

Women's Health Program Annual Report 2012

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Promotion of women's health messages and facilitation of the best possible health care through the lifecycle is the central aim of the Women's Health Program.

To achieve this, the Program seeks to:

- maintain and sustain the highest possible level of clinical care
- provide relevant and up to date information, education, support and encouragement to allow women to make positive health and lifestyle choices where able
- facilitate both of the above in a way that respects both cultural traditions and the more contemporary view of some of the younger women

Where staff numbers, clinical experience, funding and health priorities are constantly changing, the Program works to achieve stability and focus by:

- observing clear guidelines for clinical practice (Women's Business Manual 4th edition)
- identifying clear expectations and objectives in each area of women's health
- following a standard format for documentation in each area of care
- constantly reviewing and improving orientation procedures and providing ongoing support for staff
- maintaining recall and information systems that support core components of women's health

During this last financial year (2011/12) the Program has managed/facilitated the care of 55 women during their pregnancy. Using some of the markers of progress in the area of antenatal care, outputs included:

- The mean birth weight of all 55 live born babies was 3170 grams
- The number of low birth weight babies was 4 of 55 births
- The number of babies born at term – 50 of 55 births
- The number of women who presented in the first trimester for care was 41 of 55, or 74.5%, an excellent figure equivalent to the non-Aboriginal figure in Australia.

In this past year the Health Council has commenced using the obstetric module on the Communicare Clinical Information System. Thanks to Sally McGrath (Communicare Manager), and particularly Heidi Crisp (Outreach Nurse/Midwife), we were able to enter the complete obstetric history for all women for whom a birth occurred in the years since commencing Communicare. Consequently we now have the ability to:

- Quickly and more completely assess a woman's history and risk factors when she presents for her first antenatal visit.

- Ensure documentation and recalls are standardised
- Provide more complete information to external agencies involved in the woman's care
- More easily provide continuity of care
- Assess / monitor more closely any factors impacting upon the pregnancy

In the area of staff support and supervision, the ability of the Program Coordinator and Outreach Nurse/Midwife to oversee care in an immediate fashion improves the safety of care provided together with provision of more timely support and feedback to front line clinical staff providing that care.

Both the Program Coordinator and Outreach Nurse/Midwife are able to perform simple dating scans in the clinics. The benefits of this include:

- More accurate estimation of gestation in the first trimester
- Better coordination and timing of appointments and formal ultrasound scanning for the woman
- Clearer confirmation of her pregnancy options where knowledge of gestation is critical in the first trimester
- Opportunistic health education that promotes healthy lifestyle choices during pregnancy

Another significant clinical activity this Program undertakes is that of cervical screening. A major barrier to high rates of participation is the varying number of staff throughout the year who are skilled to perform this examination. The Program Coordinator has become a preceptor and mentor for SA SHINE. This means that for staff who have attended the Pap Smear Certificate course with SHINE, the clinical component of the course can be completed in the workplace. Inclusion of Pap test recalls on Communicare has proven to be effective in drawing recalls to the attention of all staff and facilitating testing. Scheduling of appropriate follow-up of results is the sole responsibility of the Program Coordinator and Medical Officers and this enhances the effective coordination and management of care.

Liaison with other agencies working in the areas of women's health has always been an important part of providing safe and continuous care. The Outreach Nurse/Midwife Breanna Monk has been a great asset to the Program in this area with her established network of colleagues in Alice Springs and experience gained from working there as a midwife for some years.

All clinical staff have worked consistently hard to move this Program area forward and maintain a high standard of care. In the communities many of the women have responded actively, taken on the education and advice offered and are making and promoting healthy lifestyle choices. The Program will continue to build on this momentum in coming years.

We should remember that girls and women are the future mothers, current mothers and grandmothers. They are frequently the carers of the old. Women are the primary carers of both the previous, current and next generation and

this fact makes women's health on the APY Lands a matter of great importance.