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ADDRESSING INEQUITIES IN Access to antenatal care



Key messages

- Antenatal care promotes the health of women and their babies during pregnancy
- Families experiencing disadvantage are less likely to see antenatal care specialists early in pregnancy and less likely to receive regular care
- Women face a range of barriers to receiving antenatal care appointments
- Access to antenatal care is affected by social environments, health services and systems, and psychological factors. This means multiple solutions are needed.

Access to high-quality antenatal care throughout pregnancy is critical for optimising maternal health and the baby's development. However, in Australia, the benefits of antenatal care are not equally available to all women.

Disadvantage can occur due to any adversity arising from financial, cultural, ethnic, legal, health or social circumstances. Women experiencing disadvantage encounter a range of barriers to accessing high-quality antenatal care throughout pregnancy. This places them, and their baby, at greater risk of poorer health and wellbeing.





Why is access to antenatal care important?

High-quality antenatal care supports the health and wellbeing of pregnant women. Regular check-ups allow existing or potential medical conditions that may affect a pregnancy to be monitored or treated, protecting women and their babies from a range of serious pregnancy-related health conditions.^{1, 2} However, in Australia, the proportion of women receiving adequate antenatal care is lower among women experiencing disadvantage, compared with those not experiencing disadvantage.³ This means they are less likely to receive an antenatal consultation in the first trimester and less likely to receive at least 6-7 subsequent consultations, as recommended by the Australian Pregnancy Care Guidelines.⁴ Reducing inequities in access to antenatal care should have substantial and longlasting benefits to women, their children, families, and society.1

Research from other countries suggests a range of barriers make it difficult for women experiencing disadvantages to access adequate care.^{5, 6}

By understanding the barriers to women accessing adequate antenatal care in Australia, health practitioners, health services managers and policymakers are better placed to address them to optimise antenatal care for all women.

What was our aim?

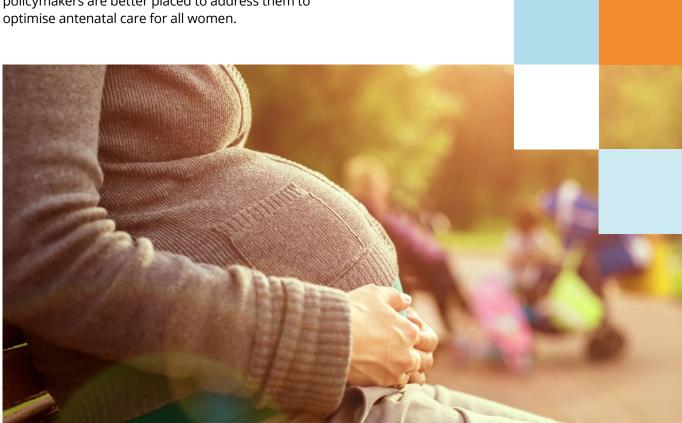
Our study aimed to identify barriers that make it difficult for Australian women experiencing disadvantage to:

- begin formal antenatal care during the first trimester
- receive the recommended number of antenatal care appointments throughout pregnancy.

We also wanted to develop a deeper understanding of *how* women experience these barriers.

What did we do?

We interviewed eleven women who reported having experienced disadvantage during their pregnancy. The women resided in local government areas of Victoria (Australia) that have higher rates of disadvantage throughout the community.



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What did we find?

The women reported facing a range of barriers to receiving adequate antenatal care and often multiple barriers at the same time (Figure 1). Some barriers were personal, for example, having difficulty with emotions, or a lack of knowledge about antenatal care services.

Other barriers concerned health service provision. For example, women discussed limited access to preferred models of care (e.g., continuity of care provider), conflicting information from antenatal care providers, a lack of flexibility in scheduling appointments, difficulties travelling to appointments, and problematic staff attitudes.

Broader social-contextual barriers to receiving adequate care were also identified. These included family financial circumstances, language barriers and cultural norms and beliefs (e.g., pregnancy at a young age, belief in alternative medicine or natural therapies).

Although the women considered some barriers to be hassles or annoyances, other barriers were unacceptable, overwhelming or humiliating.

What does this mean?

Reducing inequities in access to antenatal care is important for preventing pregnancy-related health conditions, and likely to have health and economic benefits for women, children, their families, and therefore society more broadly. Despite the small sample of women interviewed, the study identified consistent themes suggesting the barriers are likely to affect many families and important to address.

Multilevel strategies are needed to address the many and complex barriers that prevent women experiencing disadvantage from receiving timely and adequate antenatal care during pregnancy.

System

of care

Staff

Setting

and system

Barriers to atenatal care for women experiencing disadvantage

Lack of continuity of care Lack of interagency collaboration Inconsistent standards **Emotions** Anxiety and fear Depression Frustration Lack of support or respect Poor communication Motivation Conflicting advice Sensitivity Perceived incompetence Knowledge Uncertaintv Waiting times Lack of information Inflexible appointments about care **Distance and transport** Lack of information about rights **Health services Psychological**

Language Lack of translators Reliance on family for translation

Immigration status Hindered access to Medicare

Economic Low income and financial stress High medical costs Cost of attendance

Social issues

Lack of support Competing family responsibilities Work-life balance Family violence

Cultural norms

Stigma Alternative medicines or therapies Concern with cultural safety

> **Broader social** contextual environment



Implications for policy and practice

Findings from our study could inform the development of strategies for overcoming barriers to antenatal care attendance.

Continuity of care

Increasing access to a range of continuity of care models may address many of the identified barriers (for example, by building stronger patient and practitioner relationships). These should be made more available – particularly for women experiencing disadvantage.

Health services and systems

Other actions the health system could explore to address service and psychological barriers to accessing care include:

- ensuring staff are trained in relationshipsbased practice
- improving ease of scheduling and accessing appointments
- ensuring information about care options is readily available and easy to understand.

Services and communities could also benefit from making better use of data to understand how antenatal care services are being delivered. Improved data-systems would enable services to identify which women are missing out or receiving a poorer quality service. Services could then develop tailored local strategies to engage groups who face particular barriers to accessing care. This requires the antenatal service system to collect data measuring whether:

- services are available locally in sufficient quantity, relative to the size of the target population. E.g. Are there enough services?
- women are receiving quality antenatal care at the recommended doses (participation).
 E.g. Are the services successfully reaching all pregnant women?
- services are delivered at the standard that the evidence says is required (**quality**).

With insight provided by the data, services are better placed to develop local strategies to overcome the barriers affecting women in their region.

Implications for research

This research provides insight into the barriers some women face in accessing quality antenatal care. Additional research would provide the opportunity to deepen our understanding of:

- how best to identify and support women to receive high-quality antenatal care
- how many women experience each of the identified barriers or multiple barriers simultaneously throughout their pregnancy
- whether different forms of disadvantage or geographic areas are linked with specific barriers.

Research embedded within quality improvement processes could help us to learn more about barriers and their potential solutions. That is, engaging in a continuous cycle of analysing data – planning and implementing actions informed by the data, then analysing data again – should help to ensure all women can access antenatal care, at levels consistent with those recommended by national pregnancy guidelines.

For further information

Penman, S., Beatson, R., Goldfeld, S., Walker, E. & Molloy, C. (2023). Barriers to accessing and receiving antenatal care: Findings from interviews with Australian women experiencing disadvantage. *Journal of Advanced Nursing*. <u>https://doi.org/10.1111/</u> jan.15724

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RSTO is a collaboration between the Centre for Community Child Health at the Murdoch Children's Research Institute, Bain & Company, and Social Ventures Australia.

For information about the study or RSTO

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The Centre for Community Child Health is a department of The Royal Children's Hospital and a research group of the Murdoch Children's Research Institute.

We acknowledge the Traditional Owners of the land on which we work and pay our respect to Elders past, present and emerging.