PRISM/GAPP COMMUNITIES' FORUM
10:00am - 4:30pm, Wednesday 24 November 1999

Gryphon Room, 1888 Building
University of Melbourne, School of Graduate Studies
Cnr Grattan and Swanston Streets, Carlton

Attendance:

PRISM research team:
Judith Lumley, Stephanie Brown, Rhonda Small, Creina Mitchell, Ying Chen
GAPP research team: Jane Gunn, Donna Southern
EcoPRISM research team: Therese Riley
CDOs: Scilla Taylor (La Trobe), Kay Dufty (Melton), Leanne Skipsey (Maroondah), Malanie Sanders (Mornington), Annie Lanyon (Glenelg), Jen Stone and Serena Everill (Bayside), Deborah Brown (Wellington), Wendy Arney (Bendigo)
MCHNs: Jan Marcollo (La Trobe), Brenda Armstrong (Maroondah), Myra Bourke (Glenelg), Jenny Trenordan (Glenelg), Chris Casey (Wellington), Nicole Carver (Bendigo), Ann Crook (Bayside), Myffy Wilkinson (Melton), Liz Palk (Mornington)
GP Advisors: Glen Bates (Maroondah), Ruth McNair (Melton), Judy Kirwood (Bayside), Cheryl Martin (Bendigo), Gillian Cass (Central Highlands: Bendigo, Melton)

Summary of notes collated by Ying Chen (Victorian public health trainee on placement at the Centre for the Study of Mothers' and Children's Health)

10:00 - 10:30 Welcome and introductions (with coffee)
10:30 - 12:30 Prof. Judith Lumley, Director of the CSMCH, welcomed the participants and made an opening speech. It was followed by small group (3 groups) discussions - sharing ideas, strategies, experiences related to PRISM. The topics covered included

- Making use of the PRISM Information Kit as a local resource
- Strategies for encouraging mothers to talk about their own health in the (short) time available
- Strategies for promoting integration/collaboration between GPs and MCHNs - involving GPs that haven't attended GAPP workshops, when and how to refer?

In discussing these topics, the following questions were addressed:

- What's happening currently?
- What would you like to happen?
- Are there barriers to address?

Notes of the group discussion are attached.

12:30 - 1:30 Lunch

During lunch, a gift was presented to Scilla, the PRISM Project Officer in La Trobe, who is leaving the project.

1:30 - 3:00 Small group discussions sharing ideas, strategies, experiences related to PRISM:

- Promoting local befriending opportunities for mothers
- Making waiting rooms and MCH/GP offices mother friendly
- Advocacy - taking advantage of the PRISM Steering Committees, working with GP Divisions…

Notes of the group discussion are attached.

3:00 - 3.15 Afternoon tea break

3.15 - 4.30 Questions/answers about PRISM and GAPP

Notes of Small group discussion
Sharing ideas, strategies, experiences related to PRISM

ENCOURAGING MOTHERS TO TALK

Discussion prompts:

How do we

1. **establish trust?**
2. **let women know we think their health is important?**
3. **encourage and support mothers to disclose?**
4. **listen - before offering advice?**
5. **help women work out what's best for them?**
6. **manage our limited time to be able to listen and respond appropriately to mothers' issues?**

Discussion

- How to establish trust - MCH teams have long history/tradition of community trust
- Some wariness however. Previous "run-ins" and people/officials in community-fear of welfare officials -fear that MCH nurses may report them
- How do we know they trust us? The stories they tell, the depth and breadth of the stories Fragments, hints and clues about their situations. "Testing the water", and you until they're sure of you. Child abuse cases keep away. Former victims may talk.
- Ask "how are you" to women - builds trust through demonstration of interest - continuum of interest. Layers of trust. Mothers need time and confidence to face their problems to the extent they can acknowledge them to you. Acknowledgement from MCHN that mothering is hard.
- Listening - training has helped to hold back from finding solutions.
- Mothers at some times want direction.
- Choices are important to offer - "try this", "try that".
- "Permission" to shop around among MCHNs: reinforce permission.
- This is a challenge for professionals - dealing with swaps.
- Accept that we cannot be "right" for everyone. Ability to let go, to understand that personal biases will affect professional/patient relationships.
- Encourage mothers to think about using other professional; centralised bookings may assist this.
- Mothers listen to other mothers - "word of mouth" recommendations.
- Explicit notice in clinics/leaflets giving "permission" to choose MCHN.
- Also encourage continuity, if mother is happy and her MCH nurse. Mixture is best.
- GP clinics - reception training may be useful in "inviting" patients to choose either the same GP, or try another.

- How not to "buy in" to comments re other professionals (GPs and MCHNs). Topic for further education? Dealing with professional jealousy.
- Professionals - try not compete/collude (unless genuine professional misconduct)
- Computer facilities - use during consultations, or not?
    - ◊ If not, additional time required for inputting.
    - ◊ How much to record on computer data base? Topic for training?
    - ◊ Computers and consultations. Are they compatible?
    - ◊ Good keyboard skills essential.
    - ◊ Too much reliance on computer among new graduates?
    - ◊ Training GPs and MCHNs to use computers and ESP together.
    - ◊ Graphing for PC use, common PN problems
- How are you feeling in yourself?
- Making TIME to allow discussion: longer appointment, later in day; next day.
- Mother to Mother communication book in waiting room. - For mums' about mums, eg. shortcuts workloads, cheap nappies, good café, whiteboard
- Using ESP emotional/social/physical. GAPP training.
- Maternal health issues check list: minimal info, prompt list
- Can be slipped into CHR or PRISM Kit.
- Routine maternal visit? When? How?
- From the GAPP Guidelines "The greatest single fault in interviewing is probably the failure to let patients tell their story" by Ian McWhinney.

What's happening?

- "Nothing": mothers aren't talking more about their problem
- MCHNs: feel like things have changed. Are listening more.
- Get caught up in the checklists (yellow book)
- The Child Health Book , continuous the child-focus, the lists focus on children
- People still struggle with the MCH name: reverse it… child and family?

use old names … infant welfare?

- Forget the Maternal?
- Continued use of "How are you?" when women get in the door
- Using the PRISM KIT as a tool
    - ◊ Fantastic to show at the home visit
    - ◊ Get beyond the baby to maternal health
    - ◊ Very positive
    - ◊ Can be used to promote messages eg time out
- PRISM KIT: Mothers …
    - ◊ Like the fathers booklet
    - ◊ Like the vouchers - everyone has one
    - ◊ Like the locality guide
    - ◊ Like the emotional health book (as a separate item)

What would you like to happen?

- Reinforce kit messages
- At visits: listening
- At centres: changing noticeboard in all MCHC'S
- PRISM Points on noticeboards eg Maternal health themes
- Posters at MCHCs/GPs
- Handouts/newsletters at MCHCs/GPs
- Sharing resources between MCHNs/GPs
- "Work" for mothers - using the vouchers "Have you used a voucher/done something for yourself"?
- Reinforcing messages at special time points, maybe at 4 month check?
- "First-time" (new) mothers groups - using "maternal health" module
- F/U new modules? Funded
- Questionnaire to mothers before groups - women don't ask for maternal health ? Include it anyway?
- MCHNs: Being receptive - ready to listen when women are ready to talk "trust the mother"

Are there barriers to address?

- Do MCHNs need more information eg to talk about sexual issues?
- Not enough time to talk - is this a fear or a reality?
- "Baby checking": only need to do at key-stages & if parents request: need to keep this in mind and avoid the trap of routine baby checks each visit
- Maternal "guilt", need to establish open, trusting relationship
- MCH, GP - paranoia + guilt: not doing enough, haven't helped, I've missed something. It's my responsibility.

MAKING USE OF THE PRISM KIT

Discussion prompts:

1. **Is the kit:**
   –helpful with individual women for reinforcing how common postnatal health problems are?
   –a useful starting point for discussion about maternal health in new mothers' groups?
2. **Useful in discussion with fathers (eg what's normal after birth of baby?; fathers' leaflet: how they can enjoy baby/support partner)?**
   –a useful information resource for you re local community activities/timeout opportunities to reinforce with mothers?
3. **Other uses of the kit?**
4. **Translating kit info into poster form in waiting rooms to reinforce messages re maternal health**

Discussion

Helpful? Not long enough to know

- Not much initial feedback. Perhaps stronger feedback later. Reinforcement of MCH conversations with mothers
- Encourages "time-out" for mothers

MCHNs refer back to it - "check in" on topics, activities, vouchers, later - 8 weeks? Some mothers need more direction toward kit

- Useful at home visits. Father's booklet appreciated (not sure whether being read)
- Among educated women it's received well.
- Resource book (locality guide) very valuable, plus "compensation" for those outside research dates. Useful for newcomers to areas.
- Good medium of interest for local media
- **GP Feedback** - positive re resource kit. Could they remind women of its existence? Check if they've received them through the MCH team.
- MCH Kit booklets will be useful at around 8 months, to check back on mothers' health and wellbeing.
- How to remind GPs to remind mothers?
- Stickers on files? GAPP Newsletter
- First-time mothers groups - inclusion of fathers can upset dynamics - as do some other speakers.
- ? Establish separate fathers' groups or sessions to encourage men's involvement/understanding of postnatal problems

- Other uses of Kit - information for media releases/newsletters " cultivating" media contracts.
- Barriers? Could get lost among all other papers/leaflets. Avoid this by reinforcement at later consultations
- At reminder for 6 week post-natal check?
- Refer back to PRISM Kit
- **Sustainability of Kit?** Some aspects could continue post PRISM:
- Local government could take over locality guide production
- Vouchers through traders associations - mothers'card
- Health info. - fund through DHS/VicHealth?
- Update of locality guides - every 2 years?
- How to fund update? Adjourned - discuss later,
- Look for strategies for sustainability.
- **Non-eligible requests for the kit:**
    - ◊ Provide Locality Guides
    - ◊ Suggest Babes-in-Arms movie sessions
    - ◊ Talk about benefits of getting support
    - ◊ Remember research boundary issues
- Follow-up re kit at 8 week visit and encourage voucher use (not ready really before them)
- Nurses using kit for discussion in New Mum's Groups
- Encourage other service providers who have contact with mothers to refer to Kits when seeing mothers:
    - ◊ Using kit as an "opening" in conversations
    - ◊ "Have you used kit?'
    - ◊ Refer to content re partners support
- When "mothers" present feeling a bit low, remember "treat" vouchers like massage
- Kit really good as a vehicle for discussion throughout first 12 months
- Kit particularly helpful re opening up health discussion
- Nurses need to know that the Fathers' Booklet had input from fathers - not just women's views.
- Some men read and say " this has been written by women" and therefore discount messages. Can tell mothers that this maybe what their partners will say but this is not accurate; leaflet was piloted with fathers and their feedback incorporated
- Should we "standardise/develop some guidelines for nurses about at what stages they should raise what issues? eg dot points laminated.
- Use research data as dot point prompts in New Mothers' Groups (physical health problems and depression)
- Use GAPP guidelines as prompts when working with mothers and to reinforce information when working with mothers and to reinforce information in PRISM Kits (E.S.P. - Emotional/Social/Physical)
- Use kits to prompt discussion with fathers about what is "normal".
- GPs show/lend their copy of PRISM Kit to mothers new to area. Doctors usually don't have time to run through contents of Kit with mothers.

- Child care vouchers - remember to mention these somewhat later (probably unlikely to use in early months)
- Excellent source of information re local activities to encourage time-out.
- Ask mothers whether their partners have read the Kit.
- Suggestions for mothers re encouraging their partners to read: put Fathers' Booklet on pillow! Tape booklet to computer screen or remote control.
- One area has developed a pamphlet to introduce Kit at ante-natal classes; voucher included re free RACV fitting of baby restraint
  - ◊ Pamphlet also encourages women to join local mothers' walking group (voucher gives a discount on walking shoes)
  - ◊ This strategy more difficult where hospitals have women outside research boundaries. But MCHNs could do similar if seeing women antenatally.
- Kit Information translated in poster form for display in waiting rooms, eg statistics on common post natal problems.
- Multi-mothers also need access to PRISM messages/information, eg posters in waiting rooms, develop groups for these women. (All mothers, not just first-time mothers, receive a kit when they have a baby.)
- Mothers with multiple children need access to PRISM messages, too.
- Encourage GPs to encourage expecting women to visit their local MCH Centre
- Walking Groups
  - ◊ Great to be able to offer tea and coffee
  - ◊ Needs a volunteer facilitator
  - ◊ (Maybe someone signed up with Community Health Service so they are covered)
  - ◊ Some areas building on mothers' groups walking already

COLLABORATION BETWEEN GPS AND MCHNS

Discussion prompts:

1. **Strategies to build on MCH and GAPP training programs:**
2. **Joint workshops, case discussions, dinner/lunch get togethers**
3. **Has the PRISM MCH Intro Card been helpful?**
4. **Would it be useful for MCHNs to have a list of local GPs with an interest in maternal health?**
5. **Agreed use of GAPP guidelines**
6. **Development of MCH/GP agreed approaches to common postnatal problems (eg program of pelvic floor exercises as first step in managing incontinence)**
7. **Protocol development for joint management/referral**
8. **Joint approach from MCH/GPs to local specialist mental health services re referrals**

Discussion

Strategies to build on MCH/GAPP training

- GP Advisors/GP Divisions to promote and co-ordinate joint workshops
- Desire voiced at GAPP workshops to encourage more integrated activities and MCHNs/new protocols
- Timing is a problem, lunch times?
- So is distance - difficult to overcome in geographically large municipalities
- Co-ordination also an essential factor
- Integration important to GP Divisions and other health professionals
- Innovative pool of funding - collaborations successful; more such submissions at next funding round; with Steering Committee involvement?
- Medicare item no. for GPs to attend case conferencing:
  - ◊ Criteria- person with chronic illness i.e. women and post natal depression, chronic back problems, child with chronic illnesses
  - ◊ Minimum of 3 health professionals ie GP MCHN, psychologist, physiotherapist
- Include an item about this new item no. in next GAPP newsletter?
- This can be initiated by other health professionals. Geared toward elderly people, but could apply to mothers
- Funding cost into MCH contract to allow time for increased communication and GPs
- GP Divisions could auspice GP/MCHN network?
- Innovative pool- funds for sustainable projects/networks?
  - ◊ GP Division boards need to approve activities
  - ◊ PRISM Steering Committee could approach GP Divisions with proposal
  - ◊ Proposals could go beyond maternal health into mainstream
- Enhanced primary care packages
- Mothers as "Carers" - of children, sometimes of elderly parents as well.

GAPP Training

- % of GPs attending. Bayside MCHN planning protocol of visits to GP clinics, targeting GPs and interest in maternal health
- What can MCHN say to encourage GP involvement?
- Invite comment re GAPP training (when relevant)
- If not, prepare presentation re GAPP/PRISM.
- Bayside idea to visit clinics as??? From Post-natal Depression Workshop. Mapped clinics. MCHN will visit. Not funded. Doing in their own time.
- MCHN Introduction Card working! GPs ringing MCHN (Bayside).
- Tip sheet prepared by Jen for ways to approach GPs clinical meeting - ask to come and talk
- Use of yellow book - ask mothers to show to GPs and sign: provides a chance to involve GP in it; mark page for GP to sign
- Protocol development of joint management/referral
- Writing between professionals
- Problems with yellow book? Is it a useful means of communication?
- Other means? Writing letters
- Relationship building is essential. Willingness to communicate will depend on this.
- Personal touch critical ie Jane Gunn's approach in Wellington.
- Resources and time - GPs not aware of other GP practitioners
- Involve clinic nurses too
- Circulate MCH brochure to all GPs
- Laminate MCH information and give to GP clinics

What's happening?

- Nothing
- Steering committees: face-to-face contact between professionals
- Divisions: funding changes, trying to become more inclusive eg MCHN Pharmacists
- Ignorance: some GPs do not understand/know about local services

What are we hoping to achieve?

- "Stronger" relationship: more communication
- Professional communication/relationship
- Improved outcomes for mothers
- Understanding/respect for MCHN/service

What would you like to happen?

- Could MCHNs visit GPs?

- Facilitated discussion? eg at education/training
- Quote:" Trust me I'm a Nurse"
- Does the power nexus exist? Doctor/Nurse
- Academic detailing: not a drug representative - "Hi, I'm a … mother representative."
- Peer education
- Turning-up at events where GPs are eg education/hospital visits
- Visits to GPs: joint visit, GP advisor/MCHN
- Case discussions - collaborative: offering things to GPs - promote role of MCHN, professional/knowledge/practice
- Case conference item: payment to GPs
- Western Region: hypothetical case studies with local service providers on the panel, meant that GPs learnt more about services
- Conferences: GPs talking at MCH Regional meetings?
- ? GP discussing how they are implementing the GAPP guidelines
- MCH nurses as a group to talk about their experiences working with GPs
- Developing a process to explore issues and "get rid of" negativity, before moving on-with constructive ideas, or cutting your losses
- Give out "treats" eg Mars bars (??timeout bars)
- "Throw-out" the stereotypes: gender-based: male-female
  prof-based: Dr-nurse
- Location issues: both isolated
    - ◊ Is co-location possible?
    - ◊ MCH & GP - Would it create professional rivalries?
    - ◊ Would it be possible to ask for expressions of interest?
- Doing something enjoyable together
- Strategic thinking: collaboration at different levels - GPs: individual/practice/Division
- MCHNs: individual/LGA? Regional
- Mapped local medical practices to MCHN areas - MCHNs are going to contact the practices and visit them taking a locality guide, resource list for PND, a poster, copy of the kit to show, GAPP Guidelines, PRISM Introductory Card with written guidelines, MCH brochure; MCHN will discuss the Kit guidelines briefly (Bayside)
- Reasons for MCHN doing visit - sustainability, MCHN gets to meet GP, can increase collaboration
- Possibility of MCHNs then attending relevant Division of GP activities
- Each nurse visiting about 6-8 clinics -speak to practice manager to ask if there is a practice meeting or a suitable time that she can visit quickly (Bayside)
- GAPP Newsletter - will be sent to all GPs and MCHNs

PROMOTING BEFRIENDING

Discussion prompts:

1. **How do we put mothers in touch with each other?**
2. **For MCHNs: could we promote a regular drop-in time for coffee?**
3. **For GPs: could we schedule postnatal visits one morning or afternoon to increase chances of mothers 'meeting' in waiting room?**
4. **How might we promote other local befriending activities to mothers (eg PRISM cafes, cry-baby cinema sessions, pram walks)?**
5. **Can we facilitate befriending activities (eg pram walks - leaving the surgery/MCH Centre at a certain time..)?**
6. **Other ideas??**

Discussion

- The befriending issue can be "tricky" and loaded eg grandparenting schemes can raise child protection issues
- Church groups can be more friendly since less regulated - older/younger bonds can happen naturally
- "Good Beginnings" project -La Trobe -based on a former volunteer friendship group "Mothers Link" in Traralgon: Lions Club initiative, talked about listening skills
    - ◊ National Program: trained volunteer mothers visit isolated mothers; sets up support relationships, visitors etc.
    - ◊ La Trobe was initially a pilot are a lot of need. After 6 weeks of training the volunteers were matched (groups of 10 rotating around 6 week periods).
    - ◊ It was not intended as a child care service, but a visit to the mother. No budget required.
    - ◊ The Good Beginnings Project is across the Shire. It is separate from Council's visiting program. The co-ordinator of the program is on Scilla's Steering Committee. GB have agreed to fund a PN Swimming Group which they were setting up.
    - ◊ It was agreed that the training was an important part of the GB Program's success. MCHN's make al mothers aware of the program. Volunteers are police screened. The initial impetus was from MCHNs, but not necessarily now. Men and men's groups are becoming involved.
    - ◊ GB can be an extension of any CHC or local hospital or council volunteer group, or visitor scheme.
- Melton used to have an abundance of single shire funded schemes: now never any money for "anything at all".
- Lack of funding is a universal problem

- We want to get across the message that all mothers need friendship networks, not just because they are not coping. Don't want GB type groups to give this impression. Let's use PRISM to explore how mothers meet and form casual groups or spontaneous groups. Instance: a Melton group went on for years, own by mothers themselves at a council venue.
- A Hillside nurse has had more success than at 2 other isolated (Melton) areas: - the community is different - a vocal well-educated group who articulated a need, which made setting up a group easy.
- The physical setting can be relevant (eg MCHN Centre or Shire office) - is it owned by an authority figure. Will the particular population feel comfortable in that location? Are any strings attached? If it is a church group, is one obliged to pray?
- Story: a NMAA member wanted to host a support group meeting. Her husband is a pastor. Will other mothers feel comfortable? Probably will catch on when some mothers visit and find no strings attached.
- The English system has MCHNs visit. Since we don't, there is a place for volunteer visit programs.
- Outreach from Council is a good tool; but more for special needs than just befriending.
- Traralgon: the local gym is keen to offer facilities for a chat, drop-in group. Local businesses can be encouraged: using PRISM stickers, etc.
- Allow for different people and encourage different types and styles of activities.
- Rely on personal introduction approach to trigger a response. Have a person designated in a group, to welcome new comers.
- NMA groups - have they been approached to host local informal chat meetings? NMA can offer refreshments following immunisation sessions.
- Or a volunteer mother can ditto. Women are encouraged to wait around anyway following immunisation - a good opportunity to have mothers meet each other.
- Would also improve the immunisation outing - horrible venue and occasion. The mothers have to get out to these sessions, even if they won't come out to a social event.
- At any kind of meeting, make sure some one greets and talk to new comers, or young mothers, eg at play groups. PRISM officers and MCHNs could talk to play group officials to encourage welcoming of mothers and introducing them to other social groups.
- Befriending is nebulous - difficult to explain.
- Tucked into other things eg walking groups
- Relationships via children's social networks/events
- -?Easier for mothers with older children

Happening currently?

- Trying to target every mother - provide the opportunities
- Antenatal groups - new mother's groups (only first-time), social/educational component
- Playgroups
- Day stay program: women form friends by end of day
- Talk while they are waiting to be seen
- Immunisation program

- Recreational things
- MOPS -KIT KATS (church run)
- Clubby things become clubby and exclusionary

Would like to happen?

- GP ran immunisation session/antenatal session
- Story-time at library's get together
- Need some low key facilitation
- Training for people to become low key facilitators
- Playgroup Association-
    - ◊ Needs to be more welcoming of new people
    - ◊ Be able to provide low key facilitation
    - ◊ Promote for younger age
    - ◊ Mentoring role

How to get things to work?

- Closed groups vs "open" groups need to be clear about what they are
- Open groups - should be welcoming, have a mentor role or welcoming committee
- Need to be pro-active - issues of confidentiality for MCHNs/GPs
- NMAA -link-up
- Well baby clinics - immunisations, 6/5 checks
- 1st time parent groups
- Memo boards in MCH Centres
    - ◊ First names, phone numbers, interests
    - ◊ May need get-togethers gently facilitated with a coffee session to kick-off
    - ◊ Bendigo wiping clean their boards 3/12
    - ◊ Women using boards tending to not join existing groups for whatever reasons
- Promote cry-baby movie sessions
- Café sessions at PRISM cafes, Promoting these
- Promoting walking groups
- PRAM Walks: can start from MCH Centres; can include visit to cafes; nursing mothers groups; Bayside group using one of the MCH Centres for meetings as well as smaller coffee groups in homes
- Build on story-time at libraries - tea and coffee, name tags
- Immunisation session - tea and coffee
- "Piggy-back" on other council activities such as Mayor's Xmas Party, Children's Week activities,
- Putting individual mothers in touch with other mothers? - may be issues of concerns here re confidentiality; ways around these?
- Drop-in tea/coffee times at MCH Centres - advertise on brochures, mornings probably better
- Mothers in GPs waiting rooms? Can reception staff do anything?

- Baby cafes - open play groups with tea/coffee and activities (huge play rooms), no obligation to go; very informal; have a person to introduce people , open at regular times
- Associated with a church, tea and coffee is available and church members "mind" the children (MOPS)
- Cafes -butchers paper as table cloths with crayons available for children to decorate the table cloth, welcoming for mothers

MAKING WAITING ROOMS AND MCH/GP OFFICES MOTHER AND BABY FRIENDLY

Discussion prompts:

1. **What messages do mothers get about their own health needs from our waiting rooms?**
2. **Do our centres/surgeries welcome mothers? How?**
3. **For GPs: is there somewhere for mothers to change their baby, heat a bottle if they need to?**
4. **For MCHNs: do we provide privacy to encourage mothers to talk?**
5. **Is it easy to get into surgery/centre with a pram (and a toddler?**
6. **Are there toys/play space for children?**
7. **What more could we do to make mothers feel comfortable?**

Discussion

- Having something in common with others waiting, is a good opportunity to talk and meet. The waiting system has changed and there are fewer of these opportunities. Perhaps suggest to mothers that they come on a particular day and stay a while. Talk and find common interests eg a walking group. Put ideas into MCHN newsletter and into Yellow book. MCHN could introduce mothers (just 2 or so) to each other. Could arrange informal peer mentoring schemes. Walking is ideal because healthy for mother and infant, and is on neutral ground.
- First time parent groups have been successful and ongoing. Young mothers groups are less successful because fewer of them at a time (Melton). Traralgon: has enough to sustain a group - a large catchment area. Likewise Bayside. A youth worker picks them up, which is a big contributor to turn-up. Motivation in the group varies.
- MCHN Centres need to be set up as drop-in centres …. Some problems, such as safety factors and space. Some country centres can do this well if they are located in a community hall. But lots of shires have small poorly facilitated welfare centres.
- Waiting rooms: old broken toys and books are disgraceful. Some mothers go through all the books if the child is often sick!
- With GP immunisation service there are more mothers waiting and they need better facilities. Good to set up immunisation in a 2 hour block and provide toys and toddler section and coffee. What about an older child supervisor? Bright furniture and a few pictures and cushions make a great change with little effort.
- Some Traralgon purpose-built practices have a "Lovely federation-style" look which is more friendly.

- MCH Centres with a couple of lounge chairs are much better. Have a table next to the chair, little homely touches. Also, look at the chair that mother sits in at the consultation eg is it too low compared with the nurse?
- Routinely shut the door on consultation, so that people waiting are not uncomfortable listening. Have low music for ambience and to cover noise for privacy.
- Have a 5-year budget to furnish the Centre. Solicit donations from local businesses, eg furniture or furnishings. The waiting room is the first impression which conveys a low-budget "public" facility vs a "private" caring facility. Are posters, brochures easily reached?
- GP rooms usually have good furniture and carpets, not much information "Nice but barren". Compared with welfare centres which have information overload.
- In both cases it is important to have a changing notice board. Say having a central theme display. Changing posters with minimal content.
- If there is not too much information to read, will people talk to each other?
- Have some music to mask embarrassed silence. Talk at normal volume, to avoid the "hushed" feeling.
- Look at how the receptionist greets and treats patients eg giving them a comfortable place to breastfeed. Maybe introducing two mothers? Report and act on overheard comments or complaints. Again, immunisation mornings are an ideal meeting time, without getting receptionist personally involved.
- Offer tea and coffee? Yes, this is a popular idea. But not very safe? A water cooler might be a safer alternative.
- Jumbled, disorganised, chaotic
- Information overload, dusty, out of date
- Old MCHN Centres - old, crowded, dingy (give a message that you are not important)
- Backs to walls - display boards can't be seen
- Comfortable chairs vs straight-backed
- Play areas
- "Baby Gallery" - photo board
- No TV, or TV to make environment more comfortable?
- Magazines
- ? Separate areas for young/older parents
- Filter water
- ? Tea/coffee -access to kitchen, microwave in kitchens, music
- Waiting time
- ?Volunteer mum to organise noticeboard
- ?Return of the dreaded committee
- Need for spring clean
- ?PRISM points noticeboard
- PRISM posters in waiting rooms
- Checklist in waiting room - things women can ask their doctor
- Focus area on notice board just for mothers
- Making pamphlets more accessible, look where they are situated

- Change tables/private feeding/change areas
- Make doorways wider for prams, replace steps with ramps
- Air-conditioning/heating
- Advocacy by clients to improve environment - asking for change
- Possibility of rationalising centres, use money saved on updating facilities
- Medical practices - play areas. Use these areas to promote mother's health
- Response of receptionist at doctor's surgery to mothers with children, supportive and welcoming. Perhaps local steering committees could approach practice managers?
- Training of receptionists - questions to ask people to assess urgency of need to see GP

ADVOCACY VIA STEERING COMMITTEEES AND GP DISIONS

Discussion prompts:

1. **Have we made our voices heard on the PRISM Steering Committees?**
2. **Are there issues we want the Steering Committees to take up (eg home help for mothers)?**
3. **How can we promote maternal health issues with our Councils/ GP Divisions?**
   - **Is it possible to incorporate maternal health messages in Division Strategic Plans/ Municipal Public Health Plans?**
   - **What initiatives can Councils/ Divisions undertake to support and sustain a focus on maternal health (eg increase occasional childcare places, further training?)**

Discussion

- Raised the issue of lack of home help for mothers (via HACC)
- Increase access of post acute care services
- Offer home help to all women who have a baby, no assessment, Council funded, great promotion for the Council, funding will purchase the service - 12 hours/mother (currently a proposal developed by Bayside PRISM Steering Committee)
- Increase home help promotes that all mothers can benefit from support, may lead to befriending opportunities
- Members of the Steering Committee are starting to advocate for "their" (mothers') needs more eg more fencing around the playground ie total fencing not just partial, seat at the fore shore, increase pram parking spaces and input into design of parents room
- Steering committee - developed tip sheet for local traders (tips for attracting mothers to their stores)
- Divisions of GP - 3 year strategic plan, with business plans to be reviewed next June; business plans are usually done yearly; now is a good time to speak to them to get PRISM related ideas into their next business plan
- Councils and GP Divisions could apply for innovative pool funding, which comes out yearly - Steering Committees could have input
- Steering Committees working towards increasing availability of occasional child care
- Playhouses - pay a trained worker to set up and facilitate the session; mothers take it in turns to help - like a child care co-operative. Find out more about it through Playgroup Association.
- Underlying issues (shires amalgamation), some have got stuck
- Not being heard at council meetings
- ?Councillors on board

- Should advocate for getting funding etc for parents
- Made some gains - baby change room improved
- Not making gains - not in boys club, things go back and forth, change of personnel
- Tap into council elections - need advocates
- Municipal Health Plans - seem to be rushed, ?how useful
  - ◊ How devised? How to get issues in the Plan?
  - ◊ Healthy mind, healthy body, healthy body, healthy communities, better care, need to move on
- Traralgon (more home help for mothers) - room in HACC guidelines for some flexibility - "families in crisis"
- Steering Committee could play an advocacy role
- Steering Committee could invite Division to come and talk about their business plan. Councils could consult Divisions when they do their municipal health plans?
- GP Divisions
  - ◊ Health needs analysis: a perception, what GPs perceive to be a problem, quality poor (not useful)
  - ◊ Get consulted for municipal health plan
  - ◊ On steering committee
  - ◊ Boundaries not matching with LGAs
  - ◊ Improving linkages
  - ◊ GP Division's opportunity: can make suggestions to GPs, can receive info to distribute
  - ◊ Staff networks at GP practices: staff practice managers after enthusiastic and can bring things into the practice at Divisions, sometimes there are staff responsible for different areas of practice; generally open
  - ◊ Re notice board issue: GP Division newsletter could include an article; at staff network meeting particular topic could be discussed, could have great speaker about topic.
  - ◊ Liaising with practice managers: Division accreditation staff can encourage practices' to take up particular suggestions (like environment), Health and safety built into accreditation
  - ◊ Mother friendly atmosphere: also how health professionals present themselves to mothers - messages to mothers
- PHACS - on hold
- Understanding advocacy, lack of believing, working together