

# Barriers and enablers for antenatal care access of women engaged with social work services at Barwon Health



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*We have great trouble providing care for women primarily because of their social determinants, not because we don't have the medical information or treatments available, it's all about patients not being able to make it to clinic, or the times are inconvenient for them, or they don't have transport, or lots of them are single parents and they don't have anyone to look after their children, or they've got 50,000 appointments all at the same time and bloods and ultrasounds, and so they have to run around the place rather than you know ideally, which we would love, would be to have everything co-located... P4 (Staff)*

## INTRODUCTION

The early years of a child's life (including the in-utero environment) have an important influence on their immediate and long-term developmental outcomes.<sup>1</sup> Evidence shows that uptake of antenatal care services is lower among disadvantaged communities,<sup>2</sup> resulting in less two-way information sharing, fewer assessments and screenings, and reduced opportunities for health education.<sup>3</sup> Several barriers to service access exist, however these are context dependent, and often vary amongst communities.<sup>5</sup> Numerous postcodes in the Barwon area have been identified as significantly socially disadvantaged. Recent Australian statistics demonstrated that these Barwon regions recorded almost double the national rate of children with neurodevelopmental concerns on school entry.<sup>6</sup> While there are factors associated with neurodevelopmental vulnerability that are not amenable change, it is well established that early and ongoing access to care/intervention can prevent and minimise poor outcomes.<sup>7</sup> Ensuring women have equitable access to antenatal care is important for ensuring that all children have the best start in life.<sup>3</sup> Identifying barriers and enablers for antenatal care access pregnant women and families experiencing disadvantage can inform targeted interventions to promote early and sustained service use.

## RESULTS

The analysis revealed one core category and three sub-categories which reflected barriers and enablers to antenatal care for women at personal and service levels (Fig.1). The core category 'continuity care' was identified as a key enabler for antenatal care and influenced the sub-categories: 1. access to services, 2. perceptions of care, and 3. motivation and self agency.

- **Logistical issues and location of the service made it difficult for women to attend antenatal appointments.**
- **Women were more likely to attend if they developed trust with staff and felt accepted.**
- **Women were motivated to attend for the health of their babies and the provision of practical support from the hospital to manage life challenges.**
- **A multidisciplinary service located near women utilising a continuity model was perceived to be most beneficial**



Fig 1: Core category and sub-categories of barriers and enablers to antenatal care access.

## OBJECTIVE

To identify the barriers and enablers for antenatal service access of women engaged in social work services at Barwon Health.

## METHOD

**Study design:** Participatory action research methods, with a constructivist grounded theory approach.

**Participants:** A purposive sampling approach was used to recruit 10 women recently engaged in antenatal care and referred to social work services, and 11 antenatal health care providers including midwives, social workers, obstetricians and drug and alcohol workers.

**Data collection and analysis:** Data was collected using semi-structured interviews conducted via Zoom or telephone. Data was collected and analysed concurrently. Constant comparative analysis was conducted using QSR NVivo 20, where codes were generated inductively and organised into categories until data saturation was achieved. Finally, a storyline and themes were identified through advanced coding. The grounded theory was then developed.



*I get a piece of mind having my appointments so close together and I only see the one midwife so I'm not explaining everything over and over again. P2 (Woman)*

## DISCUSSION

Women experiencing social disadvantage have practical and health system related barriers to accessing antenatal care. Women who experienced specialist continuity of care (e.g., CDU) were highly satisfied with their antenatal care and this helped to overcome many barriers to access, however challenges were still present. For women not offered this model of care, many barriers to access existed. All women experiencing social disadvantage would benefit from continuity models of care (e.g., MGP) for developing a trusting relationship with care providers to facilitate provision of support.

## CONCLUSION

A service that best suits the needs of women experiencing social disadvantage in the Barwon region is centred on the philosophy of continuity of care. It is flexible, close to women, considers their lives outside the health service and avoids stigmatisation. A one-stop-shop where women can receive care from pre-conception through early childhood is likely to have the best outcomes for families living in the area.

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