
Community Maternity Hubs

Initiative Type

Framework

Model of Care

Status

Deliver

Added

28 August 2019

Last updated

17 January 2021

URL

<https://clinicalexcellence.qld.gov.au/improvement-exchange/community-maternity-hubs>

Summary

The Community Maternity Model has been co-designed with community grounding and wholistic wrap around social service support, building on place-based care. This project targets vulnerable groups within the community and is tackling intergenerational disadvantage with a whole of

community strategy to create the best opportunity for mothers and newborns, improving the social determinants of health and community outcomes. The project has successfully navigated healthcare system challenges to deliver change, improvement and innovation in the health service and has presented at the Clinical Excellence Queensland Showcase 2019.

Key dates

Jan 2018

Partnerships

Griffith University, Health Consumers Qld, Maternity Choices, Logan Together, Access Gateway, Browns Plains Benevolent Society, Waterford West Aboriginal & Torres Islander Community Health Services, Queensland Nurses & Midwives union, Hosanna Logan City

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Aim

Improve access and uptake of care for vulnerable women and families not accessing care at Logan Hospital. Improve antenatal clinic attendance of vulnerable women to >5 visits. Target cohort:

- Aboriginal and Torres Strait Islander women.
- Maori and Pacific Island women.
- Young parents 18 years and under.
- Refugee and migrant women.
- Women with significant social risk.

Benefits

- Choice, control, relationship-based continuity and compassion.
- Universal access to caseload midwifery care in the community during pregnancy, birth and the postnatal period up until at least 6 weeks, with seamless handover to child health services.
- Enabling decision making for women through respectful provision of evidence based information and options.
- Provision of soft entry and wrap around services starting in pregnancy (e.g. housing, education, domestic and family violence supports and other services as needed, via existing community organisations).
- Multi-disciplinary support with maternal and child health service providers (e.g. obstetricians, child health, GPs, midwives, allied health and community providers).

Background

The first 1000 days of life, commencing in pregnancy, are critical to long-term health and wellbeing. Poor health outcomes at the start to life manifest in chronic disease with long term costs for individuals, families and health systems. Long and short- term outcomes for mothers and babies can improve where there is early uptake of antenatal care and continuity of care with concomitant wrap around services. New approaches are needed.

Solutions Implemented

This model delivers care through the Lancet Series Framework for Quality Maternal and Newborn Care. Still in the implementation phase we have encouraging outcomes. Care is provided at four sites to and over 550 women and babies have been cared for in this model since early 2018 and we expect approximately 900 to 1000 women per year to benefit from this model moving forward into

2019 / 2020. Outcomes achieved so far include less caesarean section compared to standard care (10 per cent), improvement for closing the Gap performance indicators of reduction in smoking and smoking cessation 15 per cent to 63 per cent. Improvement in uptake of antenatal visits for our vulnerable women (< 4 visit 7.1 per cent to 4 per cent).

References

Sandall et al (2016)
Renfrew et al (2014)

Further Reading

[Lancet framework for quality maternal and newborn care](#)

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