



PRISM Communities' Forum, 19 November 2001  
Mothers' Health:  
Local Challenges and Achievements

Summary Report



Rhonda Small and Natasha Davidson



## **PRISM Communities' Forum: Participant List**

Linda Barraclough, Councillor (Wellington)  
Helen Broderick, MCH Team Leader, (Melton)  
Stephanie Brown, PRISM Research Team  
Gillian Cass, Central Highlands GP Division (Melton)  
Ann Crook, MCH Team Leader (Bayside)  
Ingrid Crosser, Parentzone, Steering Committee (Maroondah)  
Natasha Davidson, Public Health Trainee, PRISM Research Team  
Sue Dawson, Steering Committee and local mother (Mornington)  
Kay Dufty, former CDO (Melton)  
Lesley Hoatson, PRISM Reference Group  
Dianne Jackson, MCHN (Glenelg)  
Mary Klonis, MCH Administration (Bayside)  
David Legge, PRISM Reference Group  
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Sandy McKenzie, MCHN (Bendigo)  
Terry O'Brien, Councillor (Bayside)  
Liz Palk, MCH Team Leader (Mornington)  
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Rhonda Small, PRISM Research Team  
Maureen Tessier, Department of Human Services  
Jenny Trenordan, MCHN (Glenelg)  
Myffanwy Wilkinson, MCHN (Melton)

### **Apologies were received from:**

Suzanne Adamson, Brenda Armstrong, Wendy Arney, Bev Austin, Myra Bourke, Kathy Bowe, Effie Bridge, Melanie Briggs, Deb Brown, Christina Bryant, Jan Coles, Allison Condon, Judith Couacaud Grayley, Anna Crozier, Marianne Currey, Stephanie Deane, John Enright, Criss Fawcett, Jenny Fisher, Sharon Gagg, Lisa Gold, Katherine Goulliart, Kelly Grigsby, Fiona Ireland, Ann Jones, Belinda Lewis, Mary Little, Lorraine Llewellyn Jones, Sandra McGibbon, Creina Mitchell, Ruth McNair, Jeff Marjoram, Cheryl Martin, Mimi Murrell, Kellie O'Callaghan, Jane Offor, Sandra O'Toole, Margaret Payne, Therese Riley, Melanie Sanders, Maree Scanlon, Neville Smith, Roger Strasser, Chris Thompson, Kate Turnbull, Lyn Watson, Ann Williams, Lorraine Williams

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### 1. Program for the day

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## *Introduction*

This report provides a brief summary of the PRISM Communities' Forum held in Melbourne on Monday 19 November 2001. We hope that it will be useful both for participants and for those who were unable to attend the Forum.

The report follows the format of the day's program and draws on presentation notes from speakers, where available, and from notes taken by members of the PRISM Research Team on the day. We have attempted to be as accurate as possible in summarising discussions at the workshop sessions – please let us know if we have made any important errors or omissions. We would be happy to include any responses to the report in our first issue of PRISM Points for 2002.

The Forum provided an opportunity for participants to hear about what has been happening in PRISM areas this year and for sharing experiences and ideas about keeping maternal health on local agendas. We hope that the list of participants and their contact details (Appendix 2) will facilitate ongoing contact and discussion of strategies and experiences.

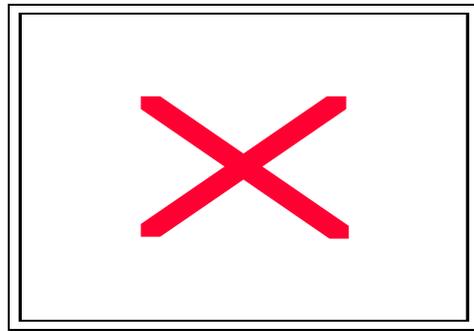
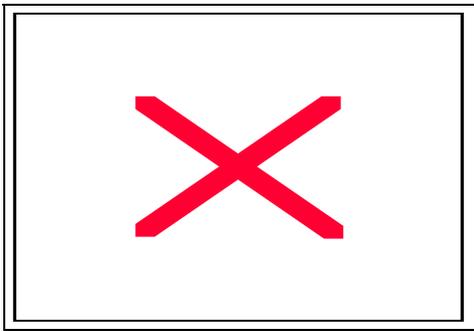
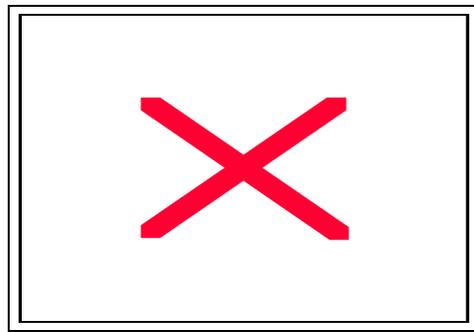
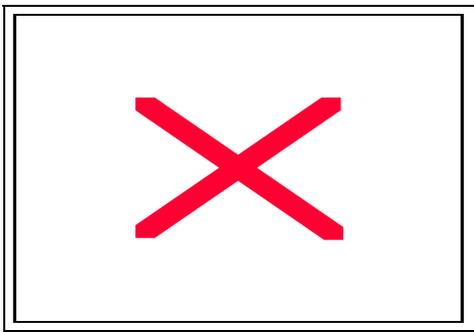
The report is being mailed to all participants and to other key people involved in PRISM in each community, including all those who sent their apologies for the day.

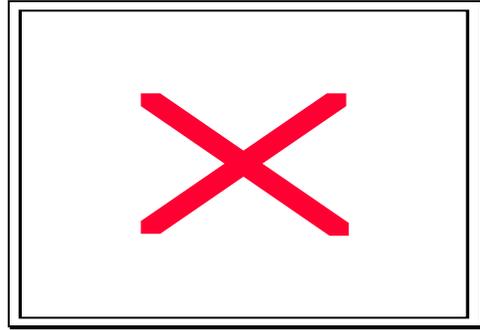
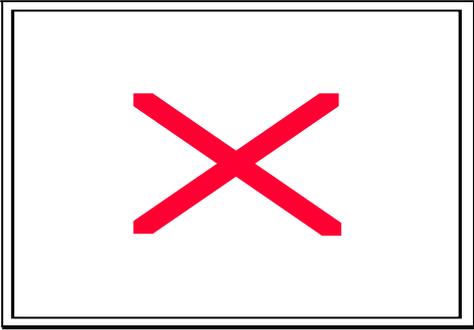
Further copies of the report are available by contacting Rhonda Small on (03) 8341 8542.

## *PRISM Research update*

Presented by Rhonda Small

Below are the overheads presented on the day. These summarise activities of the PRISM Research Team in 2001 and briefly outline future milestones in the ongoing PRISM timeline:



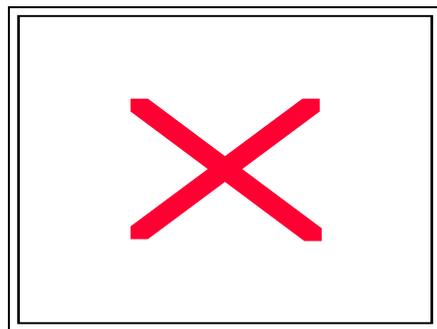
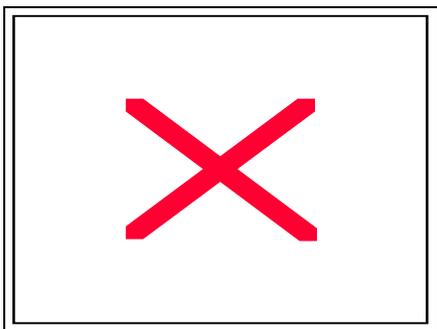
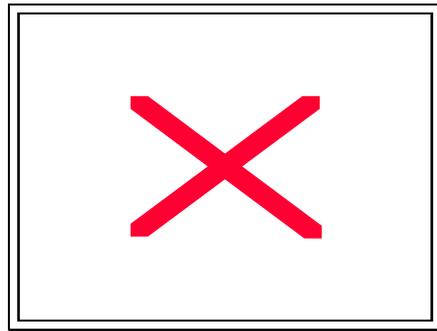
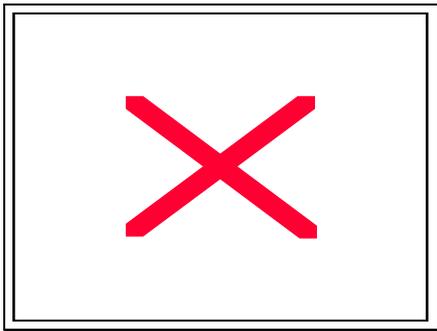


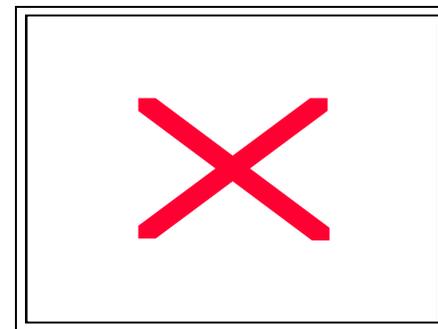
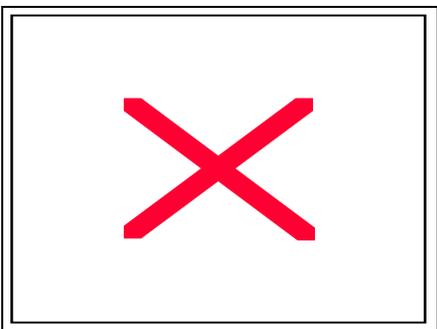
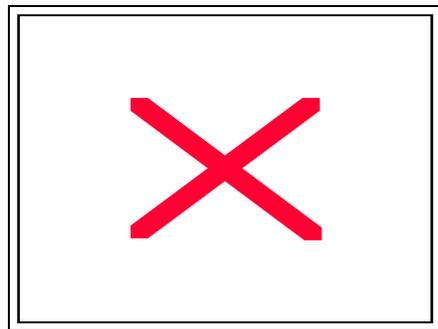
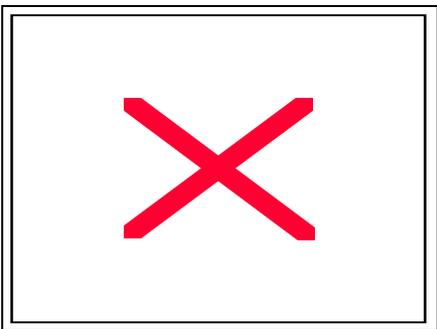
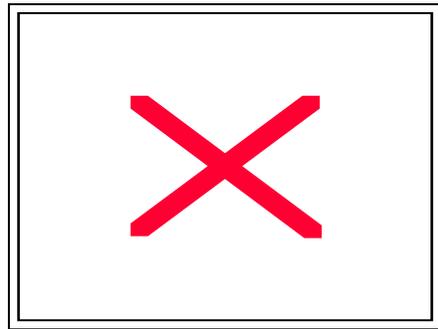
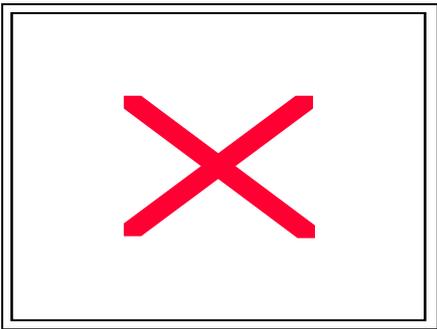
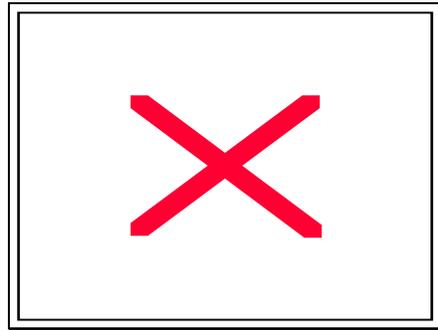
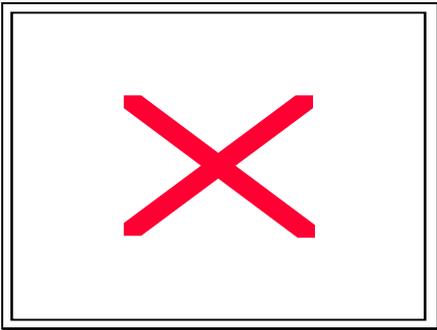
## ***Maternal and Child Health Nurse interviews: Summary of preliminary findings***

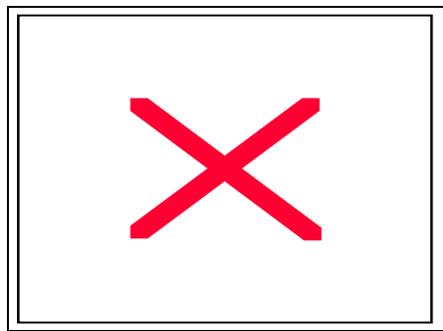
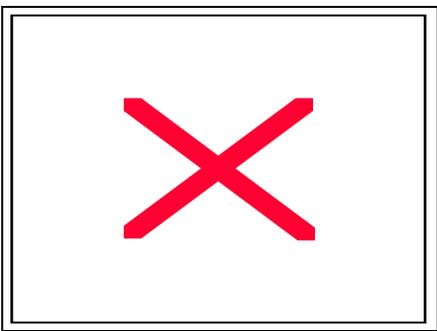
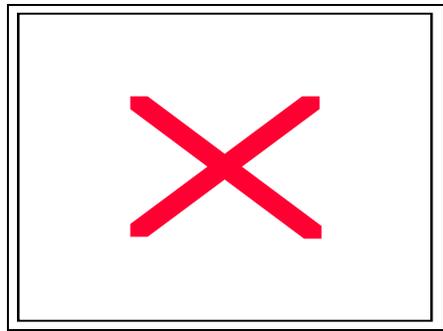
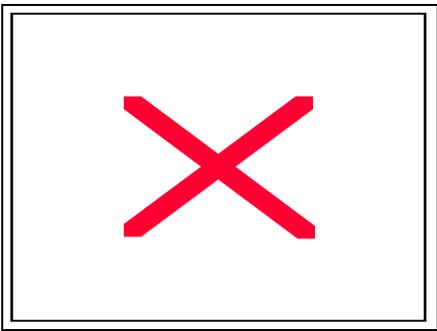
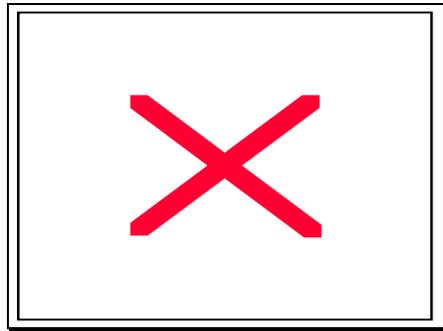
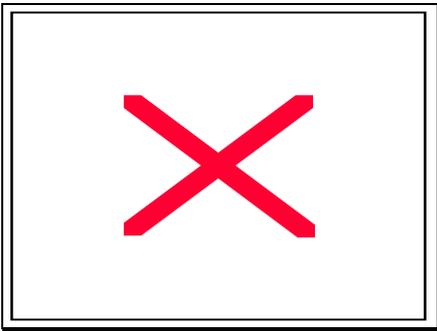
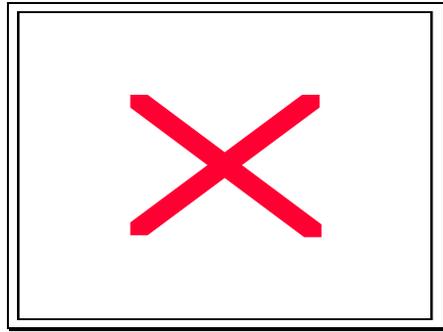
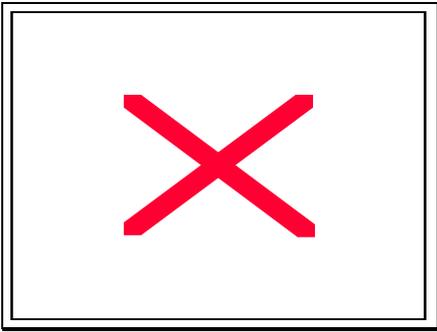
Presented by Natasha Davidson

By the day the Forum was held, the majority (73%) of MCHN interviews collecting data from nurses about their involvement in the implementation of PRISM, had been completed. A summary of these interviews was presented and the main themes outlined. The presentation below is thus a snapshot of preliminary findings at the time of the Forum.

Interviews were completed in December 2001 and a full report is in the process of compilation. This will be circulated shortly.







## **Snapshots from eight PRISM communities**

### ***City of Greater Bendigo***

Presented by Sandy McKenzie and Rosalie Rogers

- Distribution of the PRISM kits has resulted in an appreciable difference in queries from mothers about their health issues.
- A range of activities for mothers organised by the CDO were effective in involving mothers at the local level, eg internet training in Heathcote.
- As MCHNs, the team were very pleased to have been involved in PRISM and from a Council point of view, PRISM was first involvement in a research project rather than a consultancy – very positive.
- Importance and value of the CDO position: Wendy made things happen; she was the driving force, so that when she finished the Steering Committee ‘died’.
- Council were convinced of the value of a community development approach and agreed to fund a part-time CDO position with a broader focus, though retaining an emphasis on mothers.
- Success, after a long campaign, to improve fencing round a playground at Lake Weeroona, so mothers can relax with young children there – what changed things eventually was the provision of digital camera evidence of children ‘escaping’ through the existing fence!
- Newsletters for mothers are being continued quarterly (previously bimonthly); sometimes more service provider focused; difficulty in getting mothers’ input.
- Emphasis has been placed on improving signage of facilities in the municipality: ongoing issue to improve signage to assist mothers.
- Council’s Community Access Plan is out for comment: emphasis on making the community more accessible and ‘friendly’ for mothers, the disabled and the elderly – plan now not just a ‘disability’ access plan; much wider recognition of

the groups in the community who can benefit from more appropriate planning/development: 'PRISM is always in the back of our minds.'

- Long term education strategies for changing the culture (and the boys' brigade) at policy and planning levels in council.
- The GAPP training spearheaded further links between council, MCH and the Bendigo GP Division with two very successful and multidisciplinary education evenings this year: one on maternal depression and the other on sex and intimacy after childbirth "Preaching to converted" but working with up and coming GPs was positive.
- Major issue has been the shortage of MCH nurses in Bendigo: proved problematic when Enhanced Home Visiting (EHV) strategies called for – Bendigo's proposal to appoint early childhood staff initially blocked by DHS, but program eventually allowed to proceed, with some funding also being provided through EHV for MCH scholarships and the intake of 18 MCH students midyear to the LaTrobe course in Bendigo – 17 have scholarships binding them to work in local government on completion of the course.
- Other links and activities with PND and allied health networks, the regional parenting program and plans for a day stay program in Bendigo in conjunction with the O'Connell Centre.
- Vouchers: occasional childcare ones have been popular; businesses of course have a marketing focus, not necessarily befriending—but spin-offs (market opportunity)

## *Shire of Melton*

Presented by Helen Broderick and Myffanwy Wilkinson

A range of ongoing activities were highlighted in the presentation:

- The Outer West Maternal Health Network, established a network extension of the former PRISM Steering Committee, continues to meet (three times/year) with the support of the Central Highlands GP Division. The Network brings together a range of health professionals and council staff with a guest speaker and lunch at each meeting.
- MCH centres continue to have a maternal health noticeboard “Mothers Health Matters” circulating around the MCH centres monthly, as initiated during PRISM.
- “Melton for Mothers” produced in conjunction with the MCH team, by two local mothers circulates six times a year, continuing the newsletter started during PRISM.
- MCH consultations now include more specific questioning of mothers about their health issues.
- More work has been done linking mothers to an outreach continence clinic (Djerriwarrh Health Service and Sunshine hospital).
- Melton PRISM mothers’ survey has lead to more awareness at Council about the need for mother friendly environments, leading to the installation of baby change facilities, playground developments and upgrades in the last six months.
- The appointment of a full-time MCH co-ordinator has also demonstrated increased recognition of the work of the MCH service in general.

## *City of Latrobe*

Presented by Rhonda Small on behalf of the Latrobe MCH team  
(Apologies from Allison Condon and Melanie Briggs)

There was both good news and not so good news from Latrobe about maternal health activities during 2001.

- Currently the Council is in the middle of MCH Review, as well as major organisational change with the appointment of a new CEO.
- Two very successful aqua aerobics programs for recent mothers were run at local leisure centres – one early in the year and another mid year. Ongoing friendships have resulted.
- Maternal Health Policy approved by Council at the end of 2000 has had some impact:
  - Playground fencing
  - Baby-change facilities and pram parking.
- Walking session for mothers still operating from some centres.
- MCH team continues to focus on maternal health – use checklist developed for four month and eight month visits.
- BUT: it has been difficult to keep momentum going without the project officer, and the Steering Committee has fallen in a bit of a heap this year; PRISM and maternal health have dropped down the agenda a bit as a result; and it's proved hard to keep some of the community-level activity going without a CDO to facilitate/co-ordinate.

## *City of Maroondah*

### Presented by Ingrid Crosser

- Maternal health has become part of the Municipal Health Plan, with the PRISM Steering Committee transformed into the Family Wellbeing Working Group, reporting to Council.
- Facilitation of the working group proved somewhat difficult early on, confusion re committee role or officer council role, but Council took responsibility for revising brief – focus now on mothers, fathers and youth wellbeing.
- Large number of organisations in Maroondah – CDO served to pull these together during PRISM: Good Connections, Anglicare, Parentzone, Maroondah Social Health, Eastern Women’s Health Centre.
- Local “Maroondah Mothers in Action” group which started with CDO help during PRISM has proved strong through the transitional phase, getting support too from Parentzone: Council funding provided for a Parents’ forum (which was very successful) and for continuing the newsletter to mothers; unfortunately this funding meant the group could not apply for further Council Community grants this year, so other funding is being sought to support activities.
- “Maroondah Mothers in Action” is now “Parenting Matters Maroondah” which has a broader focus to fit in with the remit of the Family Wellbeing working group. Small group; turnover because women get jobs!!
- Walking sessions still happening from MCH and community venues – mothers are also ‘off doing their own thing’ together as a result of coming to these groups initially.
- In Maroondah, the focus of Parentzone has also shifted in the time of PRISM: funding has changed to provide group work focus on ‘transitional’ stages in parenting – often this was seen in the past as pre-school to school etc., but have now successfully argued that the first such stage is becoming a parent, so there is now more focus on the first year(s) for mothers/fathers.
- Changes to council policy have occurred, but yet to see much action in the way of playground changes/fencing etc.

## *City of Bayside*

Presented by Terry O'Brien, with Ann Crook and Margie Read-Flavell

The PRISM project officer's position was shared by Jennifer Stone and Serena Everill. Both worked hard, along with the volunteer PRISM steering committee and Council Community Services staff, to implement new initiatives to support women's health and well being and to raise awareness amongst Councillors, council staff and the community. Committee members spoke with a number of local traders and raised their awareness of the difficulties experienced by mothers with babies, and often toddlers, while shopping. Most traders were very supportive and assisted where they could.

All of the committee were enthusiastic about the program but it wouldn't have progressed as far as it did without the enthusiasm and commitment shown by our community members. Some of the key initiatives included:

- The recent Mothers Home Cleaning Service – a Council funded program offering up to 12 hours of home cleaning in the first 12 months after childbirth; costed to parents on a means test basis.
- Joint training of Maternal and Child Health Nurses and local GPs in the prevention, identification and management of Post Natal Depression that had a significant impact on the understanding of local professionals.
- The bi-monthly production of a 'by mothers for mothers' newsletter called 'Bayside for Mothers'. Council has continued to fund the production of this newsletter. Two thousand copies are now printed and distributed widely to mothers with babies and young children throughout Bayside.
- A fortnightly 'Bayside for Mothers' column in the local paper. The column continues to be included fortnightly.
- Community members of the PRISM committee write both the newsletter and the newspaper column and both are very well received by Bayside Mothers.
- The PRISM committee has also organised two Mothers' Day lunches and a Morning Tea as well as two functions for Fathers who "enjoyed" an afternoon tea and a swimming session with their babies. There were approximately 200 Mothers plus babies at the Mothers' Day lunches. At the Mothers' Day lunches each Mother was given a "goody" bag which included 'pamper' items donated by local traders.
- Mother to Mother support groups, including several walking groups have been formed.

Bayside Council provides Maternal and Child Health programs; Family Day Care Scheme; two Long Day Care Centres; Pre-School Central Enrolment System; and Immunisation program and Library services for families as well as support to Playgroups; Community Centres and Children's Playhouses. Through its Community Support Minor Grants Program it also provides up to 50% funding for shade cloth over play areas to these groups and to Kindergartens.

Strategies to improve the accessibility of the MCH program to families have included the reintroduction of some 'drop in' sessions, including a Saturday morning session at one centre. Facilities at some centres have also been upgraded. Parenting seminars have been made available to families through a partnership arrangement with Tweddle Child and Family Health Service.

The final report of the PRISM Project was submitted to Council in January '01. This report recommended the appointment of a full time Community Development Officer position and the establishment of an Advisory Committee to Council. The new position of Family Services Officer was advertised in April and Liz Mann commenced in the position in May. However, debate continued between Councillors and the community regarding the scope (ages of children) and terms of reference of the Advisory Group. In July a report to Council proposing the establishment of the Bayside Early Years Advisory Group (BEYAG) was adopted with the ages of children to be covered being 0 – 6 years.

Advertisements for the community representatives followed, with the aim of having representation from families across the municipality, with interest in a wide range of services for families with young children. The first meeting of the BEYAG was held on 24<sup>th</sup> September '01. The group is comprised of five councillors, twelve community representatives and three staff. Health professionals, in relevant fields and who expressed an interest in being involved with the group, are available to the group in an advisory capacity on a needs basis. At the first meeting we brainstormed the issues to be addressed. Then followed a prioritising process. A timetable for addressing these issues is being prepared and will be discussed at our next meeting on 22/11/01.

In October, during Children's Week, Bayside Council hosted a public presentation 'The Early Years: An Investment in the Future' by Professor Frank Oberklaid, Director for the Centre for Community Child Health at the Royal Children's Hospital. On the same night we also presented an Expo of services for families with young children in Bayside. These events were attended by more than 200 parents.

There have been other new initiatives in Bayside including:

- The establishment of the North Brighton Children's Centre, which will provide Maternal and Child Health, a Pre-school and Playgroups from one building. The building is planned for completion in 2002.

- A Family and Children's Services Network for service providers in Bayside was commenced in October. This group will meet several times a year, to provide opportunities for networking about the needs of families and service providers in Bayside.

## *Glenelg Shire Council*

Presented by Jenny Trenordan and Dianne Jackson

- MCH perspective on PRISM: would have to say ‘not that fantastic.’
- Initial enthusiasm with the project officer (CDO), which then waned over time; also CDO changed at the end and the two who job shared for the last nine weeks didn’t have time to get more things happening.
- Steering Committee comprised shire representative, local doctor, two MCHNs, local grandmother, and a couple of mothers (not enough young mothers involved) – the group felt a bit top heavy. Mothers lost interest.
- The committee spent time discussing issues eg a grandmothers’ befriending scheme, a questionnaire to mothers about childcare needs – but nothing was really achieved; in retrospect it may have been better to focus on just a few things.
- Also the difficulties associated with being three major centres spread some distance apart in the shire, hampered progress. What might work in Portland may not work in Casterton.
- PRISM experienced as just extra things for the three MCH nurses to do; don’t have time eg talked about maternal health notice boards but didn’t implement them.
- The MCH training was also less valuable in Glenelg because so few nurses; only a few GPs came to the GAPP training; GP liaison also not such an issue for nurses here as GPs are well known to nurses.
- So, what’s left of PRISM? Just the MCH service: PRISM objectives always matched those of the MCH service anyway; though PRISM certainly focused MCH attention on mothers and re-directed discussion to maternal (rather than just child) health.
- No groups in Glenelg to pick up PRISM role—all left to nurses; yet there are lots of areas for nurses to cover - dental, SIDS, hearing, enhanced home visiting etc. PRISM highlighted maternal health but balancing against child health surveillance role an issue.
- Distributing the kits was positive, though not much feedback from mothers; perhaps half a dozen said they were great.

- One idea discussed recently by the nurses has been to provide bath bombs for mothers in recognition of their need for time out and pampering.

## *Shire of Wellington*

Presented by Linda Barraclough

- Shire Council is comprised of eight men (all 55+) and Linda. Whilst this can mean a major focus at council on bridges and roads, this has been turned into a positive for mothers. For example: closure of a bridge can mean increased travel time to school; gravel roads can be difficult for prams. So: Council now has a factor built into the road maintenance formula that ensures an emphasis on making roads, (eg country gravel roads) pram-negotiable.
- Providing shade at the local pool has also been a plus for mothers taking babies and toddlers to the pool.
- Until a year or so ago there was no social planner at the council (social planning = civic receptions); now there is one though her position is under threat.
- PRISM CDO has until very recently continued to work in a CDO role through a part-time position with the Central Gippsland Health Service, so maintaining activities with young mothers in particular, working with the MCH team and getting a home “Mentor Scheme for Mothers” off the ground.
- PRISM Steering Committee became “Parents Wellington” with a charter for improving services and amenities for parents, but meetings have been thwarted in various ways this year.
- Working in other ways to ‘sneak things in’ for mothers.
- With a Reichstein Foundation Grant, a guide ‘Wellington for Women’ is being developed, a direct flow-on from PRISM’s locality guide.
- A parting thought: ‘Don’t get angry – get elected!’. Currently there are only 3 elected women on councils in Wellington, Latrobe, East Gippsland, and South Gippsland.

## *Shire of Mornington Peninsula*

Presented by Liz Palk and Sue Dawson

(General themes from both presentations are given first; followed by the text of Sue's reflections, which she spoke to on the day)

- Council made funding available for a 0.5 CDO following PRISM CDO and until the end of June 2001; a local mother active on one of the PRISM sub-committees, ie a CDO 'grown' through PRISM. Unsuccessful in sustaining CDO in budget year 2001/2002.
- 'Flavour' of PRISM still there in Mornington colouring the work of other community development staff employed by Council; though perhaps the ongoing committee feels a little rudderless without a CDO; "over committed" "don't know where we are going".
- Nonetheless, a range of activities is occurring and continuing the work of PRISM: a maternal rights charter is being developed; plans are afoot to incorporate the PRISM locality guide into a section for mothers in the Council's community services guide (also potentially on the council website); the MCH team is keen to maintain the information on maternal health from the PRISM kits and they are 'cutting and pasting' (as they couldn't afford to reproduce kit) this information into a format suitable for slipping into the 'yellow' books (Child Health Records all mothers receive); another idea is to adapt the GAPP ESP stickers for mothers themselves to focus on their own health
- MCH Best Practice Review is currently being completed - recommendations from the MCH Review have been adopted in principle by Council but still needs budgetary support at Council, including: a f/t MCH coordinator position; full funding for MCH relief; an increase in MCH staffing by 3.1 EFTs (workload currently 160-170 birth notifications per nurse x 16 nurses); and a .5 CDO position focused on maternal health
- Councillor Judith Grayley is trying to ensure sufficient lobbying locally to achieve the necessary budget approvals for 2002.
- 1200 copies of the *Peninsula Mothers' Times* go out each issue, with input from local mothers.
- Engineering issues- Council engineers were taken out to visit areas where there were no playgrounds; eye opening experience.
- Liz as MCH team leader is now the local 'PRISM contact' –women often quite surprised it is maternal and child health nurse answering the phone.
- Several mothers' activities continue and are organised by local mothers, including:
  - Mums in Action Course (six week course encouraging physical activity in a 'lycra free zone' and involving time for yourself, fitness, belly dancing, yoga, great local walks, with childcare. Belinda Lewis applying for Shire funding.

- Venture Out Group: Mums adventure out with rollerblading, bushwalking, horseriding, snorkeling.
- Walking groups at Mt Eliza Community House and another at Peninsula Community Health Service.
- Mad Hatters: workshops for mothers being planned, one a month over 12 months designed for mothers to have fun; with topics like the domestic goddess – ways around housework; aromatherapy, getting out and about on the Peninsula etc.
- PRISM Steering Committee now Mornington Peninsula for Mothers Network involving health professionals, community workers and local mothers, shortly to meet with Council reps to lobby for a CDO for 2002/3. Vital that we get CDO next year to keep it going.

### **Sue - A local mother's reflection:**

Isn't it great to see that things can change for the better! For years mothers' help and support came from their families who lived nearby. Now as we move away from our families we look for support of friends, neighbours and the community in which we live.

PRISM has given us an opportunity to meet lots of new people through various discussion groups. They may become friends or acquaintances that we continually bump into at various venues with our children in tow.

Others we meet may be on one occasion but they inspire us. Perhaps they have said one thing that we find valuable and remember and not feel that we were wasting our time when we should have been home hanging out the washing!

We have also had the opportunity to network. We may meet a mum who has a particular interest. We can tell them about something happening that may be of interest to them.

Getting together such as the Pampering Morning in May was great. It was nice to have a cup of coffee and be pampered and watch others having a great time as well. We hope that this becomes an annual event or more often!

Change takes time but isn't it good to see that mothers with children are being recognised.

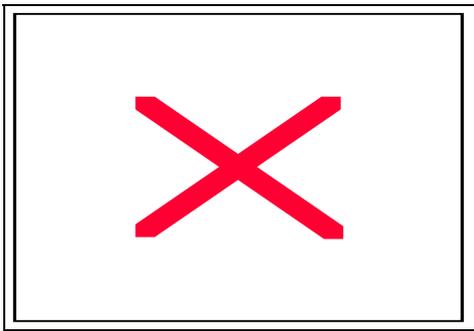
- It's great to see parking bays in shopping areas specifically for cars with babies on board.
- It's great to see fantastic baby change rooms that are more than just four walls with a chair or two in the middle of the room.
- When we go shopping and we want to try on "that" outfit isn't it such a relief to find a basket of toys in the shop corner and a very obliging sales assistant.

- It's good to know that if you want to go and see a movie you can go to a "Mums & Bubs" session at Sorrento.

Sometimes its an effort to get out with children but once you're out and you see that mothers and babies are welcome and there are lots of other mothers and babies doing the same thing it is worth it!

## **Workshop topics**

At the end of the morning session, we spent ten minutes discussing topics for the two afternoon workshop sessions. We started with some possible topics:



After discussion we decided on four topic areas, with everyone having the opportunity to attend two workshops on two different topics. These were:

- Keeping the maternal in maternal and child health and keeping up to date with maternal health research
- GP/MCH liaison on maternal health
- MCHNs working with others to develop or increase befriending opportunities for mothers
- Sustainability, and working with volunteers; connecting PRISM communities; and creating better links with councillors

The following notes are an amalgamation of the main discussion points from workshop sessions on each topic.

## Notes from Workshop sessions:

### *1. Keeping the maternal in maternal and child health and keeping up to date with maternal health research*

#### Main points:

- Discussion of possibilities of sustaining “maternal” in maternal and child health around such things as policy and planning.
- Ways of sustaining “maternal”: Formalise maternal health checks, to follow up on the increased awareness of maternal health issues. There were comments about the increased confidence (on nurses) to zone into specific issues.
- Confidence has been gained with training and questions can now be asked more confidently by nurses:
  - Nurses are able to give information and help women more.
  - Also nurses are able to listen and acknowledge the problems mothers were having. Through the training, an equal emphasis given to nurses helping each other (similarities between isolation experienced by nurses MCHNS and mothers, and their needs for support).
  - Nurses now able to facilitate mothers asking the questions. With increased confidence nurses were no longer afraid to pursue difficult or sensitive issues.

These all help maintain a focus on the “maternal” side of things.

- Giving consistent advice and standardise practice re maternal health. More concrete guidelines are needed to provide guidance on answering queries of a “physical nature.”
- Checklist needed, similar to child health record: Maternal health record.
- Combine GAPP guidelines into everyday policies to increase awareness.
- What resources are required to provide small insert directed at maternal health? This could be included in with the child health record.
- Use checklist as a prompt, two-way prompt for both MCHNs and mothers to discuss issues they would otherwise not bring up re maternal health.
- Checklist would also help with messages re what women want; this in turn would strengthen MCHNs confidence.
- Checklist could be GAPP like sticker into front pocket of child health booklet including such topics as incontinence and back pain.
- This idea (checklists) would empower mothers about their own health, what’s normal and what’s not normal. Use example though instead of whole booklets, as women will not read them.
- Perhaps use “fact sheet” like format.

***Barriers to these changes were also discussed:***

- Yet another thing to do on top of recent change to computerisation which is very time consuming for nurses.

***Ways to overcome barriers:***

- Check maternal health at 3 months. Build in a maternal health appointment at 3 months. Keep “key developmental” appointments for baby and maternal health appointment on top of that.
- Initiative- Specific 3-month maternal health check has been costed (by council) but not (formally) approved.
- Maternal health must be included in some form of data collection, must be reinforced as a recognised appointment, but not at key developmental visits (for the child). Maybe use 6 week or 3 month visit or 10 month visit. Councils are picking up the tab. Need to rationalise where the spending is being used.
- A visit somewhere between 4 and 9 months to acknowledge/recognise PND.
- 10 month baby check - use for maternal health check (mainly). However mothers have an expectation that their babies will be weighed and measured. How to get around this?
- For policy purposes call this visit “maternal.”
- For public (mothers) purposes focus of maternal health but not formally.
- Sharing across areas- noticeboard material.
- Email/fax communication for research matters. New meeting was also suggested for regular in-service similar to regional meetings. Funding- across divisional approach. Working party.
- Concerns raised over one council’s proposal to change Maternal and Child Health Services to Family Health Services-cannot be changed legally. MCH is a state initiative.
- Difficulties defining what MCH is, difficulties in trying to broaden the service to include parents and adolescents.
- BUT one rationale for focusing on maternal health (having a baby): doesn’t change fathers’ lives as much as it changes women’s lives.
- Maternal health: knowing relevant groups for referral, specific to maternal needs.
- Listening to mothers keeps maternal focus.
- Long term design issues (for building of centres): having a “back door” so mothers can leave without walking through the waiting room if they have been upset during a consultation.

***Research issues***

- Current basis research should use systematic reviews. Emphasis on evidence-based practice. Cochrane library-suggest subscribing.
- License for Cochrane library-one user.
- GP division-Cochrane library may be able to shared with GP division.
- Training module within MCH training to learn to do literature searches. A team leader or team member should be trained to do this task to provide up to date information.

## ***2. GP/MCH liaison on maternal health***

### **Main points**

- Government funding is furthering formal communication tools: electronic service directories, common data collection and referral tools, GP/allied health links (eg for Primary Care Partnerships, Early Parenting Centres). These programs attract the converted but can help over a period of time.
- What is customary practice? ie phone, fax, letter, patient, yellow book. Very small in all cases. Communication between both parties is lacking. Mothers find the GP “too busy typing” to make notes in the yellow book.
  - Why not write letters? This is not standard practice, not part of the GP training process. Also depends on whether the situation is acute (in which case they use the phone).
- Some clients have resorted to using children’s services to get a response from a paediatrician, where the nurse has been unable to get a response. Some nurses have found better relationships with paediatricians than with GPs.
- We assume personal contact is harder in the urban centres, where a recognised procedure is an advantage ie a protocol or training using communication tools. Networking over topics of mutual interest is a strategy to be pursued, eg through division workshops.
- Relationships between CHCs and MCHNs? Local government is better placed to make internal changes which can be rolled out into the community, where CHC is not necessarily mother focused. (Will PCPs help bring CHCs into the liaison?)
- Occasional meetings between GPs and MCHNs ought to have a long term benefit, since their players tend to be in their role, or a related role, for some time. So networks or workshops don’t need to be very frequent.
- Intake tools do not include MCHNs. The forms/ electronic data packages need to include MCHN centres in the process of data sharing and common referrals. The PCPs need to include, or consult with, MCHNs.
- Are there any lessons in PRISM in GP/MCHN liaison? In Bendigo it has increased awareness in the community, women more informed, more questioning, has some spin offs with relationships with professionals.
- Is there a role for the consumer to demand an improved GP/MCHN relationship? Bendigo found this dropped off after CDO left. While in the role the CDO was very active- liaising between all parties, was very effective and facilitated service provision. Even now the women are better informed and complaining about the demise of some of the events/services of PRISM. Consumers can be empowered to use the yellow book as a liaison tool, or may be better to use letter exchange as a service health management tool.
- What is the role of community health in maternal/child health?
- MCHNs find it very hard to get a client into community health services especially since some privatised.

- In some areas the liaison with GPs has not worked well and attempts by MCHNs to organise meetings fell through. Sometimes personality issues also seemed to get in the way. GPs often the least active on Steering Committees. Nurses mostly have no time to set up meetings.
- Ways to use GP Divisions:
  - Include MCHNs in EPC training sessions
  - Include MCHNs in GP meetings, workshops etc
  - Establish allied health networks
  - Items in divisional newsletters
  - Assistance (ie through bulk mail) with distributing service maps etc.
- Nurses use referrals in triplicate but very seldom get any feedback.
- Nurse could do a session once a week, at the GP practice, seeing clients from that practice and then discussing with the doctors.

### ***3. Maternal and Child Health Nurses working with others to develop or increase befriending opportunities***

#### **Main points**

- Opportunities for befriending have often been embedded in all kinds of community activity:
  - Internet training
  - Walking sessions
  - Working groups (eg PRISM Steering Committees, newsletter groups etc.)
  - Adventure activities
  - Craft activities
  
- Numbers are not important. Befriending is sometimes better facilitated when numbers are small.
  
- Mothers seem to prefer to meet with others around an activity rather than unstructured “drop in”.
  
- Befriending opportunities need to be diverse to meet a range of needs.
  
- Befriending opportunities and community activities are usefully listed in the “mothers newsletter” generated by some local government areas.
  
- There are advantages to linking befriending activities to a community facility ie Neighbourhood House or other agency:
  - MCH becomes less relevant to mothers as the child gets older
  - Creates an awareness of the needs of new mothers in the community facility
  - Reduces burden on MCH Nurses
  - Provides opportunity to advocate for the needs of new mothers in planning activities in the community facility.
  
- MCH Nurses can positively encourage participation of mothers in befriending activities in other community facilities – MCH nurse need not run them.
  
- It will be useful for forum participants to keep in touch with other PRISM areas to find out what activities are being offered to mothers.
  
- **Idea!!!!** Forum participants can use the list of participants to request to be on the mailing list for local “mothers newsletter” in other areas. Alternatively local areas that produce newsletters could initiate posting copies to other areas.

#### ***4. Sustainability and working with volunteers; connecting PRISM communities; creating better links with councillors***

##### **Main points:**

- It is difficult to keep volunteers involved without burning them out.
- Some volunteer groups are aging.
- Some potential sources of volunteer recruitment have inherent problems.
- Recruiting volunteers from the group of parents with very young children is problematic because not many could take it on and it is a transitory life stage.
- Volunteers to work with mothers and children in the early years could come from the group of parents with children in early primary school.
- Volunteering is not really a suitable way of describing the range of community work carried out by women; ie working groups, steering committees, school councils, etc.

##### ***Sustaining volunteers:***

- Regular contact – email daily/ weekly.
- Tipping into people's passions.
- Safe belonging.
- Facilitator being ready to listen.
- Event to encourage other to come on board.
- Non-threatening initial events to attract people.

##### ***Keeping in touch with other PRISM communities:***

- Meet with a PRISM 'volunteer' from another area.
- Invite mothers, MCHNs, GPs, Councillors and other workers to an event with a high profile speaker.
- Be clear about what you are trying to achieve.
- Invite volunteers from another area to a meeting of mothers/maternal health committee/network, to talk about activities in their area.
- Share your mothers' newsletter – other resources like maternal health checklists and information leaflets - with other PRISM areas.

##### ***Improving Councillor links:***

- Most councillors are male: maternal health not always their priority.
- Councillors need education about the skill level and experience of MCHNs.
- Mothers need to be empowered to pursue issues with councillors.
- One view: MCHNs cannot be seen to provoke mothers into political activity; versus another view that MCHNs could advocate for workshops to assist mothers to be politically active.
- There are barriers that prevent women from being politically active.

## ***Concluding comments***

To conclude the Forum, David Legge (A/Prof in the School of Public Health at La Trobe University and PRISM Reference Group member) made some brief remarks about the day's discussions and about the PRISM project.

A few key points in David's remarks were:

- PRISM implementation may be 'over' in terms of the research project's planned two years' of activities, but the Forum discussions highlight that the collective learnings, ideas and strategies from the project have been integrated in ongoing activities around maternal health, and so live on in local communities in a range of ways;
- Even when the experience of participation has been mixed, what is learned can be very important;
- When the challenges seem insurmountable, or when things don't succeed, it's sometimes important to realise that the 'fault' often lies with systems, rather than with the people involved;
- Whilst the Forum was a coming together of the PRISM communities to share experiences 12 months on from the time the community development officers finished, and as such demonstrated the continuation of PRISM, it also represented another stage in the letting go of the implementation of the project itself, both for the research team and for communities. Ongoing activities will inevitably develop, broaden out and change in each area, even as they may go on being informed by some of the messages of PRISM.

David concluded by thanking everyone for attending and wishing them well in the future.

## ***Next PRISM Forum***

The PRISM Outcomes Forum will be organised by the Research Team in 2003 when the maternal health outcomes six months after birth will be reported to all intervention and comparison communities.

PRISM Points will continue to keep communities up to date with progress on data collection, data analysis and the timing of the Outcomes Forum, as well as providing information about the two-year follow-up study commencing in February 2002.

## Appendix 1 Forum Program

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### PRISM Communities' Forum

Monday 19 November 2001

9.30am – 4.00pm

#### PROGRAM

**9.30**            **Welcome and Coffee**

10.00-10.30    Introduction from PRISM Research Team, including presentation of findings from recent interviews with all MCH nurses about PRISM and maternal health

10.30-11.30    Snapshots from PRISM Communities (1)

**Bendigo**  
**Melton**  
**Latrobe**  
**Maroondah**

**11.30-12.0**    **MORNING TEA**

12.00-1.00    Snapshots from PRISM Communities (2)

**Bayside**  
**Glenelg**  
**Wellington**  
**Mornington**

1.00-1.15    Brainstorm workshop topics for after lunch session

Some possibilities:

- Keeping the maternal in maternal and child health
- GP/MCH liaison on maternal health
- Befriending opportunities: what works best?
- Mother-baby friendly policies and environments
- Information strategies: mothers' newsletters, maternal health noticeboards, information sheets, etc

**1.15-2.15**    **LUNCH**

2.15-3.0	Workshop 1*
3.00-3.45	Workshop 2*
3.45-4.0	Closing remarks

\*All participants had the opportunity to attend workshops on two topics of their choice (see page 20 for details)