YOUNG WOMEN WHO ARE PREGNANT AND/OR PARENTS IN SOUTH EAST HEALTH

A NEEDS ASSESSMENT

APRIL 2003
Acknowledgments

The needs assessment of young women who are pregnant and/or parents was undertaken by the Area Youth Health Service coordinated by Sally Lambourne, Area Youth Health Coordinator. The Area Women’s Health Unit, South East Health, commissioned it.

Thanks are extended to the steering committee for their valuable input into the project.
Steering committee members were:
- Sally Lambourne - Youth Health Coordinator, Area Youth Health Service
- Lynne Clune - Parenting Co-ordinator, Area Women’s Health Unit
- Bev Larson - Manager, Karitane
- Monica Dolso - Director, Glen Mervyn Young Women’s Health Program
- Jane Svensson - Health Education Co-ordinator, RHW
- Carol Still - Acting Health Education Co-ordinator, RHW
- Elizabeth Hurrell - Social Worker, RHW
- Sue Ingram - Clinical Nurse Educator, RHW
- Hazel Scholler - Counsellor, Adolescent Psychiatry Unit, POW Hospital
- Vikki Carroll - Mothercraft Nurse, Parent Support Team, RSSCHC
- Patricia Riddout - Manager, Health Promotion Strategy. Multicultural Health Unit
- Connie Greenwood - Liaison Midwife, GP Antenatal Shared Care Program, RHW
- Claudia Vidal - Counsellor, Come In Youth Resource Centre
- Naomi Lavery - Youth Worker, Walla Mulla Family and Community Support Service
- Wendy Sue Forder - Nursing Unit Manager, Outpatients Dept, RHW
- Jennifer Warrilow - Acting Nursing Unit Manager, Outpatients Dept, RHW
- Fiona Cooke - CUPS, Langton Centre
- Jane McGregor - Nurse Unit Manager, Birth Centre, RHW
- Fay McCartney-Bourne - Nurse Unit Manager, Family and Child Health Services, RSSCHC

Thanks are also extended to the young women who willingly gave of their time by participating in focus groups or completing questionnaires and sharing their own experiences to improve services for future young women.

This project was funded by NSW Public Health Outcomes Agreement.
Document Authors: Michelle Bonner and Janice Oliver Area Women’s Health Unit
Document Owner: Sally Lambourne South East Health - Area Youth Health Service
Table of Contents

Executive Summary 1
1 Introduction 1
2 Goal 2
3 Description of Project 2
  3.1 Methodology 3
4 Results 4
  4.1 Data 4
    4.1.1 Obstetric inpatient delivery episodes 4
    4.1.2 Maternity Care 5
    4.1.3 Early childhood attendance 7
  4.2.1 Methodology 8
    4.2.1 Focus groups with young women 8
    4.2.2 Questionnaire for young women 12
    4.2.3 Survey of Early Childhood Health Centres 14
  4.3 Audit 16
    4.3.1 Current health service activity 16
5 Action 17
  5.1 Inservice Education 17
6 Conclusion 17
7 Recommendations 19
References 19
Appendices 20
Executive Summary

South East Health (SEH) is committed to improving the health and well being of young women who live in the south east Sydney area. The NSW Framework for Maternity Services (2000) has identified young women as a group with additional needs and states that it is especially important to take into account the complex psychological, social and economic issues that can be experienced by young women. During pregnancy and as young parents it is important to consider the possible implications of these issues for the mother’s and/or the baby’s health.

Despite the steady decline in adolescent pregnancy over the last two decades, the need for innovative service models to improve the health outcomes for young women and their babies remains. SEH is one of the few Area Health Services without an identified strategy to address the needs of young women who are pregnant and/or mothers.

This project was undertaken to identify mechanisms needed for SEH to maximise its resources and establish strong partnerships and networks. These would support the development of an innovative and continuous model of service to meet the needs of young women who are pregnant and/or parents in South Eastern Sydney.

Focus groups were conducted with young women who accessed Glen Mervyn Young Women’s Health Program and the Come-In Youth Resource Centre’s young women’s group. A total of 12 young women participated in the focus groups. Questionnaires were also completed by pregnant young women attending the Royal Hospital for Women’s Antenatal Clinic.

In these consultations, the young women shared universal needs expressed by most pregnant women. These included a need for information about the pregnancy and the baby and concerns about the impact on themselves and how they would cope or manage being a mother.

However, it is important to recognise that young women identified a range of specific needs unique to this age group. They voiced strong opinions about the effect of their age on their treatment by staff and other consumers within the health system and often felt discriminated against as a result.
Other key stakeholders were consulted, including the Child and Family Health Nurses and maternity ward staff identifying the need for ongoing professional development in this area. This consultation review highlighted a lack of coordination of information, referrals and follow up to ensure young women who are pregnant and/or mothers receive appropriate support from various government and non-government services as required.

To meet the needs of young pregnant women and young women as parents within SEH, a committed and coordinated approach formalised within a strategy is recommended. The key elements of this strategy would be:

- support from the ‘top down’. This would include placing the needs of young women on the agenda at the Area Child and Youth Community Services Committee, the Area Maternity Services Committee and the Access Committees and Maternity Services Clinical Services meeting within each sector.
- involvement and direction from Nicky Leap, Director of Midwifery Practice, SEH
- creation of an Area Position to assist and facilitate young women’s access to appropriate services and resources. This position could be a mobile, outreach service for young women who are pregnant, similar to the service provided in CSAHS.
- improvement in continuity of care for young women through the provision of care by team midwifery, at RHW and St George Hospital. Links need to be developed with a Child and Family Health Nurse as well as a designated support person within the Parent Support Teams to continue post natal care.
- Improved networking and partnerships between health services and youth and community services and general practitioners
- provision of antenatal education and care in a community setting for young women who are pregnant. In the Northern Sector this could take place at Glen Mervyn, Randwick.
- the development of a booklet outlining the services available in SESAHS for young women who are pregnant. This will be undertaken by the Social Work Department at the RHW, with the support of a social work student in 2003.
1. Introduction

Despite the steady decline in adolescent pregnancy over the last two decades, the need for innovative service models to improve the health outcomes for young women and their babies remains. Lee and Grubbs (1995) state, ‘many pregnant teenagers fail to seek or receive adequate prenatal care, resulting in less than optimal health for the teen mother and her baby.’ Research has also shown that young women who are pregnant have specific needs. They are at higher risk of premature births, low birth weight babies, small for gestational age babies and associated risks (Fraser, Brockert and Ward 1995). They are more likely to engage in risk taking behaviours and experience low self esteem (Zang and Chan 1991). Adolescents who are pregnant also have a higher prevalence of domestic violence than adult women who are pregnant (Parker and McFarlane 1991).

The NSW Framework for Maternity Services (2000) states that providing accessible and culturally appropriate information and services to all women is a primary goal of NSW Health and one that is critical to achieving desired health outcomes. The Framework has identified young women as a group with additional needs and states that it is especially important to take into account the complex psychological, social and economic issues that can be experienced by young women. It is also important to consider the possible implications of these issues for the mother’s and/or the baby’s health (NSW Framework for Maternity Services 2000).

Within South East Health (SEH), pregnancy continues to be one of the most significant health issues facing young women. In the Population Health Profile 2000 SEH, for young women aged 15 -24 years, the major cause of hospitalisation in SEH 1996/1997-1998/1999 was pregnancy/childbirth and the puerperium (30.5%). For young women aged 15-24 years in the same period, the major diseases identified as responsible for hospitalisation were related to pregnancy complications including termination of pregnancy, other labour/delivery complications, hypertension in pregnancy and early or threatened premature labour (20.2%). Almost 5% of Aboriginal and Torres Strait Islander mothers in SEH were aged under 18 in 1997-1999. This was significantly higher than for other women in the area (0.5%) (SEH 2000).

The 2000/2001 NSW Inpatient Statistics Collection identified 246 obstetric inpatient delivery episodes for South Eastern Sydney residents’ aged 12-20 years. In Healthier Women: Strategic directions to advance the health of women in South East Health 2003 – 2008, young women are identified as a priority population for future initiatives (South East Health 2003).
In spite of the evidence, South East Health (SEH) is one of the few Area Health Services without an identified strategy to address the needs of young women who are pregnant and/or mothers. As a result, this project was undertaken to identify mechanisms needed for SEH to maximise its resources and establish strong partnerships and networks. These would support the development of an innovative and continuous model of service to meet the needs of young women who are pregnant and/or parents in South Eastern Sydney.
2. **Goal**

The overall goal of this project is to develop appropriate and accessible services for young women who are pregnant and/or parents in SEH.

3. **Description of Project**

A steering committee was established early in 2000 to look at developing services for young women who access the RHW and to develop a process that could be translated across other antenatal services in SESAHS.

The steering committee included representatives from Area Youth Health, RHW Maternity Services and Social Work Departments, Early Childhood Health Services, Women’s Health, Multicultural Health, Chemical Use in Pregnancy Service (CUPS), Karitane, Youth Workers, and Glen Mervyn Young Women’s Health Program. The steering committee met regularly until February 2002.

The steering committee designed a needs analysis incorporating both qualitative and quantitative methodology that would then inform the development of a young women’s strategy for SEH. This needs analysis would identify numbers of young women who are pregnant and/or parents, the needs of young women who are pregnant and/or parents, the needs of staff working with young women, highlight gaps in services and where they could be improved.

This needs assessment will outline the consultations undertaken, the results from the data collected, action to date and conclusions drawn. This will then form the basis for the strategy to be developed for young women in SEH.

3.1 **Methodology**

The methods used to obtain the necessary qualitative and quantitative data on young women in SESAHS who are pregnant and/or parents were:

- inpatient delivery episodes for SEH Maternity Units
- attendance at Early Childhood Centres in the Northern Sector SEH 1st July to 1st December 2001
- focus groups with young women who are pregnant and/or parents
• a questionnaire for young women accessing the Royal Hospital for Women Antenatal Outpatients Clinic
• a questionnaire for Child and Family Health Nurses from the northern sector

4. Results

4.1 Data

4.1.1 Obstetric inpatient delivery episodes

Tables 1 and 2 provide the numbers of young women residing in LGA’s covered by SEH who gave birth in 2000/2001. A total of 246 young women residing within the area delivered at SEH and other hospitals. The total of young women seen at the RHW including those residing outside SEH catchment area was 113.

Table 1: Obstetric inpatient delivery episodes involving south eastern Sydney residents aged between 12-20 years 2000/2001

<table>
<thead>
<tr>
<th>LGA of residence</th>
<th>Hospital of treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>RHW</td>
</tr>
<tr>
<td>Botany</td>
<td>31</td>
</tr>
<tr>
<td>Hurstville</td>
<td>-</td>
</tr>
<tr>
<td>Kogarah</td>
<td>2</td>
</tr>
<tr>
<td>Randwick</td>
<td>35</td>
</tr>
<tr>
<td>Rockdale</td>
<td>9</td>
</tr>
<tr>
<td>South Sydney (part)</td>
<td>8</td>
</tr>
<tr>
<td>Sutherland</td>
<td>-</td>
</tr>
<tr>
<td>Sydney (part)</td>
<td>1</td>
</tr>
<tr>
<td>Waverley</td>
<td>8</td>
</tr>
<tr>
<td>Woollahra</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>96</strong></td>
</tr>
</tbody>
</table>

Source: 2000/2001 NSW Health Department
Table 2: Obstetric inpatient delivery episodes involving patients aged between 12 and 20 years at SEH hospitals 2000/2001

<table>
<thead>
<tr>
<th>Area of residence</th>
<th>RHW</th>
<th>St George</th>
<th>Sutherland</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEH</td>
<td>96</td>
<td>84</td>
<td>39</td>
<td>219</td>
</tr>
<tr>
<td>CSAHS</td>
<td>13</td>
<td>5</td>
<td>-</td>
<td>18</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>5</td>
<td>7</td>
<td>16</td>
</tr>
<tr>
<td>Total</td>
<td>113</td>
<td>94</td>
<td>46</td>
<td>253</td>
</tr>
</tbody>
</table>

Source: 2000/2001 NSW Health Department

4.1.2 Maternity care

Tables 3 and 4 demonstrate the choices made by young pregnant women for their antenatal care. It is apparent that the major service providers in maternity services are the midwives in the birth centre, antenatal clinic and the midwives clinic. While it is not known at what stage of pregnancy the young women present for antenatal care, it is evident that they do access midwives, providing opportunities for midwives to begin education and networking. There were no women younger than 15 years in this year.

Table 3: Options of maternity care chosen by young women aged 12-20 years at the Royal Hospital for Women in 2001

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Age in years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15</td>
</tr>
<tr>
<td>Specialist Obstetrician</td>
<td>-</td>
</tr>
<tr>
<td>Hospital Clinic</td>
<td>-</td>
</tr>
<tr>
<td>Registered Midwives</td>
<td>2</td>
</tr>
<tr>
<td>Clinic</td>
<td></td>
</tr>
<tr>
<td>Birth Centre</td>
<td>-</td>
</tr>
<tr>
<td>GP Shared Care</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>2</td>
</tr>
</tbody>
</table>

Source: Royal Hospital for Women

Table 4: Options for maternity care chosen by young women aged 12-20 years at the Royal Hospital for Women from January - June 2002

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Age in years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15</td>
</tr>
<tr>
<td>Specialist Obstetrician</td>
<td>-</td>
</tr>
<tr>
<td>Hospital clinic</td>
<td>-</td>
</tr>
<tr>
<td>Registered Midwives</td>
<td>-</td>
</tr>
<tr>
<td>Clinic</td>
<td></td>
</tr>
<tr>
<td>Birth centre</td>
<td>-</td>
</tr>
<tr>
<td>GP Shared Care</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
</tr>
</tbody>
</table>

Data Source: Royal Hospital for Women
4.1.3 Early Childhood Health Centre attendance

The data presented in Table 5 indicates that from July to December in the year 2000 only 30 young women were seen in the ECHC in the Northern Sector of SEH.

Table 5: Young women 20 years and under in the Northern Sector SEH who attended ECHC’s from 1st July to 1st December 2000

<table>
<thead>
<tr>
<th>Centre</th>
<th>Number of Clients</th>
<th>Age</th>
<th>C.O.B.</th>
<th>Language</th>
<th>Aboriginal/ Torres Strait Islander</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bondi</td>
<td>2</td>
<td>15 &amp; 20</td>
<td>Australia, New Zealand</td>
<td>English</td>
<td>-</td>
</tr>
<tr>
<td>Botany</td>
<td>3</td>
<td>19-20</td>
<td>Australia</td>
<td>English</td>
<td>1</td>
</tr>
<tr>
<td>Clovelly</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Double Bay</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Eastgardens</td>
<td>15</td>
<td>16-20</td>
<td>Australia, Iraq, Philip</td>
<td>English</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ines, Malaysia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kings Cross</td>
<td>2</td>
<td>20</td>
<td>Australia</td>
<td>English</td>
<td>-</td>
</tr>
<tr>
<td>Mascot</td>
<td>2</td>
<td>16 &amp; 19</td>
<td>Australia, Turkey</td>
<td>English</td>
<td>-</td>
</tr>
<tr>
<td>Paddington</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Randwick</td>
<td>6</td>
<td>16-20</td>
<td>Australia</td>
<td>English</td>
<td>3</td>
</tr>
<tr>
<td>Waverley</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>30</strong></td>
<td><strong>Age range: 15-20</strong></td>
<td></td>
<td><strong>5</strong></td>
<td></td>
</tr>
</tbody>
</table>

Source: Northern sector Child and Family Health Nurses (Previously Early Childhood Nurses)

Despite the relatively small number of young women from SEH catchment area who birthed in 2000/2001 (246), 94 of which are in the Northern Sector ECHC catchment area, we can conclude that a large percentage of young women as parents do not access the services provided by ECHC. This is in direct contrast with the general birthing population within SEH. At the Area Perinatal Psychosocial Care Committee meeting in 2001, the Nurse Unit Managers for SEH ECHC’s reported that amongst the general population of post natal women, the majority attended an ECHC at least once.

4.2 Consultations with key stake holders

4.2.1 Focus groups with young women

Two focus groups were conducted in September 2000; one with young women who accessed Glen Mervyn Young Women’s Health Program and the other with the Come-In Youth Resource Centre’s young women’s group. A total of 12 young women participated in the 2 focus groups. A third focus group was to be held with young women who access the CUPS
service but there was some difficulty with facilitators not being available over the selected period of time.

The age range of the young women was 13 years to 23 years with a mean age of 18. All but two of the young women had delivered their baby.

The young women in the focus groups offered a number of things they would tell other young mothers. Asking for help, taking all the help that is offered and looking for advice was considered an important tool for young mothers. Watching other women do things was also offered as a way to learn parenting skills. However, some young mothers warned not to believe everyone’s stories and to choose what advice suited them best.

The young women talked about the shock of the pregnancy but advised other young mothers that they will calm down, it will take time to settle into being a mother and not to stress. Ensuring support from family and father was seen as important. Members of the focus group at Glen Mervyn also warned other young mothers about being prepared for the looks and the attitudes they will encounter from professionals due to their age.

‘People say things…. so young with a baby’

Antenatal sessions were seen as an important resource as a way to learn about parenting skills. However, a number of the young women had difficulties with the sessions including the restrictive costs, content focusing too much on birth and not on parenting, and not knowing they existed (one young woman found out through the outpatients’ noticeboard). They also stated that they did not realise they would get something out if it, or else found them unhelpful, a waste of time or confusing. A number of the young women without partners also felt uncomfortable and excluded as all the other mothers had partners and as a result some decided not to attend.

‘I didn’t go because as I was the only one without a partner’.

‘In the break I was asked about my partner…upset me so I left’.
‘Classes for people without partners would be good so we could feel more comfortable’.

Many of the young women had expected to stay with the one midwife throughout their pregnancy and birth and were confused when this didn’t happen or when they had two midwives.
'Midwife said she would be there for me, but someone else on that shift’.

The young women discussed the need for being prepared for birth, knowing when to come in for labour and being shown how to use the equipment for labour prior to birth. Overall the need for further information and accessing help was mentioned, with some young women reading and subscribing to magazines to meet the need for information.

Both focus group participants had been in contact with a variety of services during the pregnancy and after the birth of their baby. These included their doctor, Karitane, Early Intervention Program and Bondi Playgroup (Benevolent Society), Department of Community Services, Early Childhood Health Nurses, Pregnancy Help, Family Support, CUPS, Tresillian, Nursing Mothers Association, Come in Centre, Glen Mervyn, Domiciliary Midwives Program, Julia House, St. Anthony’s, Loftus House, Carramar, WAYS, Cellblock and Open Family Cabramatta.

Karitane and Tresillian were mentioned by both focus groups a number of times as important services to know about. Many of the young women had a positive experience with these services.

Services were identified as good when they were supportive, helped the young women with most things including housing, budgeting, helping them to live in ‘the real world’ and their child’s behaviour. Providing important information quickly so the young women didn’t have to wait and referring them onto other key services was identified as helpful.

Some young women mentioned the ad hoc way they found out about various services, including word of mouth. Not hearing about groups so not knowing they existed was an issue for both focus group members. The young women felt that support groups and services should be advertised more and put up on noticeboards at doctors and clinics.

Services were seen as less than good when the young women felt they were being judged, treated differently, stared at or given ‘funny looks’ due to their age.

‘I always got funny looks’

‘There was a 40+ woman next to me in the Royal Hospital Women. She said
'She’s so young and there’s no father’, to a roomful of visitors. I felt terrible’.

‘They should have separate rooms for younger women as we are looked down on...’

Both focus groups mentioned either the difficulty of meeting other young mums or being in older mum’s groups where the young women felt either treated differently or out of touch with the conversations.

‘I felt really bad, didn’t know any other young Mums. Felt like I was the only one’.

The hospital service was identified as not so good at times. This was due to, the ward being too busy and not having enough time, as well as the young women feeling pressured to decide on breast or bottle feeding. Other issues included feeling dirty in the delivery suite after the birth and not being cleaned up quickly enough, also not being told about the loss of blood following birth.

It was felt hospitals need to be clearer in their instructions for young women when booking into the birthing services. The young women suggested this could include telling the young women what to expect during their hospital stay, delivery suite tours, classes for young women, improve available transport and provide better-quality food.

The young women from the Come - In Centre believed that the pregnancy and birth had made them more assertive. They felt their confidence had increased, they were no longer shy, they could ask questions in public, even if they were ‘silly little questions’ and now knew what to ask.

In terms of what information/services they may need in the future, the young women from Glen Mervyn identified continued support and either a semi-supported house or their own house. They felt they needed to know what support was available in the community and that other health professionals, for example General Practitioners also needed to be informed about these services. Attending groups that were fun, organised and with young women speaking was mentioned. Having the opportunity to continue to study and raise their children was identified, with school needing to be open to young women bringing their babies in and not leaving them in childcare.
The most important issues the young women felt affected other young women as mothers, fell into three categories, the young women’s own health, practicalities of being a mother and their children. For their own health, issues such as drinking, contraception, sexually transmitted diseases and stress were identified. Practicalities included where would they be in a few years time, the need for more opportunities to work from home, money, the difficulties of public transport and support. For their children, the worry of ‘letting kids go into the world’ and ‘kids growing up in the right way’ were seen as important concerns.

When asked what they would do differently next time, the young women focussed on having more support generally and whenever possible more support and involvement from the father. Greater opportunity for the father to stay overnight in hospital was also mentioned.

Finally when asked to sum up motherhood the young women’s responses ranged from ‘- great, good, fantastic, beautiful, exciting, rewarding, learning experience’, to ‘- tiring, stress, scary, has ups and downs and major experience’.

4.2.2 Questionnaire for young women accessing the Royal Hospital for Women’s Antenatal Outpatients Clinic

A questionnaire (Appendix A) was conducted between August 2001 and February 2002 with 13 young women who were currently accessing the RHW for their antenatal care.

The ages of the young women ranged from 16-21 years. Ten of the young women were born in Australia, one in Tonga and one in Chile. All spoke English at home and one young woman also spoke Spanish.

The young women predominantly wanted information on the impact of the pregnancy on themselves and on the care needed for their baby. This included; changes to their body and to the baby, getting ready for childbirth and giving birth, how a baby grows, breast and bottle feeding, contraception after birth and their rights as a young woman. One young woman wanted information about immunisation and common illnesses/diseases suffered by young babies and infants.

The second type of information they wanted was more practically based including pain management, what to buy, baby safety, housing and financial support.
Social or support issues such as alcohol and drugs and where to meet other young women who were pregnant were also mentioned.

Overwhelmingly the young women stated they learnt the most about their pregnancy from the midwife/nurse. Their mother was the next source of information young women used, followed by friends and partners. The young women felt the best way they had learned about pregnancy was again through talking to their family or workers. Reading information on pregnancy in magazines or books was seen as the next best way followed by talking to friends.

The services mainly used by young women during their pregnancy were the hospital, doctor and Centrelink. One other service mentioned was counselling. What young women liked about the services they did use were: they were friendly, provided good information, were free, close to home, easy to get to and workers didn’t judge them. Predominantly what they didn’t like about the services they used, was having to wait a long time. To improve the services, young women had a number of ideas including more up to date magazines on pregnancy, not being judged as well as specific services and groups for younger mothers, with flexible dates and times of meetings.

The majority of the young women said they would attend information and support groups for young women if they were run. It was felt the hospital was the best place to run these groups and that a midwife and/or youth worker should facilitate them. One young woman suggested that a young mum should also facilitate the group. There were a number of suggestions for the age range of the groups with 20 and under being the most popular. It was felt that the groups should be open to mainly young women and their support people. Most of the young women would travel to the group by public transport or by car.

The young women identified both the lack of available support and not being able to cope as the most important worries for young women who are pregnant and/or mothers. These included no emotional support, no support from the father or partner, no support during and after the pregnancy and lack of financial support. It was felt that young women would worry about not being able to cope once the baby was born, post natal depression, wondering how they would manage a new born baby at such a young age and not being able to look after themselves. Other worries mentioned were childbirth, changes to the body and relationships, losing the baby and how to have a healthy pregnancy and prepare for birth.
The information the young women would tell other young women about pregnancy covered issues such as making sure they had support from family, friends and/or the partner and finding a midwife/doctor to give prenatal care whom they could trust and felt comfortable talking to. The suggestion given to young women not to listen to ‘old wives tales’ and to recognise that everyone’s pregnancy is different. Advice around staying healthy, eating well and not taking drugs, smoking or drinking was given as well as preparing young women about the changes to their body and childbirth. Finally, one young woman suggested telling other young women ‘You can never be prepared enough’.

4.2.3 Survey of Early Childhood Health Centres regarding their needs when working with young women

In February 2001 ten ECHC were surveyed (Appendix B) to investigate the work the Child and Family Health Nurses were currently undertaking with young women, their identification of the main issues for young women and to identify their training needs in relation to working with young women.

Attendance of the young women identified in the data collection at the centres varied from one to five visits with Eastgardens ECHC having a higher occasion of service, up to eight visits. Six of the ten ECHC ran groups for women, however only two centres stated that young women attended and that this was only rarely. The Child and Family Health Nurses offered a number of reasons for why they felt young women did not attend the groups. Some felt that young women did not identify with, or felt they didn’t fit in with, the other mothers attending the centre. Age of the other mothers was mentioned as a possible barrier to young women identifying with the group. Other Child and Family Health Nurses believed that the other mothers generally had a higher level of education, had partners and that young women ‘spoke a different language’, and this prevented young women from attending.

The Child and Family Health Nurses identified what they saw as the main issues for young women who are parents. These can be broken down into practical issues such as education, money, support from family and friends, and time out from the baby. Other issues were about isolation, loss of social group, lack of access to healthcare and professionals, young women’s lack of experience and confidence, care of self and self esteem and unplanned pregnancy. Three other main issues identified were wisdom, defensive feelings and behaviours by the young women and the baby’s father. One Child and Family Health Nurse felt the issues were similar for all mothers regardless of age.
The Child and Family Health Nurses identified what they felt would prepare young women for childbirth and parenting and these were a combination of education/preparation and support issues. Education/preparation included education in schools, Karitane visits before birth, and hands on experience antenatally. Support issues involved support groups, mentoring, positive role models, antenatal screening and input, and practical assistance with Centrelink negotiations. One Child and Family Health Nurse mentioned ‘a puppy to look after.’

All the ECHC’s had access to other resources for young women which included the Aboriginal Medical Service, Karitane and Tresillian, Bondi Beach Cottage, the Come In Centre, Glenn Mervyn and the Woolloomooloo playgroup.

All the Child and Family Health Nurses were interested in knowing more about working with young women, including what additional services are available, parenting supports and issues for young women. Additional input was requested for sexual and contraceptive counselling.
4.3 Audit

4.3.1 Current service activity in south eastern Sydney for young women who are pregnant and/or parents in 2002

Royal Hospital for Women
Currently there is no formalised process in place for young women who are pregnant as well as no one particular midwife identified as the carer for young women. There is also no set day for young women to visit for antenatal visits, however staff remain supportive in their approach to young women.

St George Hospital
At St. George Hospital no formalised process is in place for young women. On the initial presentation the midwife taking a young women’s history will encourage her to choose an option of care that provides continuity of carer. This includes attending the Birth Centre, one of the Outreach Teams or the midwives clinic where she is able to establish a relationship with either one particular midwife or a small supportive team.

The Sutherland Hospital
At Sutherland Hospital one midwife was running antenatal groups for young women as well as conducting their antenatal visits. These were not being held on the same day.

The groups would run when the particular midwife was available, however whenever she was absent no service was available for the young women. This issue is currently being addressed, however the midwife concerned is currently on leave. The service plans to run groups on the same day the young women attend the antenatal clinic.

Glen Mervyn
The experiences of Glen Mervyn staff over the past twelve months are positive in regards to the benefits of the focus groups and inservices run during that time. They felt their involvement, as an NGO was beneficial in establishing contacts within the hospital system. Currently the services at Glen Mervyn have been involved with fewer pregnant young women, and they have been seeing greater numbers of mothers and babies. However there were still some reports of thoughtless comments and discrimination by hospital staff. They continue to be enthusiastic about linking with hospital services and working in partnership to support young women and meet their needs.
5 Action

5.1 Inservice Education

Inservice education (Appendix C) was developed and conducted by the Area Youth Health Coordinator, the Health Education Coordinator at RHW, the Director, Glen Mervyn and the Mothercraft Nurse from the RSSCHC Parent Support Team between August 2000 and April 2001. The inservices targeted post-natal midwives from RHW and Child and Family Health Nurses from across SEH.

The inservice education included topics on options for referral and networking, experiences of working with young women, young women’s perspective’s (presented by young women) and the A-Z of working with young women.

6 Conclusion

Young women who are pregnant expressed the same universal needs of all pregnant women. They are concerned and want information about the pregnancy, the baby, the impact on themselves and how they will cope or manage being a mother.

However young women have a range of specific needs as identified in this needs assessment. The young women in the focus groups voiced strong opinions about the effects of their age on their treatment by staff and other consumers and often felt discriminated against as a result. The young women in the focus groups expressed negative experiences when dealing with staff and consumers in both the health care system and non-government services eg playgroups. They felt they were treated differently and that a lack of a partner also created difficulties for them. They were acutely aware of the absence of other young women and raised the possibility of separate services for young women.

The lack of other young women was not presented as a reason why young women would not attend a health service. Young women were more concerned with waiting times, having a service that was free, close to home, easy to get to and friendly. However, not being judged by the health service was seen as important and at times, some of the young women felt judged by both workers and society.
Virtually all the young women expressed an interest in attending a young women’s group if one was provided. The midwife was seen as the best person to facilitate the group and the hospital was recommended as the most appropriate place.

Child and Family Health Nurses believed that the lack of young women attending ECHC’s was due to young women feeling they did not fit in with the other mothers. At the same time, some Child and Family Health Nurses also held the belief that the young women would not fit in with the other mothers. All the Child and Family Health Nurses showed interest in working with young women, despite the low numbers they were seeing.

It was evident that there was a lack of coordination and liaison between services involved in the care of young women when pregnant and/or mothers. Young women often found about services by chance, either through word of mouth, a notice, or a referral by another agency. Young women appeared to find out about these services postnatally when they were already back in the community. There is also a lack of peer support groups of young women who are mothers to enable networking and thereby reduce isolation.

Currently programs in antenatal clinics for young women who are pregnant, rely heavily on individual staff for their implementation and continuation rather than being a strategy or policy of the health service. This then creates problems of sustainability when that particular staff member is no longer working at the hospital or is on leave.

It appears that young women link in with hospitals and receive antenatal care, however at what stage of the pregnancy this occurs is unclear. From the data available from the Royal Hospital for Women for 2001, 73 out of 90 young women attended the hospital (midwives clinic, birth centre and antenatal clinic) for their antenatal care. This is an ideal opportunity then to link in with the young women, provide education and ensure a coordinated approach to key services and supports.

From this report, it is clear that young women who are attending antenatal clinics and give birth in SEH hospitals do not then go on to access ECHC. It is not known if young women are using other services available eg Family Support Services, are leaving the area or are not accessing any services following discharge from hospital.
Overall, there is a lack of coordination of information, referrals and follow up to ensure young women who are pregnant and/or mothers receive appropriate support from various government and non-government services as required.

7 Recommendations

- Recognition by SEH that young women have specific needs during pregnancy, birth and mothering.

- The development and implementation of a strategy to meet the needs of young pregnant women and young women as parents within SEH. This requires a committed and coordinated approach, formalised in policy, within each sector. This may take the form of a designated position, incorporating education and peer support for young women. This position could facilitate regular case reviews as well as an ongoing liaison committee with key service providers.

- Ongoing support from the ‘top down’. This would include placing the needs of young women on the agenda at the area Child and Youth Community Services Committee, the Area Maternity Services Committee, Maternity Services Clinical Services meeting within each sector, and the Access Committee.

- Involvement and direction from Nicky Leap, Director of Midwifery Practice, SEH

- Creation of an Area Position to assist and facilitate young women’s access to appropriate services and resources. This position could be a mobile, outreach service for young women who are pregnant, similar to the service provided in CSAHS.

- Improvement in continuity of care for young women through the provision of care by team midwifery, at RHW and St George Hospital. Links need to be developed with a Child and Family Health Nurse as well as a designated support person within the Parent Support Teams to continue post natal care.

- Improved networking and partnerships between health services and youth and community services and general practitioners
• Provision of antenatal education and care in a community setting for young women who are pregnant. In the Northern Sector this could take place at Glen Mervyn, Randwick.

• The development of a booklet outlining the services available in SEH for young women who are pregnant. This will be undertaken by the Social Work Department at the RHW, with the support of a social work student in 2003.
References


Public Health Division 2000, Healthy people 2005 - New directions for public health in NSW NSW Health Department: Sydney

South East Health 2003, Healthier women: Strategic directions to advance the health of women in South East Health 2003 – 2008, South East Health, Sydney

South East Health 2001, Population health profile 2000, South East Health, Sydney