Welcome to the MARCH 2015 issue of AMSSU newsletter.

Firstly I’d like to acknowledge the efforts of the team over the last six months of 2014 who worked tirelessly to keep the Unit running during staff shortages whilst still achieving AMSSU goals. This is reflected by the feedback on our recent AHIU Report noting AMSSU as achieving excellent progress. In saying that, we could not have done that without organisational support and support from many of our stakeholders in the maternal and child health sector.

I’m happy to announce that the State-wide Coordinator and Clinical Midwifery Consultant positions have been filled. You will read more about who they are and what they bring to the team in this newsletter.

Obviously with our full team we are able to increase activity within the unit which will allow us to provide more in terms of workforce development and support.

We will be delivering three (3) Learning Package workshops over the next few months in the Goldfields, to the Specialist Aboriginal Mental Health Service and to the Aboriginal Health Council WA.

Our health promotion program has seen the partnership between AMSSU and Curtin University deliver the short course in a region for the first time, in Broome, to the maternal and child health sector at their request. The course will also be delivered to the Derbarl Yerrigan Health Service maternal and extended programs workforce in May.

What is also exciting is the delivery of the Keeping Baby Safe Train the Trainer Program in the Pilbara and in Perth. The program was developed by SIDS and Kids on behalf of AMSSU. In the meantime read on to hear about what we have been doing in the last three months.

Denese Griffin, AMSSU Manager
AMSSU Aboriginal Maternal and Infant Health Reference Group

The AMSSU Aboriginal Maternal and Infant Health Reference Group met on the 12 February 2015. Members presented an update on their services.

Janinne Gliddon, Senior Aboriginal Health Promotion Officer invited the Reference Group to be part of King Edward Memorial Hospital Centenary 100 years sub-committee for celebration on the 6 July 2016. Their focus will be on the Aboriginal component and an acknowledgement of the significance of KEMH as a birthplace for Aboriginal families. The Mental Health Commission has released the 10 year plan for consultation. The Reference Group have been invited to part of the consultation group on perinatal mental health.

The next AMSSU Aboriginal Maternal and Infant Health Reference Group meeting will be held in June 2015.

Aboriginal Maternal and Child Health Aboriginal Leadership Program

The Aboriginal Maternal, Child and Women’s Health Aboriginal Leadership Group forum was held at the Health Consumer Council on the 23 March 2015.

Laura Elkin, Health Consumer Council presented on Client Advocacy. The group gave updates on their projects and Community Events. An evaluation was completed by members before the forum closed. The next meeting will be held in June 2015.

NEW STAFF

AMSSU would like to welcome Rachael Giaccari, Statewide Coordinator and Assimina Di Lollo Clinical Midwifery Consultant to the Unit.

Clinical State-wide Coordinator

Rachael Giaccari has recently moved from the Eastern States to take up her position as AMSSU State-wide Coordinator which commenced in January 2015. Rachael has worked across various parts of the health system – from delivering clinical health services to regional communities as a Clinical Dietitian to designing and implementing health policy and programs at national and state levels, particularly in eHealth and Aboriginal Health. The State-wide Coordinator is working in partnership with the Aboriginal Health Council WA under an MOU agreement with WNHS. Over the next few months Rachael will undertake a review of the strengths and needs of Aboriginal Community Controlled Health Service (ACCHS) maternal and child health programs.
Clinical Midwifery Consultant

Assimina Di Lollo is a Registered Nurse and Midwife who has recently completed a Graduate Certificate in Midwifery through Flinders University. Assimina has worked predominantly in the Southwest of WA for many years as a Clinical Midwife and worked as a project officer for Boodjari Yorgas in the Southwest. Assimina has recently joined the Unit as the Clinical Midwifery Consultant. A large focus of Assimina’s role over the coming months will be to lead workforce development and training initiatives.

EVENTS

The Aboriginal Maternal and Child Health Conference

The Aboriginal Maternity Services Support Unit and the Child and Adolescent Health Service, Aboriginal Child Health Team invite you to join them at the third Aboriginal Maternal and Child Health Conference, to be held at the Novotel Perth Langley Hotel, Perth on 13th and 14th May 2015.

The conference is an opportunity for those who work with Aboriginal families to share outcomes about the successes and the challenges in closing the gap in Aboriginal maternal and child health. Hear about what works from the people who are “on the ground” and celebrate the positive achievements in improving health outcomes for Aboriginal families.

The following keynote speakers will be presenting at the conference:

Dr Marilyn Clarke, Dr Tamara MacKean, Professor Karen Zwi, Professor John Newnham and Maureen Hutchinson.

A pre conference Aboriginal Health Workforce Workshop will be held on the 12th May 2015 to discuss the challenges, the solutions and highlighting achievements and outcomes

Please contact amssu@health.wa.gov.au for further details.

Moort Boodjari Mia (MBM) launched new logo

On the 29th January 2015 Moort Boodjari Mia (MBM) launched its new logo designed by a past client, Noongar woman Kylie Graham. The launch was held at the Midland clinic and included a welcome to country and smoking ceremony by Noongar Elder Ms Marie Taylor. Kylie Graham shared her thoughts on receiving maternity care from the service and...
Cheryl Hayward, Director Aboriginal Health NMHS, officially launched the new logo.

MBM attended a number of NAIDOC events during NAIDOC week 2014 where 171 community members voted on the logo they felt would best represent the service, choosing from 3 designs provided by Ms Graham. There were 81 votes for the chosen logo which depicts a mother nurturing and protecting her baby in the womb.

The event was well attended with over 50 people from the Aboriginal community, MBM clients, government and non-government agencies. Our newest baby born on the program attended at only 6 days of age.

**Improved Moort Boodjari Mia 100th baby story**

Moort Boodjari Mia (MBM) is an Aboriginal Maternity Group Practice, which provides culturally safe, secure and confidential antenatal and postnatal care for pregnant Aboriginal women living in Perth north metropolitan suburbs. The service is staffed by Aboriginal liaison grandmothers, Aboriginal health liaison officers, midwives and a coordinator and is based in the community with clinics located in Midland and Mirrabooka.

The program has had an exciting 12 months, registering its 150th client in October 2014 and celebrating its 100th baby born on the program in August 2014. MBM were runners up in the 2014 National Lead Clinicians Group Awards for Excellence in Innovative Implementation of Clinical Practice in June 2014 and become an accredited service as part of Public Health and Ambulatory Care Services for NMHS in May 2014.

**Improved neonatal outcomes in an Aboriginal Maternity Group Practice Program (AMGPP)**

The Aboriginal Maternity Group Practice (AMGPP) commenced in 2011 and employed Aboriginal Health Officers, Aboriginal Grandmothers and midwives to work in pre-existing maternity services in five health districts in south metropolitan Perth. This study aimed to identify whether the AMGPP met key program objectives including improving access to local pre-existing services and providing a culturally competent service and whether neonatal health outcomes improved as a result of participation in the program. The study has shown evidence that the AMGPP is providing culturally appropriate maternal and infant care and has achieved significant improvements in health outcomes for Aboriginal women and their babies in south metropolitan Perth.

**Women and Newborn Drug and Alcohol Service (WANDAS)**

WANDAS are now running weekly Post Natal Follow-up Clinics for babies and mothers post delivery. The team review the babies up to 3 months post partum.

WANDAS also has a new Website for information so please review [www.WANDAS website@health.wa.gov.au](http://www.WANDAS website@health.wa.gov.au)
CLOSE THE GAP

Close the Gap - a national campaign to help close the health and life expectancy gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians within a generation. Indigenous Australians can expect to live 10-17 years less than other Australians. Babies born to Aboriginal mothers die at more than twice the rate of other Australian babies, and Aboriginal and Torres Strait Islander people experience higher rates of preventable illness. The Close the Gap campaign has achieved a tremendous amount since its launch and in 2006.

These outcomes include:

- commitment by government and all major political parties to take action through the formal signing of the Statement of Intent
- allocation of additional health funding through COAG; and
- a stated intention to work in partnership with Indigenous health organisations and communities.

Women and Newborn Health Service had a signing of the pledge on the 19th March outside the WIRF Café to support and make sure that by 2030, Aboriginal or Torres Strait Islander child born in this country have the same opportunity as other Australian children to live a long, healthy and happy life.

COMMUNITY EVENTS

Close the Gap Moorditj Moort Festival

To celebrate Close the Gap Day the Aboriginal Health Council of WA held a Community Fun Day at Wellington Square Park on Friday the 13th March. The event was a fun way of supporting the community to make healthy choices for themselves and their families. The event had a host of activities on offer including a free healthy lunch, family entertainment, a bouncy castle obstacle course, community information stalls and healthy lifestyle giveaways.

The event also facilitated a Community Volleyball competition for both service providers and community members.

The Aboriginal Maternity Services Support Unit held a display at the event which was well received.
WORKFORCE DEVELOPMENT

Health Promotion Short Course

The AMSSU partnered once again with Curtin University to deliver a five-day Health Promotion Short Course and Follow-Up Course to a mix of health workers from across the Kimberley region including maternal and child health service providers. The course was delivered between 23-27 March in Broome.

Maxine Charlie Performed Welcome to Country.

Participants worked through the process of planning, implementing and evaluating a health promotion program by designing project plans in groups.

The project plans, which were delivered as a presentation by each group with their supervisors in attendance, included topics on childhood diabetes, skin infections, low birth weight and iron deficiency.

Guest speakers were Jenna Cowie and Melanie Howard from Kimberley Population Health Unit who presented on the “Incredible Edible Broome” showing the community what to plant, when to plant and sharing their food. This project has a Steering Committee, objectives, strategies and sustainability.

The fifth day of the course covered grant applications including community and partnership engagement strategies, project funding proposals and ethics. Twenty one people for rural and remote attended the course.

Participants complete the course with an understanding of the role and importance of health promotion, underpinned by the social determinants of health framework. The comments below highlight the positive responses from participants at the course and what they have gained from attending.

Feedback from participants

“Great to attend training in our area rather than travelling to Perth.”

“Very informative, course content great, interactive and sharing ideas with colleagues in different areas.”

For further details about the Health Promotion Short Course or for information and resources on health promotion, visit the health promotion section of the AMSSU website: http://kemh.health.wa.gov.au/services/amssu/health.htm
RESEARCH

New project to address Aboriginal maternal smoking in WA

The Aboriginal Maternity Services Support Unit, in partnership with Curtin University’s Collaboration for Evidence, Research and Impact in Public Health the Australian Indigenous HealthInfoNet, have been successful in securing a Healthway health promotion project grant to build a portal to address Aboriginal maternal smoking issues in WA.

Smoking in pregnancy increases the risk of preterm birth, miscarriage, perinatal death, low birth weight babies and Sudden Infant Death Syndrome, and can create serious growth and development issues for a child throughout their life. In 2011, almost half (45%) of Aboriginal women and 10% of non-Aboriginal women reported smoking during pregnancy in WA¹.

The online portal will provide coordinated access to information, resources, tools and training on preventing maternal smoking for those working with pregnant Aboriginal women, new mothers and their families. It will be embedded in the free to access Australian Indigenous HealthInfoNet site.

A free online yarning place will also be developed to encourage an exchange of knowledge and information between health practitioners who work in this area. Training for practitioners in how to use the portal and yarning place will be provided.

By ensuring WA health practitioners can easily access information, resources and training to support their work in reducing the rate of tobacco smoking among pregnant Aboriginal women, we can expect to see improved health outcomes for Aboriginal babies in WA.

AMSSU Manager Denese Griffin commented “this project will contribute to strategies to reduce maternal smoking rates and improve maternal and childhood health. This can be expected to flow into increases in life expectancy as noted in the recent Close the Gap Progress and Priorities Report 2015².”


Front row (l-r): Trish O’Hara, Denese Griffin, Jaime Read
Back row (l-r): Alexa Wilkins, Rachael Giacciari, Roanna Lobo

The Preventing Aboriginal Maternal Smoking WA Portal project team from the AMSSU, Curtin University and Australian Indigenous HealthInfoNet
What research is happening through the Alcohol & Pregnancy & FASD Research Group at the Telethon Kids Institute?

A survey of WA midwives was conducted in 2013 across 19 maternity sites in 7 health regions and you can read the results which were published in late 2014. Payne JM, Watkins RE, Jones HM, Reibel T, Mutch R, Wilkins A, Whitlock J, Bower C. Midwives’ knowledge, attitudes and practice about alcohol exposure and at risk of fetal alcohol spectrum disorder. BMC Pregnancy and Childbirth 2014, 14:377.


The Lililwan FASD Prevalence project has recently published their findings with respect to Fetal Alcohol Syndrome and found a high prevalence of prenatal alcohol exposure (55%) and FAS (12%). This is leading to action for management and prevention. Fitzpatrick JP, Latimer J, Carter M, Oscar J, Ferreira ML, Carmichael Olson H, et al. Prevalence of Fetal Alcohol Syndrome (FAS) in a population-based sample of children living in remote Australia: The Liliwan Project. J Paediatr Child Health. 2015;50:1-5. More papers on the outcomes of the Lililwan project, including the broader prevalence for neurodevelopmental disabilities-alcohol exposed will be published in 2015.

The Institute has recently been successful in gaining philanthropic funding to support communities in the Pilbara region to replicate some of the prevention strategies being initiated in the Fitzroy Valley. More information about this work will be available soon.

Researchers from the Alcohol & Pregnancy & FASD Research Group are currently working across the areas of prevention; diagnosis; management and therapeutic interventions; and justice. Read more about our work on our website http://alcoholpregnancy.telethonkids.org.au/

AMOSS RHD-P

A recent visit to WA by the national coordinator of the Rheumatic Heart Disease in Pregnancy (RHD-P) study highlighted the impact of this disease, and the importance of early diagnosis to avoid complications during pregnancy.

Geri Vaughan met with Denese Griffin of the AMSSU to chat about the study, which is researching the clinical pathways of pregnant women with rheumatic heart disease, using the AMOSS surveillance and research system. She was visiting King Edward Memorial Hospital to complete case note reviews for women with RHD-P, working with Professor Jan Dickinson, fetal-maternal specialist at KEMH.

“There are many paradoxes of this disease. It’s overall rare – yet there is much higher prevalence among women living in the Kimberley and Pilbara regions of WA, Northern Territory and far north Queensland”, says Geri.
Why does RHD in pregnancy matter?

It matters because we shouldn’t have RHD in the 21st century! RHD is preventable at every stage. Healthy housing and communities help prevent the Group A strep bacteria establish in a community. A rapid response and follow-up with antibiotics helps prevent rheumatic fever from spreading. Regular secondary prophylaxis (usually 3-4 weekly Bicillin injections) helps prevent recurring rheumatic fever infections (and the high risk of progression to the damaged heart valves caused by rheumatic heart disease).

Increased cardiac demands of pregnancy (including 30-50% increased blood volume) can unmask undiagnosed rheumatic heart disease (RHD) and exacerbate already diagnosed RHD. The impact of pregnancy can be particularly severe and sometimes catastrophic for women who have mechanical heart valves. Conversely, women who are diagnosed early with RHD and supported through pregnancy with multidisciplinary care and monitoring often have relatively uncomplicated births.

Yet the impact of RHD on women in pregnancy is under-researched. Most recommendations are based on studies of severe RHD in non-pregnant adults, and there are even fewer about the disease in pregnant Aboriginal and Torres Strait Islander and Māori and Pacific Islander women.

Pregnancy provides a pivotal point-in-time opportunity to raise awareness of RHD for both women and health services. The AMOSS RHD-P team is building collaborations with Aboriginal maternal health services across Australia.

AMOSS: what is it?
The NHMRC-funded RHD in pregnancy study is one of the conditions being studied within the Australasian Maternity Outcomes Surveillance System (AMOSS), a bi-national surveillance and research system of rare and severe obstetric conditions, with investigators across Australia and New Zealand, and nearly 300 sites participating.

Investigators on the AMOSS RHD-P study include Aboriginal and non-Aboriginal researchers and clinicians across maternity and cardiac care and public health. The study aligns closely with initiatives to combat RHD such as RHD Australia, RhEACH and the newly funded Centre for Research Excellence headed by Jonathan Carapetis and located at the Telethon Institute in Perth.

RHD in pregnancy: key messages

- Be aware! High-risk populations include Aboriginal and Torres Strait Islander women; Māori and Pacific Islander women; and migrants and refugees from resource-poor countries.
- Women are up to twice as likely to be diagnosed with RHD as men
- It’s important to have early diagnosis of RHD and (ideally) planned pregnancy, particularly if the woman is taking anticoagulation treatment.
- During pregnancy: early assessment, multidisciplinary care and monitoring will help prevent complications and provide safe pregnancy outcomes for mother and baby.
• **Echocardiogram** reports: include these in medical notes if women are transferred.
• Bicillin “secondary prophylaxis” during pregnancy: there is no evidence of harm to the baby. If the woman is prescribed these 3-4 weekly injections, check that she doesn’t miss a dose.
• **Anticoagulation in pregnancy** – see the [Australian guideline](#) for important information about anticoagulation treatment during pregnancy.
• **Early treatment and collaborative care promotes a safe pregnancy with healthy mum and baby.**

**Find out more**
- [www.rhdaustralia.org.au](http://www.rhdaustralia.org.au) – a wealth of resources on rheumatic fever and rheumatic heart disease, including educational modules, phone apps, and other useful links
- [www.rheach.org](http://www.rheach.org) RhEACH is a collaborative global initiative for the global control of rheumatic fever and rheumatic heart disease.

**PUBLICATION**

**New Report: Close the Gap Priorities and Progress 2015**

The Close the Gap Campaign Steering Committee for Indigenous Health Equality has released its annual Progress and Priorities Report alongside the Prime Minister’s Report. The report assesses the progress made by the Australian Government under the *Closing the gap* strategy, with a focus on health outcomes, developments in policy and pathways for positive change.

Some of the findings in the report related to maternal and child health include:

- **Australian governments are on track to meet COAG’s target to halve the gap in child death rates by 2018.** However, the death rate for Aboriginal and Torres Strait Islander (ATSI) children is still more than double the rate for non-Indigenous children.

- **Between 2000 and 2011 there was a statistically significant decrease in the low birth weight rate among live born singleton babies of ATSI mothers,** with the rate declining by 9% over the period. Therefore, over this period, there was a small but statistically significant narrowing of the birth weight gap.

- **In 2001-2011, in NSW, South Australia and Queensland,** there was a statistically significant increase in the rate of ATSI mothers attending at least one antenatal care session during pregnancy.

- **Between 2005 and 2011,** there was a statistically significant 6% decline in ATSI mothers who smoked during pregnancy, but a much greater drop of 25% among non-Indigenous mothers. Therefore the gap increased significantly.


Please forward AMSSU your “Good News Story” or an update on your service for our next newsletter. Email: amssu@health.wa.gov.au