Submission to the Royal Commission into Family Violence

Introduction

Who we are?

Echuca Regional Health (ERH) is a public hospital located on the Victorian/New South Wales border approximately two and a half hours north of Melbourne. The hospital provides a range of services including acute, emergency, primary care, aged care, and community health to an estimated 44,269 people per year within the Campaspe and Murray Shires and surrounding districts.

The Enhanced Maternity Care Program (EMCP) is a unique program which integrates midwifery and social services to promote an innovative model of best practice for maternity patients. Operating collaboratively from a multidisciplinary perspective, the program aims to improve outcomes for maternity clients and their families through the identification and management of predetermined risk factors including family violence.

Echuca Regional Health and the Enhanced Maternity Care Program welcome the opportunity to comment on this important issue.

Overview

Established in September 2011, the Enhanced Maternity Care Program aims to identify socially and/or medically at risk pregnancies with the express purpose of providing early intervention to promote improved outcomes for mothers, babies and families. The program liaises directly with a number of internal and external agencies to offer, manage and co-ordinate services for women during the antenatal, intra partum and postnatal periods.

The Enhanced Maternity Care Program is coordinated by a qualified Integrated Family Services Worker and a certified Midwife. The dichotomy within the staffing of the Enhanced Maternity Care Program model enhances engagement opportunities with the target cohort – those pregnant women identified as being at risk or as socially vulnerable.

Identification of Gaps

Emergency presentations - consultation with the Accident and Emergency Department of ERH identified an increase in presentation of pregnant women and mothers with very young babies for non-medical support and advice. On further examination of the data, the Enhanced Maternity Care Program target cohort contributed significantly to this increase. Accident and Emergency staff noted antenatal, postnatal and neonatal presentations common, with reassurance being the most common treatment required.

Booking in process - Women are advised to book in for birth at ERH between 12 and 20 weeks gestation. It was identified that the booking in process of women to birth at Echuca Regional Health, often failed to identify women with social issues including those with a history of family violence. This was despite the known community prevalence and the availability of a Birthing Outcomes System (BOS) with the capacity to identify domestic violence through designated domestic violence questioning. Any subsequent disclosures occurred at admission or throughout the hospitalization

period. Although positive, resultant disclosures left ward staff feeling unprepared and anxious and often lead to safety concerns for the mother and baby, staff and other patients.

Unborn notifications- The maternity ward identified that they were in receipt of increasing numbers of Department of Health and Human Services unborn notifications. Unborn notifications often identified women residing within the catchment area who were at risk of significant family violence. Cross referencing of the Department of Health and Human Services information against the hospital data base identified a number of these women were either not booked in to birth at the hospital, or had booked in without disclosure.

Initiatives

The Enhanced Maternity Care Program addresses family violence, along with a number of mitigating social factors, including mental health issues, drug and alcohol concerns, historical abuse, financial burdens, housing issues , and the involvement of Department of Health and Human Services as having significant negative impact upon a woman's social wellbeing, pregnancy and birth outcomes.

Referral to the EMCP is received from a number of sources including General Practitioners, midwife clinic's (Echuca Regional Health and Rich River Health Group), Njernda Aboriginal Medical Service, ERH midwives, ERH booking-in midwife, Family Services and Alcohol & Other Drug staff. Client engagement is established by the EMCP coordinator based on priority; referrals are prioritized according to perceived risk and estimated due date.

Service delivery information is provided and a primary risk assessment is completed on initial contact. Consent is obtained from the client, allowing the sharing of information between identified service providers. Following the initial appointment a management care plan is formulated, including referrals to both internal and external agencies dependent upon the issues identified. The management plan, along with any subsequent client contacts are documented within BOS and a printout is placed within the clients paper file located on the maternity ward. This ensures management plan and any associated orders are easily accessible by staff at the point of admission. Written notification is sent to the client's antenatal GP, advising of EMCP involvement.

Where required, one on one support is offered in form of individual counselling sessions with the Social Services coordinator. The aim is to provide resources and education surrounding cycle of violence, implications and risk of violence and to develop safety planning for both the home and hospital environments. The midwife coordinator offers individual ante natal birth education to clients, as many women who have or are currently experiencing family violence do not feel comfortable in attending group sessions.

Where applicable safety planning will include perpetrator of violence, however this is assessed on a case by case basis and is dependent upon the individual needs and wishes of the client. Where there is limited safety planning or current Intervention / Apprehended Violence Orders the client is assessed high risk. Clients assessed as high risk to either themselves, staff or other patients and visitors of ERH will have a social emergency plan formulated to further manage the specific security concerns. This plan involves clear communication and documentation of an inpatient safety plan between the EMCP, maternity ward, hospital executive and security staff.

Parent interaction sheets have been developed as part of the program. This document provides an accurate record of parenting skills and behavior whilst the client remains an inpatient. Nursing staff document the client's behaviour towards her infant, along with the presentation and interaction with any visitors including partners /father of baby across each shift. Post birth, clients are seen on ward by one or both EMCP coordinators to assess general wellbeing, for the completion of post birth debriefing and the commencement of discharge planning. Discharge planning is informed by the evidence derived from the parent interaction sheets, ward consultations, client self-reporting, and assessment of safety and individual needs. Clients assessed as high risk at discharge are booked to see the EMCP coordinators for a two week postnatal appointment. Where necessary, EMCP staff will liaise with or report to Department of Health and Human Services Child Protection.

Multidisciplinary meetings are held monthly; this promotes a collaborative client centered approach for the care of high risk pregnancies and includes both internal and external service representation. Internal service representation includes maternity, Social Services staff, the Aboriginal Liaison Officer, and one of the EMCP clinic GP obstetricians. External contributors, includes Department of Health and Human Services Community Based Child Protection Worker (Vic), Department of Children's Services (NSW), District Maternal and Child Health Nurses (Campaspe and Murray Shires), Victorian Aboriginal Child Care Agency (VACCA) and Njernda Aboriginal Medical Centre staff encompassing midwives, Maternal and Child Health Nurses and Family Services staff.

As a compliment to the existing program, an obstetric medical clinic staffed by the EMCP midwife and a GP obstetrician offers bulk billed routine antenatal and postnatal care. This model of care provides options for vulnerable women to access antenatal care without cost. Additionally, medical consultations provide supplementary information relevant to the client care plan. Those who have attended the obstetric antenatal clinic return for the standard 6-8 week postnatal check of mother and baby.

Barriers

Funding limitations-The Enhanced Maternity Care Program is currently funded purely through the support of ERH. There are no government funds that are allocated specifically to this project.

Community GP obstetricians – comparatively the Echuca Moama region has a high ratio of GP obstetricians providing obstetric care to patients at ERH. However, despite program information being distributed to clinics the program receives relatively few referrals from this source. Gaining wider support from the obstetric medical staff base would ensure further identification of women at risk.

Education- Historically, education relating to family violence has been service specific however; all hospital staff that liaise with at risk women at any point within the hospital system require ongoing support and education. Increased staff awareness both specific to family violence, and the implications of social issues upon pregnant women and their families will ensure improved outcomes.

Large geographical area-Servicing both sides of the Victorian and NSW border results in unique cross border issues, particularly in reference to court issued violence orders and child protection

involvement. Post discharge care planning increases in complexity when cross boarder services are required, due to a number of existing constraints.

Evaluation

In a Retrospective Clinical Audit of the Enhanced Maternity Care Program outcomes conducted in 2014 by Melbourne University, two significant findings arose. Data evidenced significant reductions in the overall rate of obstetric complications from 17.1% to 5.9% for Enhanced Maternity Care Program clients compared to a matched sample of women. Furthermore, one minute APGAR scores of EMCP babies were higher, and the rates of birth trauma amongst the EMCP cohort reduced significantly from 21.9% to 11.8%. These findings indicate significant medical benefits for clients engaged on the Enhanced Maternity Care Program. It should be noted that 25% of births (based on 2015 YTD data) in the EMCP program are for indigenous babies, for whom these improved medical outcomes are particularly noteworthy.

Further, referral numbers indicate a greater number of clients are being identified with family violence (see Table 1). This evidences the value of the identification processes for risk pertinent to family violence implemented through the EMCP. Awareness of clients with current and historical family violence provides the opportunity to effectively plan and support clients and staff through high risk pregnancies

Table 1

Enhanced Maternity Care Program Domestic Violence Birthing Status

Year	Number of EMCP Births	Number of EMCP Births with Identified Family Violence	Percentage of clients with Identified Family Violence
2012	44	9	20.4%
2013	57	10	17.5%
2014	63	13	20.6%
2015	26	12	46.2%

Note: Figures for 2015 are to the end of April

Benefits

Echuca Regional Health believes the Enhanced Maternity Care Program results in substantial benefits for pregnant women and their unborn children as a direct result of early intervention, case coordination and planning throughout the pregnancy spectrum. A reduction in both perceived and actual violence on ward has been observed. Consultation with both women who are experiencing family violence and nursing staff similarly report decreased anxiety and increased levels of support relevant to the management of challenges associated with family violence when engaged in the program.

The collaborative profile of the program serves to enhance outcomes for women and families through extensive secondary professional consultations to ensure awareness across the domains relevant to the client's individual circumstances. External agencies engaged with the program report being well informed and supported. In particular, Maternal and Child Health Services are informed of

risks and safety planning prior to their engagement with the client resultant in more cohesive and effective post discharge care mothers and babies.