

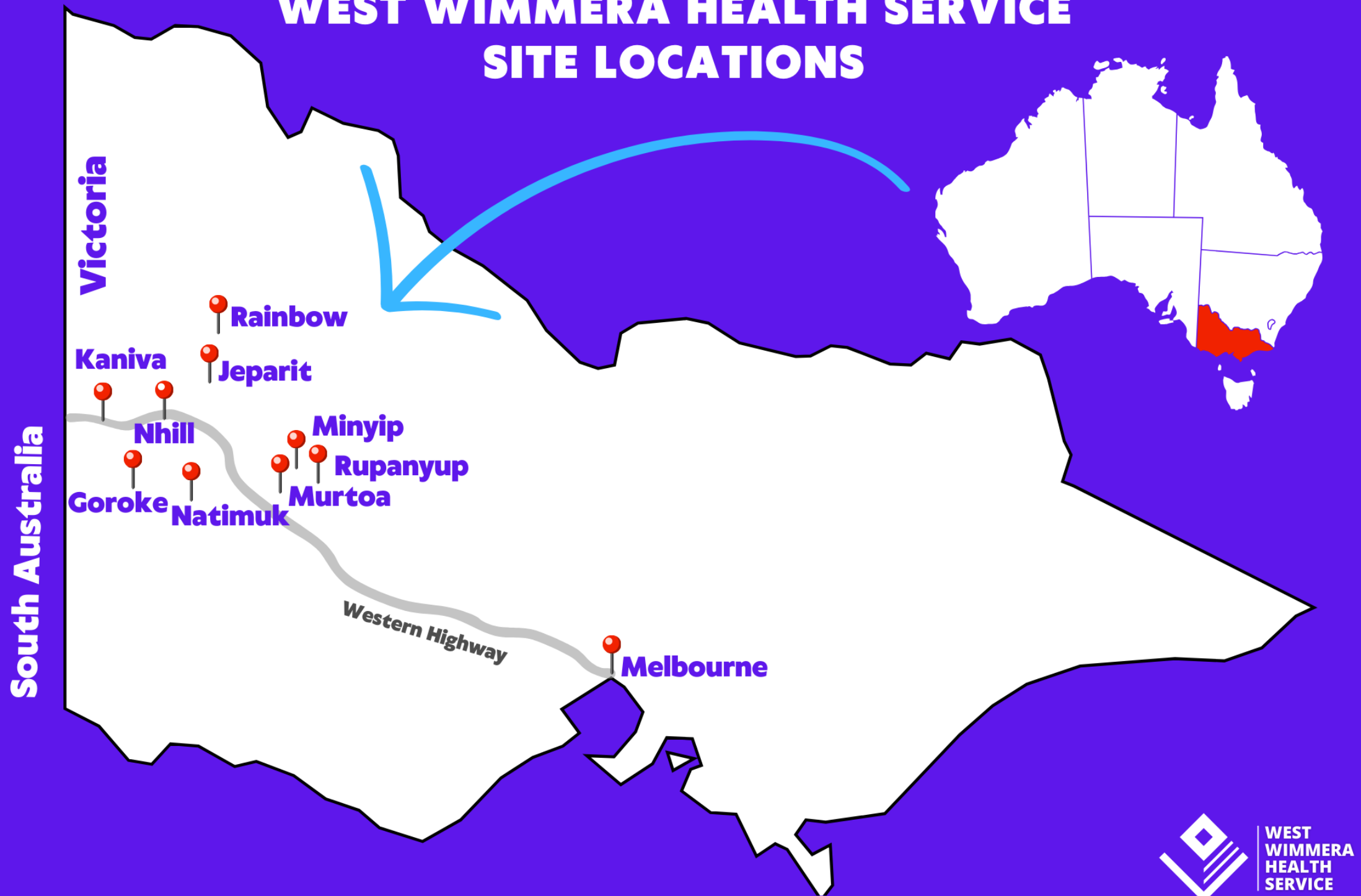


# Maternity and Early Years Service

# Who we are



## WEST WIMMERA HEALTH SERVICE SITE LOCATIONS




# Our Story

The West Wimmera Health Service (WWHS) provides a unique, community-based Maternity and Early Years Service targeting rural and remote communities in Hindmarsh Shire of the Wimmera Southern Mallee (WSM) region.

The model of care started organically out of community need and has been running for over a decade.





Rural and remote  
healthcare cannot  
thrive in isolation.

Our ability to service  
our communities and  
to ensure rural health  
equity relies on  
ingenuity and  
collaboration.



The Maternity and Early Years Model is guided by the Department of Health's Level 1 Capability Framework for Victorian maternity and newborn services and is delivered within the scope of maternal child health (MCH) practice.

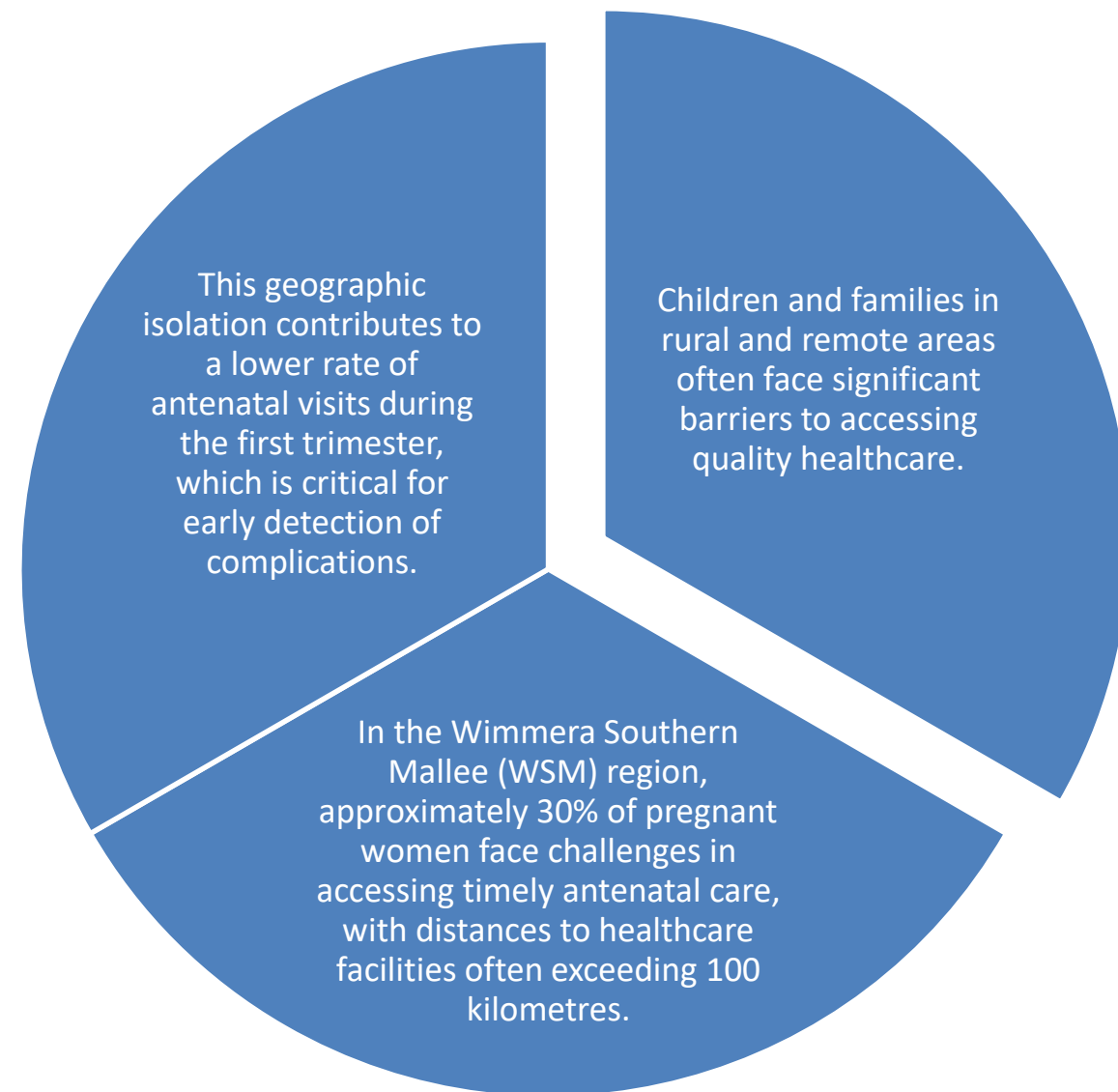
The model is designed to ensure continuity of care from pregnancy through the early childhood years, addressing the specific challenges of geographic isolation and service shortages.





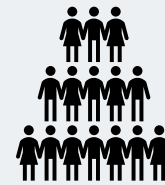
# Our Theory of Change

# Our Need



## Distance and Access

Women travel on average 50km to access maternity services sometimes up to 150 km to access a birthing hospital.



## Service Shortages

The WSM region experiences a shortage of maternity care providers, with a ratio of one midwife per 1,000 women of childbearing age, compared to the state average of one midwife per 500 women.



## Delayed Care

Only 65% of pregnant women in the WSM region receive antenatal care in the first trimester, compared to 80% in metropolitan areas, increasing the risk of undetected complications.

# Our Model

Rural Health Model	<p><b>Collaborative</b> involving a range of healthcare professionals working together.</p> <p><b>Digital health</b> adoption to bridge the gap in access to specialist services.</p> <p><b>Outreach Services</b> to ensure rural and remote communities are covered.</p>
Relational Model	<p><b>Patient-Centeredness</b> places the patient at the centre of care</p> <p><b>Continuity of Care</b> is the ongoing and consistent relationships between patients and healthcare providers</p>
Feminist Model	<p><b>Empowerment</b> to ensure women actively participate in decision-making processes and make informed choices about their care.</p> <p><b>Holistic Approach</b> goes beyond just the physical aspects and considers the social, emotional, cultural, and spiritual dimensions of well-being</p> <p><b>Trauma-Informed Care</b> recognizes and prioritizes the prevalence and risk of trauma</p>

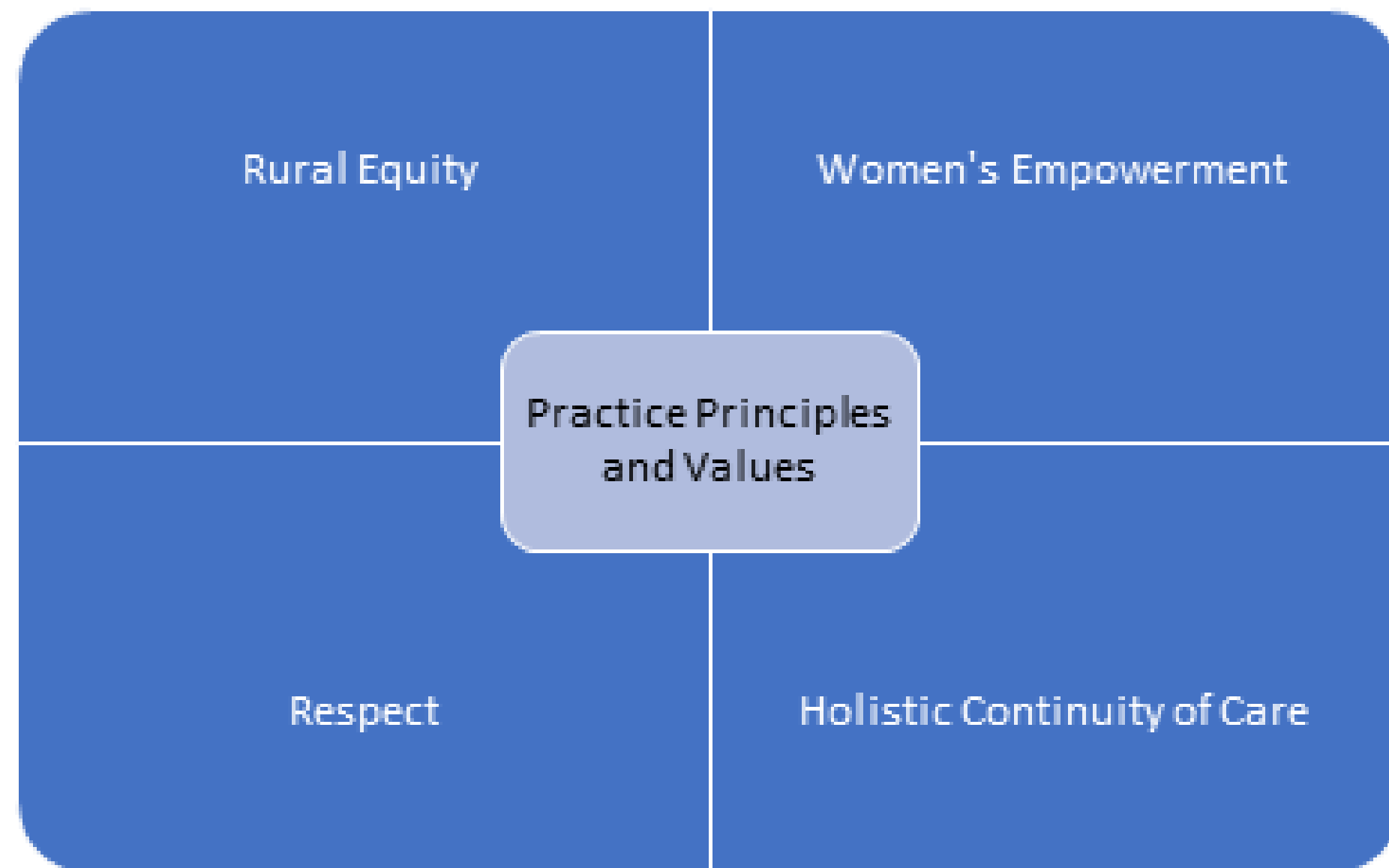
The WWHS Maternity and Early Years Service integrates rural health, relational and feminist models of care.





# Our Values and Principles

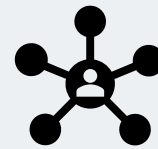
Identifying and documenting practice principles and values is fundamental to ensuring that a model can be effectively scaled while maintaining its intended impact and integrity



# Our Enablers



**Local Staff and  
Community Integration**



**Deep Relationships with  
Local Services and Beyond**



**Based Out of a Hospital**



**Outreach Services and  
Home Visits**

# Our Challenges



**Centralisation of  
Services and Database  
Access**



**Rural Workforce  
Development**



**MCHN  
Confidence**



## Our mission ..

TO -Provide locally placed maternity and early years services for rural and remote women and their children living in Hindmarsh Shire.

## By doing this.....

Working with general practitioners, obstetricians, and WWHS providers to:

- Receive formal referrals from local GPs to ensure pregnant women receive local antenatal care;
- Utilize WWHS pathology facilities in Nhill
- Utilize WWHS radiology services
- Utilize WWHS Allied health Services – WWHS is NDIS accredited
- Connect women with regional MOP clinics and /or managing obstetricians
- MCHS is notified of birth – then it is the responsibility of MCHN to conduct midwife domiciliary visit in the home

**By doing  
this.....**

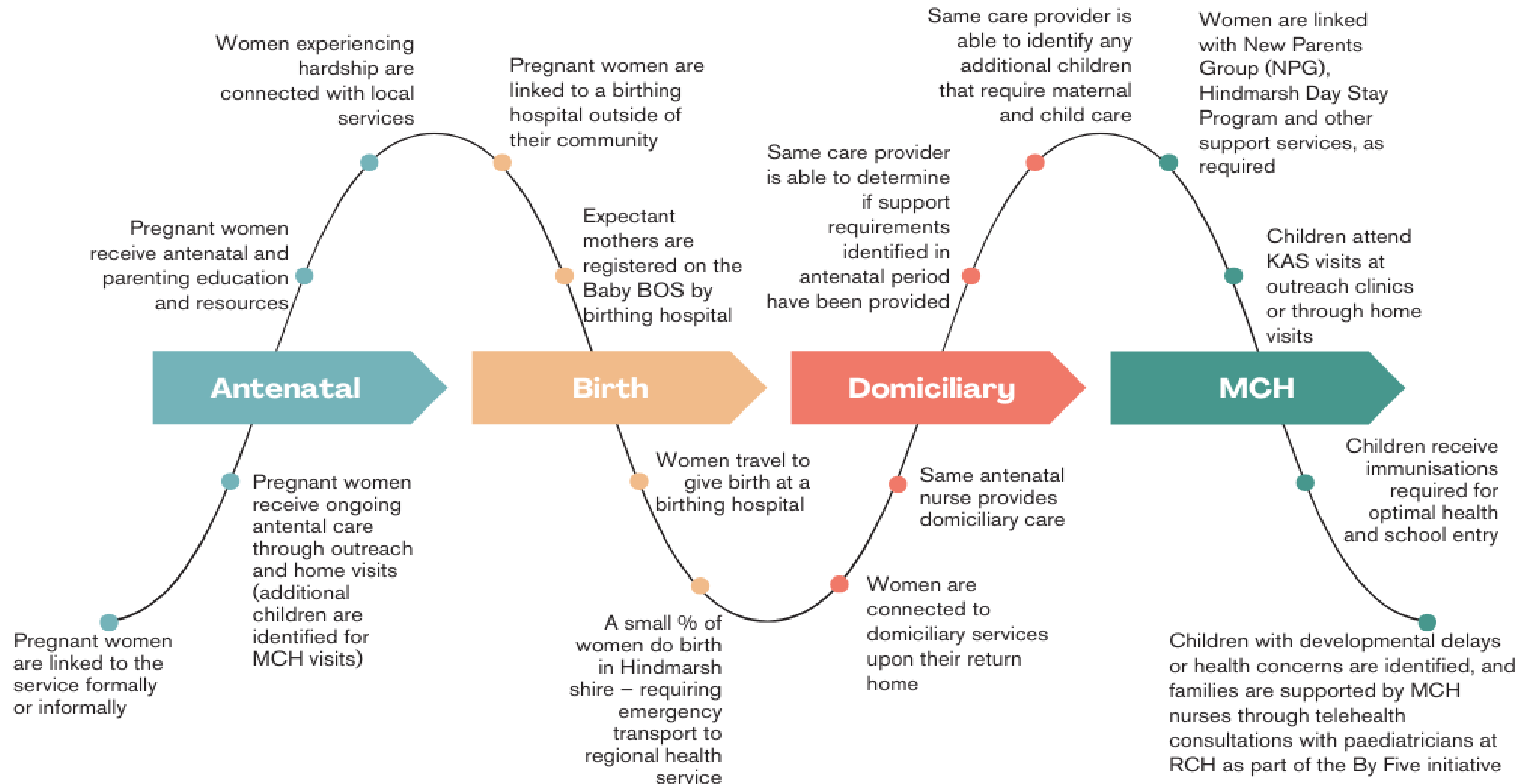
**And work with local stakeholders to:**

- Provide flexible access to all early Years Services
- Support families experiencing hardship by helping them connect externally with services such as The Orange Door, food and clothing relief, RCH NEP,
- BUT also referring internally to Our By Five Pediatric co-consult program and/or Hindmarsh day stay program

**And working directly with our rural and remote women and children:**

- To have an open door policy at Hubs where pregnant mothers utilizing MCH services and/or kindergartens can be identified or request additional care.
- combining antenatal visits and maternal child health visits including antenatal immunizations and /or childhood vaccinations.
- conducting home antenatal and MCH visits for women and their children living in isolated areas;
- Connecting women to NP / SPG / BY Five Programs and Early Parenting Programs

# Journey map of women receiving WWHS maternity and early years care



**We hope to  
achieve this**

.....

A collaborative rural health system that empowers women and ensures our rural and remote communities and families remain resilient, strong, healthy, and connected

If families do not “feel safe “ they will move. We as a health profession need to acknowledge and provide care that acknowledges community needs and wants . MCHS is in the prime position to do this .

**WE CAN BE ADVOCATES for OUR COMMUNITY.’**

# Acknowledgment

We would like to acknowledge the Murdoch Children's Research Institute and the By Five Early Years Initiative in supporting the documentation of our Maternity and Early Years Service Model





**THANK YOU**  
**ANY QUESTIONS?**



**WEST  
WIMMERA  
HEALTH  
SERVICE**

**Then this will  
happen.....**

**For our regional health services:**

- Increase optimisation of medical personnel in rural areas, including doctors, nurses, and specialists.
- Effectively integrate healthcare services to better utilise existing facilities and resources.
- Streamline the management of medical supplies, ensuring that essential items such as medications, diagnostic tools, and medical equipment are readily available when needed.
- Increases rural health practitioner capacity, knowledge and skills.

**For our women and children:**

- Increases opportunity for early detection and intervention of health issues for both mother and child, particularly for women less likely to access antenatal care due to remoteness.
- Increases the opportunity for women and families to make informed decisions and increase health seeking behaviour.
- Improves early intervention of developmental delays in children before school entry.
- Increase identification of pregnant women experiencing hardship who are then connected to local support services and resources prior to giving birth.
- Increases trust between care provider and women accessing services which leads to improved communication and feelings of safety.

# Our Enablers

**Local Staff and Community Integration:** Local healthcare workers are often trusted and familiar faces within their communities, which fosters a higher level of trust and comfort among patients. This close integration helps bridge gaps in formal healthcare systems by ensuring that remote women are not overlooked.

**Deep Relationships with Local Services and Beyond:** Building strong connections with local and regional GPs, midwives, OBs and allied health practitioner is crucial for a shared care model. This network can streamline processes like prenatal visits, ultrasounds, and postnatal check-ups, improving overall health outcomes. It can also help build and foster connections between obstetricians based in tertiary level 6 hospitals and local teams.

**Based Out of a Hospital:** Being based out of a hospital provides access to a wide range of services and a robust governance structure. The established processes and accreditation in place at the hospital ensure that changes in protocols or new healthcare policies are swiftly and effectively implemented. This integration enhances the quality and continuity of care provided to pregnant women and new mothers, leveraging the hospital's comprehensive resources and expertise.

**Outreach Services and Home Visits:** Outreach services and home visits ensure that women in remote areas receive the care they need. Home visits from healthcare workers ensure that pregnant women who cannot travel due to distance or mobility issues receive the necessary medical attention and support, preventing them from falling through the cracks of the healthcare system.

Rural and remote healthcare  
cannot thrive in isolation.

Our ability to service our  
communities and to ensure  
rural health equity relies on  
ingenuity and collaboration.



**We have and  
are achieving  
this**

**For our communities:**

- We are reducing health disparities by providing comprehensive and accessible care particularly for remote women and children
- Reducing the economic burden on communities to travel long distances and take time off work to access healthcare.
- Enhancing community trust in healthcare providers, encouraging more community members to seek care, follow medical advice, and engage in health-promoting behaviors.
- increasing confidence of mothers and families resulting in the increased ability to care for their children,
- Hoping to improve maternal and child health outcomes can lead to more productive communities.