

The Role of the Maternity Liaison Officer in the Provision of Primary Health Care: A values-based service model

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Current perinatal situation of refugees and migrants

- Poor health outcomes among refugees and migrants
- African refugee and migrant women
 - Often present late to services *(Correa-Velez & Ryan 2012)*
 - Are at greater risk of adverse pregnancy outcomes *(Gibson-Helm 2014)*
 - have elevated odds of perinatal mortality *(Belihu, 2016)*
 - highest estimated prevalence of FGM *(AIHW 2019)*
 - More likely to need assistance with difficult births *(AIHW 2019; Varol 2016)*
 - Suffer more injuries during birth *(Belihu, Small et al. 2016)*
 - higher risk pregnancies, higher rates of complications arising from caesarean section deliveries *(Correa-Velez & Ryan 2012)*

Barriers to accessing and utilising healthcare

- Difficulties accessing culturally appropriate, safe and relevant sexual and reproductive healthcare (*Mengesha 2018, Mohale, 2017, Murray 2010, Rogers & Earnest, 2014, Correa-Velez & Ryan, 2012*)
 - including poor health literacy and English language skills,
 - low risk perception, poor understanding of entitlements,
 - accessing childcare, poor postpartum wellbeing
- At the health systems level, providers experience barriers in the delivery of MCH services (*Rogers & Earnest 2014, Mengesha et al, 2017, 2018, Correa-Velez & Ryan 2012*)
 - language barriers, even when using interpreters
 - unfamiliarity with complex needs of woman or preconceived views of health care needs
- Importance of culture in framing pregnancy care (*Carolan, 2010*)

Background to the MLO program

- 1990s NSW Government's Policy directive led to employment of Ethnic Obstetric Liaison Officers in response to ongoing issues experienced by ethnic groups in accessing and utilizing health care (*NSW Government Policy Directive, 1998*)
- 2000 'Ethnic Obstetric Liaison Officers' phased out, position renamed Maternity Liaison Officers (MLOs) to focus on strategies that improve access to quality antenatal care and support to health education and counseling for refugee and people from culturally and linguistically diverse backgrounds (CALD)
- MLOs continue to play an important role in the implementation of NSW Plan for Healthy Culturally and Linguistically Diverse Communities 2019-2023
- But there has been little effort to understand MLOs role, the challenges they face and the benefits of the program in any kind of systematic way. The MLO 'voice' is missing in the literature

Objective of study

To examine the attributes of the MLO program and how MLOs deliver care to meet the needs of mothers and babies in Western Sydney



Athena Kandris and Nawal Nadar are maternity liaison officers at Blacktown Hospital.

Credit: *The Pulse Western Sydney health News 06/09/2017 'The wind beneath our mum's wings.'*

Methods

- We reviewed documentation available between 2008-2019
 - internal reports
 - policy documents
 - practice guidelines
 - resource materials
- Interviews with service providers and managers
- Ethics granted by WSLHD Ethics Committee (ref: 5968) and UTS-HREC (ref.ETH19-3846)



Nelma Galas is the maternity liaison officer, and Natalie Wearne, the midwifery unit manager at Women's Health Clinic at Westmead Hospital

Findings



MLO requirement & skillset

- Familiar and accessible face
- Understand socio-cultural context
- Build trust and mediate complex relationships
- Empower woman to build meaningful relationship with her support team
- Promote culturally sensitive care for women
- Provide maternal health education and information

Role and functions

- Act as a cultural “bridge” between women and the health system

*“Work alongside midwives, specialist doctors and other health providers to promote **culturally sensitive care for women** as they access obstetric health services and attend antenatal care in Westmead, Blacktown and Auburn hospitals” (Team Leader)*

*“Act as **point of contact** for women from refugee and CALD backgrounds attending women’s health clinic” (MLO)*

*“Help women **understand how the public health care system works**, provide information on procedures, explain what to expect while visiting clinics, take them on birth unit tours and educate them on concepts around pregnancy, labour, birth and parenting through classes or one-on-one meetings” (MLO)*

*“**Link women to services or support networks**” (MLO)*

*“Support Western Sydney LHD in **understanding needs and experiences of refugee and migrant women** from an antenatal care perspective.” (Manager)*

Description of the MLO program

Approach

Woman-centred, culturally appropriate care
Hospital based, nested within women's health clinics
Trained staff, often with health professional background from their own countries
Implementation: Western Sydney LHD-Westmead, Blacktown/Mt Druitt, Auburn

Strategies

Support midwives, medical staff and women during maternity journey
Target women with limited literacy skills
Co-design personalized Maternal Care plan
Support woman to navigate MCH care, group and individualized care
Childbirth, Parenting & Wellbeing Education sessions
Pregnancy appointments at 28, 36- and 40-weeks
Health education, and social support
Information provided in simple and plain English, work with trained interpreters
Link women to services or support services e.g. outposts or outreach teams
Workshops for healthcare staff and midwifery students to enhance cross-cultural perspectives in motherhood
Other MLO engaged programs

MLO engaged programs

- Westmead hospital runs a Cultural Support program
 - Mothers of Many Societies(MOMS) a 9-week program after the baby is born where MOMS support and interact with other mums
 - Parenting and wellbeing sessions implemented in partnership with other services and local council
 - Community midwives engaged to refer women to clinic for pregnancy care
- Blacktown Hospital through the Sudanese Arabic Pregnancy Care Clinic (SAPCC)
 - Runs five outreach clinics, parenting and wellbeing Program
 - Multicultural antenatal care classes, GBV
 - Work alongside midwife, with assistance of an Arabic Sudanese interpreter
- Auburn hospital works with bilingual health workers who are midwives themselves
 - BHWs provide antenatal and postnatal information and education
 - Program assists Dari and Persian speaking women

MLO Service Model; benefits

- **Women feel supported** *“we build rapport with the ladies and their families”*

*“We are sensitive for the needs of the CALD women and their family as **we have a CALD background ourselves**. We provide special **antenatal classes** that are **culturally sensitive and appropriate in line with childbirth educators** on a regular basis.’*

- **Enhanced experiences and greater preparedness for birth:**

*“We have found that many women who have participated in the services, now **feel comfortable** talking to their GP or health professionals about **feelings of isolation, sensitive, or taboo issues**, and they are now accessing health services that they were previously unaware of”*

*“Use of **simple and plain English** [has] enabled woman to understand the content of the educational session”*

“Women are better educated about how the hospital works”

- **Number of women seen** by clinicians at follow-up 20, 28, 34-36 weeks **has increased**
- Hospital **management more cognizant** of the **changing cultural diversity** of women clients

MLO Service Model; challenges

- **Rising need and demand** for services with **more diversity in culture**

(Afghanistan, Syria, Iraq, Iran, Sierra Leone, Sudan)

- Increasing **workload and pressure to deliver**, without additional resources

“weekly meetings with the women have been successful but would require an additional staff member to support the expanding workload. I see about 10-20 CALD women in a day”

- **Language barriers** an underlying problem in women’s ability to access services and understand information

“They [women] often do not speak English and its often the husband who speaks and answers the questions. It is difficult for them to attend education, makes communication difficult during pregnancy assessment care, when they come for ultrasounds or screening.”

- **Lack of MLO delivered Continuity of care into post-natal period:**

“During consultations with the women they may disclose issues which require individual casework. This includes offering them advocacy, information or referrals to other services.”

- **Lack of follow up after referral**

MLO Service Model; challenges

- **Cultural conflicts in perceptions and practice**

*“she talked about pregnancy and how she had gotten a baby and didn’t want caesarean because the husband or mother in-law might **look down upon her.**”*

*“**Socioeconomic struggles, cultural expectations and language barriers** add another layer of vulnerability to this group, which is further intensified by pregnancy and childbirth, making maternity an important area of focus.”*

- Caring for women with female genital mutilation: *“They [women] **don’t know** the difference, if you ask the question have you been cut, if it happened early in childhood, they don’t have **memory.**”*

- **Increasing number of African women on student visa**

*“women on student’s visa do not have medical cards and one needs to consult their files on record or open a new file for them. It is all about creating a rapport with the patient and for them to comfortable to divulge details of their status, some of them do not even have **private insurance**”*

- **Limited evidence of the effectiveness of program**

MLO Service Model; Opportunities for innovation



Study

More research to assess the impact on health outcomes and facilitate the development and dissemination of focused insights and new evidence



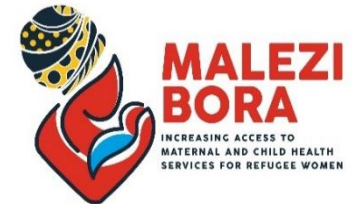
Strengthen

MLO capacity by providing key resources and connections



Scale-up

Explore new ways of providing **integrated services and referrals** to deliver the best value to the women and populations



Thank you Asanteni sana

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