

# Continuity of Care A model of care in Enhanced Maternal and Child Health Wangaratta

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# Our Team



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# Where are we?



246 Birth Notifications 23/24



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# What is Continuity of Care?

- ***Continuity***

the unbroken and consistent existence or operation of something over time.

- ***Care***

the provision of what is necessary for the health, welfare, maintenance, and protection of someone or something.

(definition from Oxford Languages)



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# Our pathway to Continuity of Care

Protocol about Continuity of Care came out in 2004 – where was the action?

What is disadvantage and how do we address it?

How could we build capacity for these families rather than create a dependence?

Family Partnership and Bridges out of Poverty training completed.

Statewide Innovations funding 2015 Our Continuity of Care model put into practice.



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# What is critical to Continuity of Care ?

**Building and strengthening of RELATIONSHIPS** between the client and

- Antenatal clinic
- Enhanced Maternal and Child Health and MCH teams in surrounding municipalities
- Community based Child Protection
- Family Services Mental Health Support/ Perinatal Emotional Health Program
- Aboriginal Liaison / Koori Maternity Services
- Social Work



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# Our Model

Started out as an initiative to build relationships between the local hospital and Maternal and Child Health as per recommendations of 2004 Continuity of Care Protocol

Antenatal women are identified at hospital Booking and they consent to a referral to Enhanced MCH

Contact is made. Needs discussed. Home visit offered

Monthly Continuity of Care meeting chaired by Maternal and Child Health- a multidisciplinary meeting. Community Based Child Protection attends the meeting

The client has continuity with the EMCHN = TRUST



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# What else is critical to Continuity of Care?

**PLANNING** for the transition of care from antenatal -> birth-> to postnatal -> to MCH in the Community

**COMMUNICATION:**  
Discharge summaries;  
handover from DOM;  
professional's email thread;  
Professional's meetings,  
Case conferences; AFLDM's.

**INFORMATION SHARING -**  
CVISS FVISS now we are  
working together to achieve  
the same results

**A PLAN OF CARE** Discussed  
and agreed upon between  
the family and  
professionals.



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# Why Bother?

NHW Antenatal Clinic and Domiciliary works closely with MCH in Wangaratta, Indigo, Alpine and Benalla Shires

Families with increased needs are identified early

Support and Continuity is offered in the antenatal and postnatal period which assists with the transition to becoming parents

Relationship is built early with the MCHN that will be seeing the family post birth

Early education: Breastfeeding, SUDI, Car safety, QUIT, Infant brain development

Early identification of needs- Nursery equipment, Housing, mental health support, Family Violence assessment

Families with DHHS/Child Protection, identified early with sharing of information of impending birth



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## Impact for families

*Our family was referred to the Wangaratta MCHN by the local Hospital prior to delivery of our first child in April this year. With a home visit scheduled within a few days of becoming new parents, we had the privilege of meeting our enhanced MCHN. She has been our consistent clinician throughout our MCHN journey, which on paper may not seem important. However, to new parents trying to navigate multiple services and an abundance of new information, having a consistent clinician who we developed rapport, trust and a connect with, meant we felt supported in our parenting journey.*

***Mother & Father of OP***



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# Impact for families

*I was referred to Enhanced MCH antenatally as I felt I needed more support for my mental health postpartum. I met my Enhanced MCH nurse before I gave birth, and we made a plan for my early postpartum journey. I had a lot of common first time mum fears as well as severe anxiety. Having one person to go to to ask questions made me feel so much less anxious. My nurse knows my concerns and knows how to word things in a way that is specific to me and my concerns. I have benefited an immense amount from having one consistent person who knows me, knows my fears, but also knows how to reassure me and help me to embrace my parenting journey.*

*I would be lost without her and think all mums should have such amazing continuity of care. **Mum of Elijah, 10 months***



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# From the Community

## How do others see our service model?

*A monthly Continuity of Care meeting is a valuable way to ensure the relationship smoothly extends from antenatal through to supporting the family in the community.*

*The benefit to Antenatal Clinic is information is shared about families at risk.*

*The Continuity of Care provided by the Wangaratta MCHN ensures the needs and risks are identified early, services put in place and supportive relationships are developed.*

*This is a fabulous instigation of Wangaratta MCH and would be valuable for all families to have access to such support wherever they reside.*

**Andrea Hogan Antenatal Clinic Co-ordinator Northeast Health**



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From the  
Community

How do others  
see our service  
model?

*The Continuity of Care meetings have been invaluable in supporting our most vulnerable infants and unborn infants. These meetings have helped improve communication between professionals and collaboration to mitigate protective concerns for vulnerable families.*

**Noma Dube** Community Based Child Protection Team | The Orange Door  
Ovens Murray, Wangaratta



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# From the Community

## How do others see our service model?

*The Wangaratta Continuity of Care meetings provide ongoing professional collaboration to ensure families are receiving the supports that are needed .*

*Information sharing through the CISS, allows us to identify what is working well for families and what we are worried about, so that goals for early interventions can be determined.*

*This is a space that allows discussions around consistent approaches to delivering education and information to families, along with recommendations to provide further assistance within the capacity of each family.*

*Roles and responsibilities of each service is determined, which has supported me in my role to provide appropriate case direction to practitioners and improve service delivery.*

*The depth of knowledge shared by professionals provides a wider understanding of what families are experiencing and improves our facilitation in mitigating risk”.*

**Sara Simpson Associate Coordinator  
QEC**



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# Job satisfaction for staff

- ***EMCHN Cait's experience working in the Wangaratta MCH continuity of care model***

*Continuity of care is concerned with the quality of care over time.*

*"Over time" is the critical aspect of this statement and aligns with my perspective working in enhanced mch program. It takes time to build a professional partnership with clients that allows them to experience beneficial change.*

*This ideal works in both directions as my professional growth is supported by getting the opportunity to monitor my progress with the families. I achieve this by reviewing the feedback from the enhanced data and walking alongside the clients hearing/seeing their lived experience. Without a continuous caring relationship this seamless service delivery would feel fragmented and the outcomes for these families, I think, would reflect this.*



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# Let's keep talking about it !

We acknowledge the  
ongoing support from  
Northeast Health Wangaratta  
Indigo MCH  
Alpine MCH  
Benalla MCH  
Child Protection  
Upper Murray Family Services  
QEC  
TOD



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