SIREN
WA Sexual Health and Blood-borne Virus Applied Research and Evaluation Network

Curtin University

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Improving Aboriginal women's engagement in antenatal care to prevent congenital syphilis

Policy brief

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Policy brief

This policy brief presents the findings of a qualitative research study commissioned by the Department of Health, Western Australia (WA) in 2021 as part of the response to the ongoing syphilis outbreak in Australia. The purpose of the research was to collect data that would support improved engagement of Aboriginal women in antenatal care and postnatal care to prevent congenital syphilis. The research was conducted by the Sexual Health and Blood Borne Virus Applied Research and Evaluation Network (SiREN) team located at Curtin University in Boorloo (Perth), WA.

The issue

Australia continues to experience a syphilis epidemic which started in 2011 in northern Queensland, was first identified in WA in 2014, and is now endemic across many WA regions (1). Syphilis is a sexually transmitted infection that disproportionally impacts Aboriginal peoples.[1] In 2021, the syphilis notification rate for Aboriginal peoples was more than five times higher than the rate reported for non-Aboriginal people (107.2 per 100,00 and 19.3 per 100,000 respectively) (2). Women of reproductive age account for 50% of syphilis cases in outbreak affected regions in WA (3). Untreated syphilis can have a range of adverse outcomes for pregnant women, including congenital syphilis (4).

Cases of congenital syphilis in WA have increased 180%, from June 2014 to December 2022 with nine of the 14 cases attributed to Aboriginal peoples (3). Contributing factors are many, but disrupted continuity of antenatal care or complete disengagement in antenatal care commonly feature in reviewed cases (5). Congenital syphilis is preventable if screening and treatment occur during antenatal and postnatal care. Western Australian clinical guidelines advise women are screened for syphilis three times during the antenatal period, with an additional two tests recommended at delivery and six weeks postpartum for women living in syphilis endemic regions (4). Syphilis remains a significant public health issue for Aboriginal peoples. This underscores the need for continued advocacy for culturally appropriate health care delivery for Aboriginal peoples.

[1] This policy brief has been informed by a research study undertaken in Aboriginal communities in Western Australia. The term 'Aboriginal' has therefore been used out of recognition that Aboriginal peoples are the original inhabitants of Western Australia. The research team respectfully recognise Torres Strait Islander peoples also reside in Western Australia.

Our research

- The research was conducted between May 2021 to May 2023, with participants purposefully recruited from WA regions affected by the syphilis epidemic (Figure 1).
- We yarned with Aboriginal pregnant women or mothers with a child under three years old about their experiences of antenatal and postnatal care, including syphilis testing.
- We also conducted semi-structured interviews with health professionals and collected stories of success and lessons learned in engaging Aboriginal women in antenatal care and postnatal care.
- Three researchers, experienced in qualitative research with Aboriginal communities, conducted the interviews and yarns; two identified as non-Aboriginal. In one region, yarns were co-facilitated in local language with the assistance of a local Aboriginal female.

Ethical approval for the research was provided by the WA Aboriginal Health Ethics Committee (HREC1089) and the Curtin University Human Research Ethics Committee (HRE2021-0753).

FIGURE 1. Research participants

What we found

Our research offers valuable insights into Aboriginal women's perceptions and experiences of antenatal and postnatal care, and how maternal and child health care providers engage Aboriginal women in their services.

- Both Aboriginal women and health professionals identified **trust** as the key factor influencing successful engagement of Aboriginal women in antenatal care.
- Health professionals explained the critical importance of establishing trust with both pregnant Aboriginal women and the broader community. Strategies used to build meaningful and caring relationships included (among others): creating a culturally secure, private, safe space; and exhibiting a non-judgemental attitude and empathy.
- Successful engagement of Aboriginal women in antenatal care included: offering flexible and responsive health care delivery; immersing oneself in the community; increasing health literacy among young people (e.g., school visits); providing preconception care; and good inter and intra agency collaboration.

- Privacy and discretion were key factors in Aboriginal women's reports of positive antenatal care experiences. For some Aboriginal women, pregnancy was a particularly private experience, not celebrated nor shared with others. The provision of private and confidential maternity care helped to minimise feelings of shame experienced by some Aboriginal women.
- There was a genuine desire among Aboriginal women to ensure their babies are healthy. Family and kinship groups provide an important source of health information and motivation to engage in services. Health literacy, along with hearing the baby's heartbeat or seeing the foetus on an ultrasound machine, also influenced engagement in antenatal care.
- A culturally safe clinic space (separate from the main waiting area) and friendly welcoming staff who offered holistic responsive care that addressed women's most pressing needs, was important to Aboriginal women.
- Syphilis knowledge varied among the women, with some women unable to confirm if they had been screened for syphilis during or post pregnancy. Health care professionals offered information and syphilis testing, however receiving multiple tests during an appointment and low levels of English literacy may have impacted information recall by women.
- No challenges were conveyed by health care professionals with engaging women in antenatal syphilis testing, providing a trusting relationship had been established. Good collaboration between midwives and child health nurses facilitated postnatal syphilis testing, however this was generally limited. Some health professionals had low awareness of available resources for syphilis education and limited or inaccurate understanding of some aspects of syphilis testing. This was unsurprising given the complexity of syphilis testing.

Key areas for action

Findings from this research reveal how health care delivery could be improved to engage Aboriginal women in syphilis testing during antenatal care.

Five key areas for action are presented (see Figure 2). Each action area contributes to the enhancement of trust and culturally secure health care provision. This will increase engagement in antenatal care and the likelihood of pregnant women completing the recommended syphilis testing regime.

Example actions are suggested based on the data collected and previous studies, however, these are not prescriptive.

We acknowledge the diversity that exists across Aboriginal communities and emphasise the need to work in partnership with Aboriginal communities to identify issues of concern and co-design localised, community driven responses (6). In doing so, impactful and sustainable change will be realised.

FIGURE 2. Key areas for action

Many of the health care professionals we spoke with are committed to culturally appropriate health care delivery, however, their efforts are sometimes limited by the rigidity of policy requirements. The findings from this research project reinforce previous calls to work alongside Aboriginal communities to co-design solutions that work for local communities to engage safely in healthcare services (24).

Importantly, a commitment to the five key areas for action outlined above will have positive implications beyond the prevention of congenital syphilis. It may also facilitate improved outcomes across the spectrum of maternal and infant health for Aboriginal communities.

Five key areas for action

1. Relationship building

Encourage and support health care professionals to foster relationships with local Aboriginal communities, for example by including relationship building in reporting requirements. Aboriginal peoples will seek information from, and share information with, trusted providers (7, 8, 9, 10, 11). Investing in relationships in early adolescence enables timely provision of preconception care, which can improve the uptake of antenatal care services and birth outcomes (12, 13).

> *... when I first started there'd be people who'd come in and they'd be a good portion of the way through a pregnancy before they first came to the clinic. But when I'd been there for some time, these teenagers were coming in and asking to have their Implanon removed to start a pregnancy. So we were engaging them before they even got pregnant ... So they were in touch with us regularly while trying to conceive, keeping in touch with us ... and just being able to touch base with them ... it just helped so much. And instead of being reactive with the patients once they were already pregnant, we were being proactive and they were being tested [for syphilis] before they even conceived."* (Participant 6, Health Professional)

> *... when I was interviewed for my position, working with women, I was actually interviewed by our Health Reference committee, female women members at that time, so I was interviewed by six Aboriginal women, senior women. And they instructed me on how it was to work. So they would call me, health workers would ring me and say, a different name, given a bush name then, 'What are you doing when you come in?' So, I'll discuss plans with them. I was prompted not to work unless I had one of them with me, which I always did. It was a very different environment to the way people work now."* (Participant 13, Health Professional)

2. Workforce development

Enhance the cultural capability of health care professionals by offering relevant ongoing training and appropriate induction when commencing work in a new community. Improving the cultural competence of non-Indigenous staff can support Aboriginal women to feel safe to access antenatal care (8, 14, 15). In addition, syphilis testing protocols can be confusing. Ensuring currency of clinical knowledge by offering regular training in varied modes of delivery and ensuring new staff are aware of available resources is required.

> *(they) have an evening ... where the age group range is sort of like between 11 and 16 ... it's actually sort of like a very girly night. They do their hair or they wash their hair or they have little massages or they paint their nails or they make something ... I'm invited to go because there's subjects that we talk about which are private, which are women only, and we talk about ... coercion, consent. We talk about periods, breasts, boys ... They've asked me what happened in my rooms. Do they want to come across and have tests, and we'll do breast checks, we'll do STI screenings ... things are normal, natural, but positive in the way of how it's discussed."* (Participant 10, Health Professional)

3. Service integration

Reorient health service delivery to offer health promotion and antenatal/postnatal care in non-clinical settings (e.g., local playgroup) and provide health information during other activities where Aboriginal women congregate (e.g., women's groups; bush picnic). This will encourage the development of trusting relationships with women in the community and ensure that service delivery is more congruent with cultural norms. Previous research has also reported on the importance of extending services beyond the confines of the clinic setting to engage Aboriginal pregnant women, such as offering education while searching for bush tucker (16).

4. Partnerships and collaboration

Enhance collaboration between health care provider roles within and across services to increase continuity of care. Familiarisation of Aboriginal women with key health care providers during the antenatal period, delivery, and post-delivery; establishing partnerships with other services to facilitate referrals that women may need (e.g., refuges, healing, childcare); and supporting holistic healthcare delivery demonstrates care. Continuous care supports the engagement of Aboriginal women in antenatal care and facilitates a positive antenatal care experience (7, 8, 10, 17, 18). When continuity of care by an individual may not be feasible, continuity within a team can help mediate the impacts of high staff turnover (7).

> *... every Wednesday the obstetric GP from the hospital – there's usually about four at any given time – they come across here and run an antenatal clinic here ... So, they [local women] get seen here ... by the obstetric doctors from the hospital ... so they're obviously then the doctors that go onto then birth them in hospital, if they are able to birth here. Then I also have regular meetings with those doctors as well as ... the head of obstetrics ... and I have monthly meetings with them, and we discuss all our high-risk clients ... So, it's continuity of care ... the clients are familiar with them."* (Participant 3, Health Professional)

5. Community capacity

> *... there is an Indigenous liaison officer who has access to a car. So, I work very closely with her – at the beginning of the week I might say, 'Right, these [women] are our absolute priorities for the week' or 'I actually need to get that woman back in today. She's aware of it. She just needs a lift' or it's literally 'Can you go and find this person and just wherever they are, bring them in at any time. Don't worry if I've got appointments booked all day, just bring them in because they're only in town for two seconds so we've got to grab her while we can.'"* (Participant 3, Health Professional)

Build the capacity of community members to have a key role in improving health literacy within the community and enhancing the cultural safety of health care services. Family and kinship groups play a critical role in supporting women during pregnancy and are often a key source of health information and motivation to engage with maternal and child health care services. Employment of local community members as health coaches, birth and/or travel companions, or cultural brokers/patient advocates helps to ensure Aboriginal pregnant women receive optimal clinical care in a culturally safe manner, resulting in improved health outcomes. A plethora of research reports on the value in adopting a bicultural approach to antenatal care (16, 18, 19, 20, 21, 22, 23).

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About SiREN

SiREN is the WA Sexual Health and Blood-borne Virus Applied Research and Evaluation Network. SiREN is a partnership between researchers, service providers and policymakers working to strengthen evidence-informed policy and practice in Western Australia.

SiREN aims to:

1. Strengthen the research, evaluation and health promotion skills of people working to promote sexual health or prevent or manage blood-borne viruses.

2. Promote and facilitate opportunities for collaboration between sexual health and blood-borne virus service providers, policymakers and researchers; and

3. Foster links with national sexual health and blood-borne virus research centers and contribute to appropriate national research agendas in order to raise the profile of SHBBV concerns affecting WA.

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