EVIDENCE FROM MANY STUDIES DEMONSTRATES THAT MORE FREQUENT ANTENATAL VISITS LEAD TO BETTER PREGNANCY OUTCOMES. ABORIGINAL WOMEN DO NOT ATTEND THEIR PREGNANCY CARE AS OFTEN AS NON-ABORIGINAL WOMEN, AND IMPROVING ACCESS TO ANTENATAL CARE IN ABORIGINAL COMMUNITIES HAS BEEN SHOWN TO DECREASE THE RATES OF PRETERM BIRTH, LOW BIRTH WEIGHT AND NEONATAL MORTALITY. NEW INITIATIVES TO IMPROVE MATERNITY CARE TAILORED TO THE NEEDS OF ABORIGINAL WOMEN ARE BEING INTRODUCED AND EVALUATED.

The aim of this project is to: Assess the economic implications of poor access to antenatal care in rural and remote Aboriginal communities; to evaluate pregnancy outcomes and resources used in the delivery of pregnancy care in rural and remote Western Australia for the traditional maternity care and community-based midwifery lead model; and to evaluate the pregnancy outcomes and their regional variations for Aboriginal women in Western Australia.

We evaluated pregnancy outcomes and the cost of pregnancy care, associated with either poor or adequate access to antenatal care, and with either standard or midwifery-augmented antenatal care, by simulating two large hypothetical pregnancy cohorts where antenatal complications and pregnancy outcomes were influenced by the maternal characteristics, current gestational age and events in pregnancy. Our simulated pregnancy cohorts closely resembled the pregnancy outcomes observed in Western Australian Aboriginal non-metropolitan women, and it accurately reflected pregnancy outcomes overall, and within each region of Western Australia. These hypothetical pregnancy cohorts were used to estimate pregnancy outcomes and their associated costs for both comparisons, poor or adequate care, irrespective of the model of maternity care, and for the standard or augmented model of maternity care.

Poor access to maternity care is associated with a considerable increase in the average cost of pregnancy care. The introduction of additional elements of maternity care that improve antenatal attendance, such as assistance by the Aboriginal Health Workers or Midwives, leads to improvements in pregnancy outcomes at small or negligible additional cost. These improvements can be achieved because the increased frequency of antenatal visits provide more opportunity to identify and treat pregnancy problems and thereby reducing the likelihood of a baby being born prematurely or having low birthweight.

Our assessment of the economic consequences of poor access to antenatal care demonstrates that policies to improve access to care are likely to be cost-effective and lead to improved pregnancy outcomes. Our evaluation method which uses data modelling techniques to generate a hypothetical pregnancy cohort, permits investigation into the balance of risks and benefits of the alternative models of maternity care without actual real time implementation. Data collection in an actual pregnancy cohort under the proposed alternative model of care would be costly and require a long time to implement.