
Culturally safe pregnancy options

Initiative Type

Education and Training

Status

Deliver

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<https://clinicaexcellence.qld.gov.au/improvement-exchange/culturally-safe-pregnancy-options>

Summary

This project empowers the First Nations health worker workforce across Queensland to become informed and confidently support a person through all pregnancy options, including abortion.

Project participants from Cairns HHS's Sexual Health Service travel into remote Indigenous communities across North Queensland and run separate training sessions for clinical and non-clinical

staff on the intersection of pregnancy options and culture. The workshops guide participants through the process of 'starting difficult conversations,' then go on to explore the role played by 'options safe people' in each respective community. The workshops foster an all-of-team approach in improving access to essential reproductive health care like contraception and abortion for all people of Queensland.

Key dates

Jul 2023

Jul 2024

Implementation sites

Torres and Cape HHS

Partnerships

AICCHOs across Far North Qld and Qld health facilities within Torres and Cape, North West, Cairns and Hinterland and Townsville health services

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Aim

The project sought to understand what culturally safe pregnancy options care entails. More specifically, the aim was to build confidence and courage in staff to discuss pregnancy options to improve access and client safety within rural and remote Queensland.

Benefits

Outcomes

- Over 12 months, the project has reached 91 health workers and 149 clinical staff across 19 sites within four health services.
- A total of 23 health workers have identified they would like to be options safe people. This is a dramatic increase from two at the beginning of 2023.
- Delivery of training sessions by all three team members is well received and provides comprehensive clinical and cultural education.
- Clinical staff are making way and exploring how to collaborate with Indigenous health workforce within the clinical setting to facilitate safe and timely reproductive health care access.
- There continues to be a demand for more education, support to become MToP providers and professional networking opportunities like the Queensland Community of Practice.
- Language use. As a result of workshop feedback, the term 'champions' has been replaced by 'safe person' to describe the pregnancy options health worker role. This resulted from health workers commenting on a perceived pressure to have achieved excellence in options knowledge to be a champion. The term safe person is more inclusive, accessible, and better describes the expectations of the role.
- Feedback from health worker participants shows the need for further definition of the safe person role- role description, training opportunities and guidelines for practice.

Background

Across Australia there is a need for community-led, community-based and culturally appropriate sexual and reproductive health information and/or services that enhance sexual health literacy and reproductive choice for all priority populations.

Solutions Implemented

The core of the project has been around 'starting difficult conversations' and has sought expressions of interest from workshop participants to become 'safe people' in the provision of ToP care. 23 participants have accepted the invitation to attend ongoing training and further develop the safe person role in their community. Health workers across all sites express their concerns that after opening up this important conversation there will be no ongoing support or further development of the safe person role. The project members have developed an online peer support network to provide ongoing support for identified safe people.

Evaluation and Results

Health Worker evaluation findings:

- 69 % of health worker participants identify as Aboriginal
- 31 % of health worker participants identify as Torres Strait Islander
- 78 % identify as female
- 22% identify as male
- 50 % of workshop participants want to become a safe person
- There was no expression of uncertainty about becoming a safe person
- An increase in the number of Torres Strait Islander health workers engaging with the project This is partly explained by location and our visit to the Torres Strait where there is obviously a higher proportion of people who identify as Torres Strait Islander. This difference has, however, also been visible in sessions run in other regions across all health services. Previous conversations pointed towards added levels of complexity and hesitation for Torres Strait Islander people to discuss pregnancy options, compared to Aboriginal people. This was attributed to religious reasons. Our engagement over the last 6 months has overturned this notion.
- Similarly, there has been an increase in male participation in the project This has been evidenced across all sessions, in all locations whereby men are not only attending training, but very actively participating in group discussions. The Bamaga team exemplifies this, whereby a male health worker is taking the lead on developing the options safe person role in their community. He is supporting a further six health workers to increase their knowledge and confidence in providing pregnancy options care.
- There was also an 80% increase in the number of health workers accepting the invitation to become options safe people (from 28% to 50% of workshop participants).

Nursing evaluation summary

- Doctors, nurses, midwives, nurse practitioners, psychologists, psychiatrists, social workers and nutritionists were represented
- 70 % of participants want further training
- Less than 1% of participants are currently MS 2 step prescribers
- 43 % would like to become prescribers (particular interest from RFDS staff)
- 50% of participants joined the CoP. This includes the five health workers who attended Stage

2.2, the champions workshop. Preliminary comparison to Stage 1 findings show:

- A 55% increase in the number of participants in the clinical training sessions
- Continued uptake of CoP membership
- Stage 2 areas visited contained even fewer current MToP providers than stage 1 communities
- Registered nurses and midwives are wanting to become MToP providers in line with legislative changes to prescribing

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