

Achieving Better Health with Aboriginal Health Workers

Research overview

Aboriginal women and babies experience poorer perinatal outcomes than their non-Aboriginal counterparts. Aboriginal women are often at high risk of pregnancy complications and require specialist obstetric care available only in tertiary hospitals like King Edward Memorial Hospital (KEMH) in Perth; the sole tertiary hospital in Western Australia. National strategies to improve pregnancy outcomes for Aboriginal mothers and their babies emphasise access to primary maternity care often provided with the support of the Aboriginal Health Workers. The benefits of the provision of pregnancy care with the support of Aboriginal Health Workers in the mainstream hospital setting are unknown, as Aboriginal Health Workers are currently not involved in the provision of care at tertiary hospitals.

Our study a 'Better Health with Aboriginal Health Workers Study' is currently being conducted at KEMH. This is a NHMRC funded study that aims to introduce Aboriginal Health Workers at KEMH to improve health outcomes for Aboriginal mothers and their babies. The

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study commenced in August 2012 and will be concluded in December 2015.

The study aims to assess the benefits of pregnancy care supported by Aboriginal Health Workers and to determine the best way for this introduction. This has been done by comparing standard tertiary care provided before the introduction of Aboriginal Health Workers with the level of tertiary care supplemented by the introduction of Aborginal Health Workers. We hypothesise that the introduction of Aboriginal Health Workers into tertiary care will result in improved access, engagement, quality and satisfication of care, as well as providing a culturally safe journey for the women.

All Aboriginal women attending their antenatal care before the Aboriginal Health Workers were present at KEMH, and the majority of the Aboriginal women who receive pregnancy care with the support of Aboriginal Health Workers, have been already recruited into this study. Since their introduction in January 2014, Aboriginal Health Workers have continued to work closely with midwives, provide support in antenatal clinics, in the postanatal wards, and support Aboriginal women relocated to Perth from rural and remote locations for a prolonged antenatal period. They also support the women whose babies were admitted to the special care nurseries.





At least half of the women recruited into the study are transferred from rural or remote areas of WA. These women often find the Hospital to be an unfamiliar place and Aboriginal Health Workers are instrumental in supporting these women during their stay in on-site accommodation.

We are finding that the Aboriginal Health Worker role differs from the role that was anticipated before they began providing support Aboriginal women. As the study continues, the Aboriginal Health Worker role is still evolving, and we look forward to our final conclusions once all data is collected and analysed.





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