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Implementation of a midwifery group practice continuity of care model for aboriginal and Torres strait islander women and their families at the royal Brisbane and women's hospital, Brisbane, Australia

Janine Farquharson

Royal Brisbane and Women's Hospital, Australia

The Ngarrama Royal Midwifery Group Practice (NRMGP) was introduced to provide continuity of care/r for Aboriginal and Torres Strait Islander (A&TSI) women throughout the continuum of pregnancy, irrespective of their pregnancy risk. The aim of this initiative is to improve the health outcomes of this group of women, their babies and their families. This is in keeping with the government initiative to close the gap in health outcomes of Aboriginal and / or Torres Strait Islander women and their families (Closing the Gap: National Partnership Agreement on Indigenous early Childhood Development). In April 2011 the Royal Brisbane and Women's Hospital (RBWH) Aboriginal and Torres Strait Islander Maternity Service commenced providing antenatal and postnatal care only. A combination of client feedback, increasing client numbers, and available published evidence resulted in the introduction of an All Risk Midwifery Group Practice continuity of care model for the Aboriginal community. The NRMGP Continuity of Care Model was launched on the 5th of January 2015. Data shows that 88% of women engaged with the NRMGP are attending eight or more antenatal visits, compared to 60% for non-Ngarrama A&TSI clients. The birth of low birth weight babies less than 2500g is now on par with the non-indigenous population (non-indigenous 12.06%, Ngarrama MGP 12.43%, non-Ngarrama A&TSI 53.33%). The average length of stay (ALOS) for this group of women has fallen by 1.4 days (NRMGP ALOS 2.00 days, non-Ngarrama A&TSI ALOS 3.4 days). 93% of NRMGP women have their NRMGP midwife attend them in labour.

Biography

Janine Martha Farquharson has been a qualified Registered Nurse and Midwife since 1978 and has since obtained a Bachelor on Nursing, a Graduate Certificate in Youth and Child Health Nursing and completed a Master of Midwifery in 2011. She was involved in a publication involving a change in practice for Category 1 Caesarean Sections.

Janine.Farquharson@health.qld.gov.au

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