Evaluation of the NSW Aboriginal Maternal and Infant Health Service (AMIHS) – NSW Health Response

NSW GOVERNMENT

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Executive Summary

AMIHS is a NSW Health funded maternity service for Aboriginal families. In 2016, NSW Health commissioned Murawin Consulting and Human Capital Alliance (HCA) to conduct a process, outcome and economic evaluation of AMIHS. An important aspect of the AMIHS evaluation has been the integral involvement of Aboriginal people in all parts of the evaluation. The presentation of the final evaluation report aims to ensure that Aboriginal community members' and health professionals' voices are central to the evaluation findings.

The key findings of the evaluation are:

1. AMIHS is valued by clients and their families
2. AMIHS is culturally appropriate
3. AMIHS has good reach across NSW and is reaching the women who need it most
4. AMIHS is contributing to better outcomes for women and babies
5. AMIHS is implemented in different ways.

Accounting for the complexity of AMIHS and the quality and availability of client-level data, multiple analyses were conducted to evaluate program impact on various pregnancy and birth outcomes. Some of these analyses found that AMIHS was benefiting clients, while others were unable to show a positive impact. On balance the findings "suggest that AMIHS is a successful program and that many Aboriginal communities in NSW have benefited from its constancy over the last two decades."

The evaluation identifies several important issues that are impacting effective delivery of the AMIHS program and access to high quality maternity care for Aboriginal women and families.

The areas identified for improvement are:

1. Addressing racism in the health system to ensure access to maternity care that meets the needs of Aboriginal women and families
2. Implementing the full AMIHS service delivery model in all sites
3. Providing further development and support for AMIHS staff and managers
4. Ensuring all eligible women are offered the AMIHS program
5. Enhancing smoking cessation
6. Enhancing breastfeeding support
7. Enhancing program monitoring to assess the impact of AMIHS.

NSW Health recognises the importance of quality improvement and is committed to working in partnership with Aboriginal people to achieve the highest level of health possible for individuals, families, and communities. The NSW Ministry of Health will communicate the evaluation findings and work with stakeholders to develop an implementation plan addressing the areas identified for improvement. As with the evaluation, the Ministry will work closely with the Cultural Reference Group to ensure that Aboriginal community voices guide this next stage following the evaluation.

Background

AMIHS is a NSW Health funded maternity service for Aboriginal families

The AMIHS service delivery model[1] is a continuity of care model in which Aboriginal health workers and midwives work together, and with other services, to provide high quality antenatal and postnatal care. Care starts as early as possible in pregnancy, continues through pregnancy and after the baby is born (up to eight weeks postpartum). Essential program elements include:

- flexible service delivery
- coordinated and holistic care
- community development and health promotion activities
- supporting women to transition from AMIHS to child and family health services
- working collaboratively with other services including local Aboriginal Community Controlled Health Services
- supporting workforce development and lifelong learning
- building and sustaining effective community partnerships
- having ongoing evaluation and monitoring
- adhering to NSW Health policies and procedures, including those that protect and promote the safety, welfare and wellbeing of children and young people.

The service delivery model provides the minimum requirements for the AMIHS program, however, development, articulation and clarity of the model of care is dependent on the local context and needs.

AMIHS is delivered mostly by local health districts (districts) and by some Aboriginal Community Controlled Health Services. There are currently over 40 AMIHS sites delivering services to Aboriginal families in over 80 locations across NSW.

About the AMIHS evaluation

A process, outcome and economic evaluation of AMIHS was conducted from 2016 to 2018

NSW Health engaged independent evaluators, Murawin Consulting and HCA, to conduct the evaluation. The evaluation aimed to:

1. describe the ways that AMIHS is being implemented
2. explore client, staff and stakeholder experiences and perspectives of the program
3. investigate the extent to which AMIHS is reaching its target population(s)
4. investigate the impact of AMIHS on Aboriginal maternal and infant health outcomes
5. investigate the costs of implementing AMIHS and undertake an economic evaluation.

The evaluation used a mixed methods design including: a review of program documents; a survey of AMIHS managers; qualitative interviews with key stakeholder groups; case studies of six AMIHS sites; quantitative analysis of routinely collected administrative data; and an economic evaluation.

[1] NSW Health (reviewed 2014). Service Delivery Model: Aboriginal Maternal and Infant Health Service. NSW Health: North Sydney.

The outcome evaluation used a number of analyses to investigate the impact of AMIHS on health outcomes. The design of the outcome evaluation reflected the complex nature of the AMIHS program, the high number of outcomes it seeks to influence, the staged implementation of the program, and the availability, completeness, and quality of relevant administrative data.

Valuing Aboriginal voices

An important aspect of the AMIHS evaluation has been the integral involvement of Aboriginal people in all parts of the evaluation. Murawin and HCA worked closely with two advisory groups throughout the evaluation, a Cultural Reference Group (CRG) and an Evaluation Advisory Committee (EAC). CRG members are Aboriginal people from across NSW with understanding and/or experience of AMIHS. The CRG was designed to bring Aboriginal community voices into all aspects of the evaluation. The EAC was comprised of program stakeholders, including Aboriginal representation from AMIHS teams, the Centre for Aboriginal Health, the Aboriginal Health and Medical Research Council of NSW, and the Aboriginal community-controlled health sector.

A deep listening methodology was engaged by the evaluators throughout the qualitative interview process and writing of the final evaluation report to hear and convey the voices of women having Aboriginal babies, their partners, families and communities, and others involved with AMIHS. The presentation of the final report aims to ensure that Aboriginal community members' and health professionals' voices are central to the evaluation findings.

Key findings of the evaluation

1. AMIHS is valued by clients and their families

Across all case study sites, clients, families and community members talked about valuing AMIHS. Clients described AMIHS as safe and comfortable to access. Aspects of the program that were highly valued included:

- the opportunity to build close and trusted relationships with AMIHS staff
- inclusion of respected Aboriginal health professionals
- holistic, family-based care that incorporates the whole context of the client's life, including their partners, other children and their extended family
- a flexible and responsive approach to service delivery (e.g. home visits or at a location where the client feels comfortable) that supports women accessing and remaining engaged with AMIHS
- support and guidance to access mainstream services.

2. AMIHS is culturally appropriate

AMIHS was considered by most stakeholders at the case study sites to be a culturally appropriate service, with AMIHS staff providing care and support that demonstrated respect for the knowledge and values of the client. This included understanding the value of family and community for clients, a willingness to listen and explore the needs of clients, and respect for their perspectives and choices.

The strong relationship between the AMIHS Aboriginal health worker, and in some locations the AMIHS midwife, and the local community was noted by clients and community stakeholders as being an important part of the cultural appropriateness of the service. Interviewees from all stakeholder groups identified the role of the Aboriginal health worker in the AMIHS team as an important reason why the service was valued by clients and communities.

At most of the case study sites, visibility of culture and language in the service environment was perceived as contributing to the service being culturally appropriate. This included displaying Aboriginal artwork, imagery and photographs of clients and babies, creating and decorating outdoor spaces, and/or incorporating the local Aboriginal language into signage.

3. AMIHS has good reach across NSW and is reaching the women who need it most

The evaluation found that over 80% of eligible women (mothers of Aboriginal babies) in NSW lived within an AMIHS catchment area. Within the total catchment area, 89% of eligible women were offered AMIHS and 11% of eligible women were not offered the program. Of those women that were offered AMIHS, 57% accepted the program and 43% declined[2]. From July 2012 to December

[2] The quantitative technical report notes that this may be an over-estimate of declines by eligible women as the data item 'offered and declined' may be recorded for other reasons, for example when an AMIHS site is at capacity or there is no AMIHS site in the woman's local area. There are other maternity services for Aboriginal families available in some locations which provide choice for families.

2016, it is estimated that 41% of mothers of Aboriginal babies in NSW received maternity care through AMIHS.

The quantitative data analysis found that women with one or more of the following characteristics were more likely to access AMIHS: younger (≤19 years of age), Aboriginal, had three or more previous pregnancies, and smoked during pregnancy. In qualitative interviews at the case study sites, stakeholders reported that many AMIHS clients were experiencing complex health and social issues. The types of issues reported included mental health problems, drug and alcohol use, domestic violence, homelessness/unstable housing, young parenthood, and/or a lack of family or support networks.

To support clients with multiple complexities, AMIHS staff reported that extra time was needed to build trust and provide holistic and coordinated care. Many AMIHS staff also felt they needed more access to training and development to develop their skills and build their confidence to effectively support clients who were experiencing complex health and social issues.

4. AMIHS is contributing to better outcomes for women and babies

A number of analyses were conducted to investigate the impact of AMIHS on health outcomes. The evaluation found that women who attended AMIHS were more likely to have more antenatal visits, compared to eligible women who did not access the program. It also produced moderate evidence that attending AMIHS is associated with early engagement with antenatal care.

The evaluation also found moderate evidence[3] that AMIHS is contributing to a population-level decline in smoking during pregnancy among mothers of Aboriginal babies, and initial evidence that AMIHS is associated with a reduction in low birthweight babies.

The evaluation found no association between AMIHS attendance and quitting smoking in the second half of pregnancy or fully breastfeeding at hospital discharge. Additionally, results were mixed for impact on preterm birth and babies born small for gestational age.

One of the analyses conducted ***compared*** the outcomes of ***women who attended AMIHS*** and ***eligible women who were not offered the program***. This comparison was important because these two groups had very similar demographic and pregnancy characteristics[4]. This analysis found that women who attended AMIHS had more antenatal visits, commenced antenatal care earlier in their pregnancy, and were less likely to have babies who were either preterm or low birth weight, compared to eligible women who were not offered the program.

Stakeholders in the six case study sites also reported that there are a range of health and social benefits for clients accessing AMIHS that are evident but are not currently measured. They also noted that health outcomes for a woman may improve over time. For example, birth weight of babies, quitting smoking or levels of breastfeeding may improve during subsequent pregnancies.

5. AMIHS is implemented in different ways

[3] Attachment A outlines criteria for the outcome evaluation evidence categories.
[4] Compared to eligible women who were 'offered and declined AMIHS', eligible women 'not offered AMIHS' were very similar in age composition, Aboriginality, number of pregnancies and smoking behaviour to women who attended AMIHS.

Currently the AMIHS program is delivered in over 40 sites across NSW. The service delivery model was developed to guide implementation, outlining 10 essential program elements. The evaluation found that the service delivery model remains highly appropriate. The evaluation was not able to conduct a quantitative analysis to explore associations between specific program elements and health outcomes. However, the qualitative findings indicate that all program elements (except service location[5]) are considered important for the program to achieve positive outcomes and retain acceptability among Aboriginal women and families.

The evaluation found that AMIHS was being delivered largely in line with the service delivery model though the implementation of some program elements varied across sites. The main reason identified for some sites not implementing all AMIHS program elements was a 'lack of time'. The economic analysis indicated that this may be due to insufficient staffing at some sites or the distribution of resources across AMIHS sites. Staff time needed to provide holistic care for clients experiencing complex health and social issues was identified as another possible contributing factor. The program elements most likely to be impacted were:

- collaborating with other services
- community development and health promotion activity
- duration of postnatal care
- building and maintaining partnerships with the community.

The case study data indicated that these are considered important elements of the AMIHS program and that variable implementation may impact program effectiveness.

[5] Service location was not found to be important – the case studies indicated that there are advantages and disadvantages for each type of location, but overall there does not appear to be an ideal location for AMIHS.

Improving the AMIHS program and maternity care for Aboriginal women and families

Overall, the evaluation findings "…suggest that AMIHS is a successful program and many Aboriginal communities in NSW have benefited from its constancy over the last two decades."[6] However, the evaluation identifies a number of important issues that are impacting effective delivery of the AMIHS program and access to high quality mainstream maternity care for Aboriginal women and families in NSW.

NSW Health recognises the importance of quality improvement and is committed to working in partnership with Aboriginal people to achieve the highest level of health possible for individuals, families, and communities.[7] Outlined below are areas where the evaluation findings indicate that the AMIHS program and maternity care in NSW can be improved to better support the health and wellbeing of Aboriginal babies, women and families. The Ministry will work with stakeholders to develop an implementation plan that responds to the evaluation findings and takes action to address each of these areas.

1. Addressing racism in the health system to ensure access to maternity care that meets the needs of Aboriginal women and families

Evaluation findings

Instances of racism were talked about at all case study sites by AMIHS clients, AMIHS staff, ACCHS staff, and mainstream hospital staff. The case study findings, as reported by clients, community members and AMIHS staff, indicated that while accessing AMIHS, women were largely protected from experiencing racism. It was reported that some AMIHS clients experienced racism when accessing mainstream health services, such as at the point of birthing or to attend a regional hospital. Some stakeholders noted that efforts to make mainstream services, such as maternity units, look more 'Aboriginal-friendly' could appear tokenistic if systemic issues, such as developing the cultural awareness of staff, were not addressed.

The qualitative findings also indicate that racism may be impacting effective delivery of the AMIHS program. Examples reported by stakeholders at some case study sites included:

- Some health staff viewing AMIHS as a transitional or time-limited program while Aboriginal people 'assimilate', rather than a valid permanent option for maternity care.
- Local hospital staff not referring eligible women to AMIHS because they did not value the program. Some stakeholders also reported observing an attitude within the health system that Aboriginal health work more broadly was considered inferior compared to other modes of health care.
- Some AMIHS Aboriginal health workers talked about feeling undervalued by the structures and processes of the health system, and in some cases feeling that their perspectives were not heard or incorporated into the delivery of the AMIHS program.

[6] Murawin Consulting and Human Capital Alliance. (2019) *Final Report of the 2016-18 Evaluation of the AMIHS program*. NSW Ministry of Health, Sydney.
[7] NSW Ministry of Health. *NSW Aboriginal Health Plan 2013-2023.* Sydney: NSW Ministry of Health, 2012.

NSW Health response

NSW Health is committed to developing the structures, policies and processes needed to create work environments and health services that are culturally safe for Aboriginal people.[8] The NSW Aboriginal Health Plan 2013-2023 Strategic Direction 5 outlines the key actions that NSW Health is taking to achieve this. These include:

1. Implement, monitor and report on *Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health*.
2. Establish and evaluate a cultural competency framework that integrates with existing planning and performance management processes.
3. Embed cultural competence as a core feature of recruitment, induction, professional development and other education and training strategies.
4. Implement models of good practice that provide culturally safe work environments and health services through a continuous quality improvement model.
5. Ensure all NSW Health Boards include at least one member with knowledge of Aboriginal health.

The Mid-Term Evaluation of the Aboriginal Health Plan found that there has been moderate to good progress against these actions and, across the health system, many initiatives aim to create culturally safe work environments and health services. However, the report notes:

> *Countering racism in NSW Health needs strong leadership and a clear multi-component strategy. This will require improved monitoring of Aboriginal peoples' experiences of NSW Health services, building the evidence of what works in creating racism-free health services for Aboriginal people, and implementing evidence-based initiatives at scale.*

Further to the recommendations outlined in the Mid-Term Evaluation of the Aboriginal Health Plan, the Ministry will work with AMIHS stakeholders to develop and implement actions to address the specific findings of the AMIHS evaluation. This will include exploring tools for assessing fair and equitable healthcare for Aboriginal people.

NSW Health is committed to the priorities and targets in the National Agreement on Closing the Gap (CTG). The NSW CTG implementation plan includes AMIHS as one of the activities related to achieving Outcome 2 – Aboriginal and Torres Strait Islander children are born healthy and strong - Target: *By 2031 increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91 per cent.*

NSW Health is currently revising its Maternity Care Policy which is expected to be finalised in 2022. The revised policy focuses on providing women with family-centred, responsive care during the perinatal period to improve experiences and optimise maternal and neonatal outcomes. In response to the AMIHS evaluation findings, the Ministry will strengthen the draft Maternity Care Policy to enhance the focus on socially and culturally respectful maternity care.

2. Implementing the full AMIHS service delivery model in all sites

Evaluation findings

[8] Centre for Epidemiology and Evidence and Centre for Aboriginal Health. *Mid-Term Evaluation of the NSW Aboriginal Health Plan 2013-2023*. Sydney: NSW Ministry of Health, 2019.

The evaluation found that the AMIHS service delivery model remains highly appropriate but that it is not being fully implemented in some sites due to 'a lack of time'. The economic analysis indicated that this may be due to insufficient staffing at some sites or distribution of resources across AMIHS sites. The case study data indicated that another contributing factor may be the staff time needed to provide holistic care for clients experiencing complex health and social issues.

The AMIHS funding model is based on 60 families (births) annually per one full-time equivalent (FTE) Aboriginal health worker and one FTE midwife. The economic evaluation found a median value of 60 births per midwife FTE[9] (and an average of 66) across the AMIHS program, but the ratio of births to midwife FTE varied across sites. The final evaluation report suggests that the current AMIHS funding model of 60 families per one FTE Aboriginal health worker and one FTE midwife be reviewed to ensure that all elements of the program can be effectively and efficiently delivered. It also notes that for some districts, further investigation of variations in the ratio of babies to midwife FTE across sites may be advisable.

Further actions suggested by the consultants

- Forum of AMIHS stakeholders to establish workload guidelines, for both clinical and non-clinical work areas.
- As part of annual reporting, ask sites to outline how the essential elements of the model are being implemented, including where variations have been made based on consultation and planning with clients and community.

NSW Health response

Informed by the evaluation findings, the Ministry will update the AMIHS service delivery model and work with districts and ACCHS that deliver AMIHS to strengthen adherence to the main elements while maintaining flexibility so that the program can be adapted to local contexts. This may include:

- identifying and addressing barriers to effective implementation of the service delivery model
- working with relevant stakeholders to develop caseload guidance for AMIHS teams which considers staff/client ratios
- identifying and sharing effective approaches used by sites that are implementing the full service delivery model
- exploring how AMIHS, mainstream maternity services and ACCHS interface to support access to a range of high-quality maternity care options for Aboriginal women and families
- exploring how AMIHS and other health/support services can work together more effectively to provide integrated care for AMIHS clients experiencing complex health and social issues
- strengthening career pathways for Aboriginal health workers through recruitment, education and training opportunities to support the increase of Aboriginal people in leadership positions
- exploring the potential role of Aboriginal Health Practitioners in AMIHS.

[9] In the AMIHS service delivery model, an Aboriginal health worker and a midwife work together to provide care for each woman/family. Therefore, the evaluation used FTE midwife to number of births for comparative purposes (rather than total staff FTE to number of births).

The Ministry will also consult with AMIHS managers on the value and feasibility of capturing local variations to service model implementation in AMIHS annual reporting.

3. Providing further development and support for AMIHS staff and managers

Evaluation findings

The majority of AMIHS staff at the case study sites felt they needed more support to regularly access professional development and training opportunities. For many AMIHS staff, this was viewed as important to develop their skills and build their confidence to effectively support clients who were experiencing complex health and social issues.

Support needs identified by the evaluation included:

- planning for AMIHS staff to be temporarily relieved to attend training and professional development opportunities
- ensuring AMIHS staff regularly update their skills and knowledge
- a commitment to invest in the provision of regular and appropriate clinical supervision and cultural supervision[10] for AMIHS staff.

Developing the competence of AMIHS midwives and AMIHS managers in understanding and working with Aboriginal people was also identified as a training gap by some stakeholders. Some stakeholders felt that ongoing training and support was required for AMIHS midwives as delivery of the program requires a high degree of trust between clients and AMIHS staff, and most midwives employed in AMIHS are non-Aboriginal. Some AMIHS staff felt that the Aboriginal health worker role or the requirements of the program were not always properly understood by managers of the program, particularly if they had little experience working with Aboriginal clients and communities. They felt this could result in not being properly supported to deliver the program.

The NSW Health Aboriginal Cultural Training Framework: Respecting the Difference was mentioned at all case study sites as a welcomed initiative, but it was generally felt that training needed to be more frequent and more detailed.

Further actions suggested by the consultants

- Districts and ACCHSs to identify examples of innovative and best practice in workforce development of AMIHS staff which can be shared across the state.
- Districts and ACCHSs regularly assess workforce development needs of AMIHS staff through a skills matrix (all workers).
- Review current arrangements and extent of professional development opportunities against Training Support Unit (TSU) training needs analysis and the skills matrix.
- Districts and ACCHSs identify models and providers of effective clinical supervision for AMIHS staff, which can be shared across the state.
- Districts and ACCHSs identify models and providers of effective cultural supervision for AMIHS Aboriginal health workers, in addition to clinical supervision, which can be shared across the state.

[10] Definitions and further information about clinical supervision and cultural supervision are provided in Storyline 2 in the *Final Report of the 2016-18 Evaluation of the AMIHS program.*

NSW Health response

Districts and ACCHS that deliver AMIHS manage the training and development of the AMIHS workforce. *The Recommended Learning Plan Resource for AMIHS and BSF* and the training and education matrix resources support AMIHS managers in districts and ACCHS to understand the core skills and knowledge needed by staff who work in Aboriginal maternal and child and family health.

The Ministry funds the Health Education and Training Institute (HETI) Training Support Unit (TSU) to provide education and training to staff working in AMIHS and BSF[11] services and others working collaboratively with these programs. The Ministry in partnership with the TSU identifies and reviews professional development needs of AMIHS and BSF teams annually. The core work of the TSU is the delivery of *Strengthening Foundations*, an orientation program for all AMIHS and BSF consisting of a face to face workshop and four eLearning modules. The TSU also delivers webinars and teleconferences that target priority areas identified through consultation with AMIHS and BSF managers. Additionally, the Ministry funds specific training opportunities for AMIHS and BSF staff and managers (e.g. Trauma Informed Care and breastfeeding professional development).

The 2019 evaluation of *Respecting the Difference* revealed across services that while many people experienced a growth in knowledge, program outcomes did not demonstrate a significant change in practice or behavior. Nor was there evidence that teams or services took ownership for change within their teams / services / scope of practice. The evaluation has informed the drivers for the refresh of *Respecting the Difference* which commenced in June 2020. On completion, the refreshed package will provide an opportunity for NSW Health to address the challenge of growing from knowledge into practice.

The Ministry will work with districts and ACCHS that deliver AMIHS to:

- identify and address barriers to AMIHS teams accessing professional development provided by the TSU, broader education available through HETI, and other relevant training and education (e.g. Education Centre Against Violence, Australian Breastfeeding Association)
- identify examples of good practice in the provision of clinical and cultural supervision to AMIHS teams and share these across the state
- identify/develop and implement strategies to support the ongoing development of non-Aboriginal AMIHS midwives and AMIHS managers in working effectively with Aboriginal people and communities

4. Ensuring all eligible women are offered the AMIHS program

Evaluation findings

The evaluation found that the AMIHS program is widely available to eligible women (mothers of Aboriginal babies) throughout NSW. However, approximately 1 in 10 eligible women within the total NSW AMIHS catchment were not offered the program. Analysis of the quantitative data indicated that this cohort of mothers was similar in characteristics to the population of mothers who attended AMIHS.

[11] Building Strong Foundations for Aboriginal Children, Families and Communities (BSF) are child and family health services for Aboriginal families in NSW.

The evaluation was not able to identify conclusive reasons why eligible women were not offered the program. However, the qualitative interviews indicated a number of factors that may be impacting on eligible women being offered and/or accepting the program, these were:

- Referrer awareness – if maternity staff or GPs have limited understanding of AMIHS, they may not offer the program or may provide eligible women with limited information, making it difficult for women to make an informed choice to accept or decline the program.
- Identification of Aboriginality – if women are not routinely asked if they identify themselves or their baby as Aboriginal, all eligible women may not be offered AMIHS.
- Referrers deciding not to offer AMIHS – some stakeholders reported that eligible women may not be offered AMIHS based on an assessment of client needs or due to service capacity.

Further action suggested by the consultants

- Undertake a review of sites where the 'not offered' statistic is prominent to identify why eligible women were not offered AMIHS.

NSW Health response

NSW Health policy directive PD2012_042 Aboriginal and Torres Strait Islander Origin - Recording of Information of Patients and Clients outlines mandatory requirements for NSW Health staff on collecting and recording accurate information on Aboriginal and/or Torres Strait Islander status for all health service patients and clients. This includes, in section 5.1 of Staff Training, the requirement that *Training in the correct and consistent collection of information on whether clients are Aboriginal and/or Torres Strait Islander must be delivered to all staff.*

"Asking the Question: Improving the Identification of Aboriginal People" is a 15-20 minute eLearning module available on the NSW Health mintranet for all NSW Health staff. The module aims to emphasise the importance of improving the identification of Aboriginal people in the health service and provides information about how to ask clients about their cultural status, how to deal with different responses, and highlights how asking the question is essential to appropriate service delivery.

The Ministry will:

- explore ways to reinforce "Asking the Question: Improving the Identification of Aboriginal People" training in all maternity services, particularly for staff responsible for booking in clients
- improve NSW Health hospital staff awareness of the AMIHS program and sites
- analyse the AMIHS Data Collection (AMDC) to identify sites and/or districts with a higher proportion of eligible women 'not offered' AMIHS.
- in consultation with relevant districts, explore factors that may be impacting on eligible women being offered AMIHS and identify opportunities to improve the offer rate
- explore expanding eMaternity data collection on question of referral to AMIHS to capture reasons for declining service.

5. Enhancing smoking cessation support

Evaluation findings

The evaluation found that women who smoked during pregnancy were more likely to access AMIHS and there was moderate evidence that AMIHS is contributing to a population-level decline in smoking during pregnancy among mothers of Aboriginal babies.

The evaluation was unable to demonstrate that AMIHS was associated with improvements in quitting smoking in the second half of pregnancy. However, a sensitivity analysis undertaken for Aboriginal women only, found that women who received the 'AMIHS type' and 'Midwife & home visiting' service types[12] were 40% more likely to quit smoking in the second half of pregnancy, compared to the 'Midwife & clinic' service type. The evaluation was not able to determine the reason for this association.

Addressing smoking with clients was identified by a range of stakeholders in the case study sites as an issue that was often difficult for AMIHS staff to address. Stakeholders also noted that supporting clients to quit smoking required a customised and sustained approach. The final evaluation report suggests that better resourcing and support for AMIHS staff to provide smoking cessation support through structured, systematic and ongoing health promotion efforts could have more impact on the rates of smoking of AMIHS clients.

Further action suggested by the consultants

- Provide support for AMIHS sites to design and deliver best practice smoking cessation interventions.

NSW Health response

Smoking is the single most important preventable cause of adverse pregnancy outcomes. These adverse outcomes are significantly reduced if women stop smoking during pregnancy. Accelerating the rate of decline in smoking during pregnancy is a priority for NSW Health. NSW Health is particularly focused on embedding cessation support to women who smoke during pregnancy in their routine antenatal care. This includes health workers routinely identifying smokers and providing them with advice and referrals to treatment. NSW Health continues to invest in statewide training of health workers in the provision of best-practice cessation care in clinical practice.

Work to support women to stop smoking in pregnancy is being implemented as part of the national 'Safer Baby Bundle' initiative to reduce the number of stillborn babies. This work is led in NSW by the NSW Clinical Excellence Commission (CEC).

NSW Health has also convened a 'Reducing harms of tobacco on mothers and babies in NSW' Advisory Group. The Group will provide advice on the review and development of tools, guidance and support for primary health care practitioners and NSW Health services, including AMIHS to support mothers to stop smoking.

The Ministry will:

- continue to work with NSW Health agencies, districts and ACCHS to support AMIHS sites to design and deliver best practice smoking cessation interventions
- investigate possible factors contributing to service type being associated with Aboriginal women quitting smoking during pregnancy
- explore opportunities to use administrative perinatal data to 1) monitor the impact of AMIHS on smoking cessation and 2) inform how AMIHS services support women to quit.

[12] The evaluation identified five predominant ways that AMIHS is delivered, termed 'service types'.

6. Enhancing breastfeeding support

Evaluation findings

The outcome evaluation did not find an association between attending AMIHS and improvement in fully breastfeeding at hospital discharge.[13] Manager survey data indicated that almost all sites (95.7%) were delivering health promotion activities and that promotion and support of breastfeeding was one of the most common areas of activity. At some case study sites, AMIHS staff reported that time constraints limited their capacity to conduct health promotion and community development activities. Many stakeholders at the case study sites reported that positive outcomes of the AMIHS program, including increased breastfeeding, occur over time through sustained contact with clients and their families over several pregnancies, but these changes are not measured.

NSW Health response

In 2018, the NSW Health policy *Breastfeeding in NSW: Promotion, Protection and Support* was revised to include a practice guide for health professionals and service managers with strategies to support infants being fed with breast milk and supporting health professionals' education and professional development. NSW Health has a strong partnership with the Australian Breastfeeding Association (ABA) to support this policy as well as funding specific initiatives to increase breastfeeding rates among priority populations, including mothers of Aboriginal babies. The Ministry has funded ABA to deliver Community Breastfeeding Mentoring workshops and the Deadly Dads program, which aim to promote and support breastfeeding in Aboriginal communities. Development of AMIHS staff has also been supported through funding: registrations for the Australian College of Midwives 'Supporting women to Breastfeed' eLearning modules; staff to attend the 2019 ABA Seminar Series; and Aboriginal health workers to undertake the ABA Diploma of Breastfeeding Management.

The Ministry will:

- continue to support initiatives which promote and support breastfeeding with Aboriginal women, families and communities
- work with districts and ACCHS that deliver AMIHS to support AMIHS staff accessing education and professional development that enhances their capacity to provide breastfeeding support
- explore possible additional measures to assess the impact of AMIHS on breastfeeding rates. (see below)

7. Enhancing program monitoring to assess the impact of AMIHS

Evaluation findings

Stakeholders in the case study sites reported that there was a range of health and social benefits for clients accessing AMIHS, which were not being routinely captured for evaluation or research purposes. Stakeholders noted that positive outcomes often occur over time through sustained

[13] The exception to this finding was a sensitivity analysis undertaken for Aboriginal women only, which found that compared to women who were not offered the program, women who attended AMIHS were 1.16 times more likely to be fully breastfeeding at hospital discharge.

contact with clients and their families over several pregnancies. The final evaluation report suggests that additional indicators may be needed to assess the impact of AMIHS, including community-defined measures and intermediate outcomes.

Further actions suggested by the consultants

- AMDC data collection is enhanced to measure outcomes for women over time (e.g. over subsequent pregnancies).
- Appropriate and relevant output and outcome measures are identified in consultation with community, AMIHS, LHD, ACCHSs and Ministry stakeholders that could be feasibly (cost and quality) collected.

NSW Health response

Maternal and baby health outcome data in the AMDC is extracted from the NSW Perinatal Data Collection (PDC). The PDC is a statewide surveillance system to monitor patterns of pregnancy care and maternal and newborn outcomes, and to support national and state reporting obligations. The data collected through the PDC (such as birthweight, gestation at first antenatal care visit and smoking during pregnancy) provide important information about maternal and baby health outcomes and allows for monitoring of changes in these outcomes over time.

The online AMDC with routine extraction of PDC data has been operating since 2014. Building the AMDC data set over time will provide increased capacity to assess the impact of AMIHS on health outcomes. Additionally, the evaluation findings provide an opportunity for the Ministry to:

- investigate the feasibility of undertaking regular analysis of AMDC data to measure changes in outcomes for women over time
- explore possible additional measures to assess the impact of AMIHS (including client satisfaction measures) with AMIHS staff and managers, districts and ACCHS that deliver AMIHS, and Ministry stakeholders
- work with the Cultural Reference Group to seek community perspectives on possible additional measures
- work with stakeholders to ensure any additional measures are feasible, relevant to service delivery and are not onerous.

Next steps

The Ministry will promote the availability of the AMIHS evaluation reports and NSW Health Response and communicate the evaluation findings to AMIHS program stakeholders. We will also work with stakeholders to develop an implementation plan that responds to the evaluation findings and takes action to address the areas identified for improvement.

Aboriginal people and communities will be central to this next stage following the evaluation. The Ministry will work closely with the Cultural Reference Group to ensure that Aboriginal community voices guide how we communicate and act on the evaluation findings. An AMIHS Evaluation Implementation Steering Committee has also been established to support this work.

Communication strategies and materials will be developed to share the evaluation findings with AMIHS sites and local Aboriginal communities, districts and ACCHS that deliver AMIHS, and organisational stakeholders that work with AMIHS. An important part of sharing the findings will be local community events that will be held in several Aboriginal communities across NSW.

Developing the implementation plan will involve a range of stakeholders. Ministry representatives will start these conversations first with Aboriginal staff and community members involved in the AMIHS program. This will ensure that the voices, experiences and expertise of Aboriginal people guide improvement of the AMIHS program and maternity services for Aboriginal women and families in NSW. The implementation plan will be approved by the Deputy Secretary, Health System Strategy and Resources and led by Health and Social Policy Branch.

Attachment A - Outcome evaluation – criteria for evidence categories

The results for all outcome evaluation analyses were rated for weight of evidence based on the following criteria:

No evidence – applied where AMIHS was not associated with an improvement in the outcome (either an increase or a decrease) in any of the analyses.

Initial evidence - applied where:

i. one to two analyses found an association between AMIHS and an improvement (either an increase or a decrease) in the outcome; and
ii. no other analyses found an association between AMIHS and a worsening in the outcome.

Moderate evidence – applied where:

i. three or four analyses found an association between AMIHS and an improvement (either an increase or a decrease) in the outcome; and
ii. no other analyses found an association between the program and a worsening in the outcome; and
iii. an improvement in the outcome was absent in Aboriginal babies born in the group in a non-AMIHS areas.

Good evidence – applied where:

i. five or more analyses found an association between AMIHS and an improvement (either an increase or a decrease) in the outcome; and
ii. no other analyses found an association between the program and a worsening in the outcome; and
iii. an improvement in the outcome was absent in Aboriginal babies born in the group in a non-AMIHS areas.

Inconclusive evidence – applied where AMIHS was associated with an improvement in the outcome (either an increase or a decrease) in one or more analyses but was also associated with a worsening outcome in one or more analyses.