springs. It commenced in March 2009 with the aim of achieving these outcomes as well as rebuilding maternity services in the bush. Changes have been implemented over the past three-and-a-half years to ensure its success and sustainability. The program is committed to working towards closing the gap in maternal health, especially in a rural and remote context. The MGP consists of eight midwives who work in conjunction with obstetric and medical staff at Alice Springs Hospital, Remote Health and Health Development. The MGP caters for approximately 280 women per year.

The presentation will commence with a detailed explanation of the MGP and how it works as part of a multidisciplinary Central Australian team. Forty per cent of the MGP clients are Aboriginal women from remote communities, many of whom have co-morbidities such as rheumatic heart disease, hypertension and diabetes. The MGP midwives work in consultation with: town and remote obstetricians; remote area nurses and midwives; remote outreach midwives; alcohol and other drugs officers; smoking cessation officers; diabetes educators; dieticians; social workers; preventative chronic disease nurses; women’s health educators; Aboriginal health workers and Aboriginal liaison officers. This multidisciplinary team works across Central Australia to provide each woman with the most comprehensive, safe and appropriate maternity care, regardless of their risk status. The challenge of coordinating and supporting such a wide team and often very complex women will be discussed.

Six hundred and fifty women have so far received care through the MGP. The outcomes of these women will be presented at the Conference. The presentation will also include a new initiative to commence a MGP in Tennant Creek with the aim of returning birth services to the area and eventually other large remote communities.

Midwifery continuity of care has been shown to have benefits in large trials. Our experience will add to the body of knowledge about this model in a specific context and community.