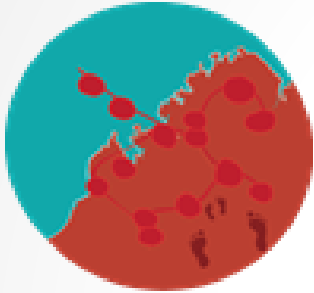


# A remote woman's journey thread through the complexities of delivering remote health care in a high risk pregnancy



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# Nini Helthiwan Project

- Joint research project between WACHS and KAMS
- Assessing if the provision of Midwife (intervention) coordinators can improve quality of health care as well as reducing the rates of anaemia in mum's & babies
- These Midwives, who are in addition to regional M&CH coordinators offer a supportive service to all health clinics in the Kimberley whilst assessing factors impacting women's antenatal & postnatal care



Community Midwives ensure the women of the Kimberley are receiving the best care to enable them to birth safely and confidently out of community

The Community Midwife is with the woman and family from the period of conception and often pre-conception right up until the woman is leaving community to her birthing facility

The Community Midwife then continues her care of woman and baby on their return back to community up until the 6 -8th week postpartum



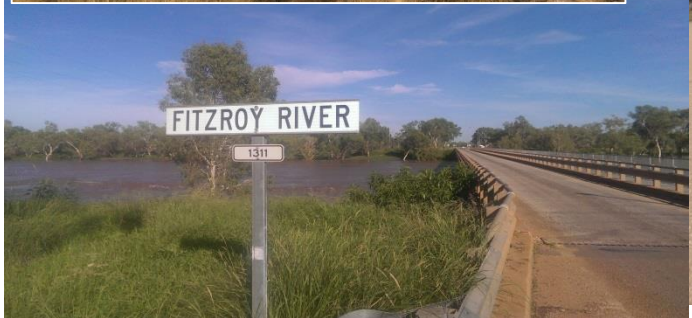


## Each Community Midwife role across the region is unique in its own way.....

Rarely are the Midwives sitting in clinic awaiting for clients to arrive

Driving long distances & plane flights are all apart of the role







## Healthier country communities through partnerships and innovation

Values Community | Compassion | Quality | Integrity | Justice



# A REMOTE WOMAN'S JOURNEY:

## **G7P6**

### **Past History**

- Normal Vaginal Births x6
- All previous babies above 3kg and term
- X1 BBA in community
- T2DM since 2009
- Current HbA1c 8.0%

### **Medications**

- Quinapril 5mg
- Metformin 500mg
- Gliclazide 60mg





# LIVES IN KADJINA COMMUNITY: 300km South East of Broome and 100kms South West of Fitzroy Crossing



Presents to RFDS Clinic with a +ve pregnancy test

- RFDS service Kadjina with monthly clinics
- Noonkanbah is the nearest clinic that is serviced x4 days per week
- Kadjina clients need own vehicle to access Noonkanbah Clinic which is 50km across the **dry** riverbed

During the Wet Season

- Boats are used if available to cross the flowing river
- When the river rises high often boats are unable to be used
- Noonkanbah Clinic then is not an option
- Can then drive into Fitzroy Crossing the back way 170kms pending on other rising creeks



# PLANNING NEXT STEPS:

## Initial bloods are collected by RFDS Clinic

- Medication review is **not** undertaken at this time – (Quinapril should be ceased)
- LNMP is unknown
- Booking-in visit with Midwife will occur if client presents across the river to Noonkanbah Clinic...but only if arriving on the day that coincides with the visiting Midwife day
- Initial consult without Midwife present will still occur to gather information and phone consult would be used at the time

## Needs a Dating Ultrasound

- RFDS are not frequent users of a portable US machine whilst travelling to remote clinics
- Few locum GPs in the Fitzroy Valley and other smaller sites across the region are confident or skilled in bedside US in relation to obstetrics
- The more permanent GPs or regular locums that service the whole Kimberley are proficient in pregnancy scanning



## PLANNING NEXT STEPS *CONTINUED*:

### Midwife to attend dating scan

- Trained Midwife in obstetric dating ultrasounds would take portable sonosite out to Noonkanbah weekly

### Client to fly on Noonkanbah Clinic plane for a day visit

- If the client can be at the Noonkanbah airport for 9am (pending on flow of river) the woman can fly into Fitzroy Valley Health service to see Midwife, GP or sonographer who visits monthly

### Client to fly in to town and Greyhound to Derby/Broome Radiology

- Formal dating US can often be required in many circumstances;
- This requires the woman to self drive or catch clinic plane into Fitzroy Town & wait until 1am for bus to arrive at Derby at 4am or further onto Broome



# MANAGEMENT:

## Bedside Dating US

- By the time this client made it across the river by boat to have a bedside US with the Midwife she was already 13/40 with a twin pregnancy
- In order to manage their higher risk, it is important to be able to determine chorionicity and amnionicity at the earliest age possible
- This is much more difficult to determine in the second trimester

## Needs Formal Ultrasound



## Requires O&G review Physician input Diabetes Educator

- This all needs to be managed in a remote context
- Requires attending Fitzroy Valley Health Service in town for Specialist reviews in a timeframe of only x1 day per month



## Many remote communities are affected by the wet season across the Kimberley

Collaboration with RANs, Nurse Practitioners and other colleagues across the region to assist in providing the best possible care for individual women is required ~ Kimberley Team Work at its best!





# THIS TRANSPORT IS REQUIRED FOR THE REMAINING OF THE PREGNANCY



**OR**



**The boat from Kadjina to Noonkanbah**

**AND**



**The Clinic Plane**

**AND**



**The Bus to Derby or Broome**

**Vehicle from home to Clinic**

50km from Kadjina Community across the dry riverbed to Noonkanbah Clinic

Without mobile phone service in Kadjina this can impact on arranging scheduled appointments with the woman

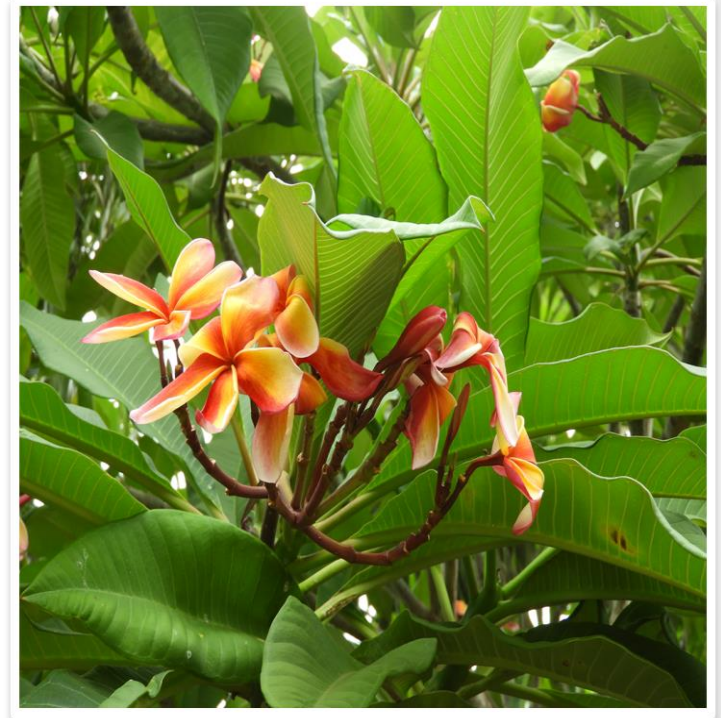
Our pregnant lady will miss this many times during her pregnancy & sometimes for reasons beyond her control

Which often means this bus will be missed



This woman was commenced on insulin before review by the O&G or the Physician

- many times the pregnancies are team managed with Specialist input and prescriptions altered via email / telephone communication
- the client records which are accessible throughout the Kimberley by the DMOs and Consultants to script and document a care plan approach for each client





# COMPLICATING FACTORS:

- **Morphology scan at 20/40 found a shortened cervix**
- **Diabetes was not being adequately managed and as this woman had x6 other children at home it was difficult for in-patient management to be co-ordinated in a timely manner**
- **The woman was subject to Family Domestic Violence (FDV) when she was 24/40 requiring admission and management of concussion and injuries post violent attack from a shovel**
- **CPFS became involved to implement a safety plan for this mother, her unborn and x6 other children**



# COMPLICATING FACTORS

CONTINUED:



- ▶ 1<sup>st</sup> meeting with CPFS held out in community and safety plan established ~ involving inpatient management / stabilization of diabetes at short regular intervals for the remainder of pregnancy
- ▶ Growth US at 28/40 booked in conjunction with review by visiting Regional O&G and visiting sonographer ~ charter plane is cancelled at last minute so these specialists will not be visiting Fitzroy Crossing
- ▶ This woman has 6 children back in community and is unprepared for an overnight bus to Derby which is the next available option
- ▶ Iron deficient anaemia on 28/40 bloods requiring an iron transfusion
- ▶ Sorry Business then occurs from 30/40 with the woman's mother passing away – this affects all plans made of follow up care to occur out of community



# SO HOW CAN WE IMPROVE CLINICAL PRACTICE, WHAT SMALL STEPS, CHANGES CAN WE MAKE TO IMPROVE OUTCOMES FOR WOMEN & THEIR BABIES?



- BUILDING CAPACITY IN REMOTE CLINICS
- COLLABORATION IS A GIVEN
- TECHNOLOGY
- SPECIFIC TRAINING
- CLINICAL REGIONAL SUPPORT



# This Mother safely birthed her twins out of Community



A lot of support & encouragement amongst funeral arrangements & sorry business was undertaken for these twins to be born without an emergency RFDS transfer