Healthy Mothers, Healthy Babies Program Guidelines

Purpose

The purpose of these guidelines is to outline the requirements of agencies delivering the Healthy Mothers, Healthy Babies program (the Program). The requirements and scope of work outlined in these guidelines form the context for a funding agreement between the Department of Health and Human Services (the department) and community health services funded to deliver the Healthy Mothers, Healthy Babies program.

Background

The overarching aim of the Program is to improve the health and wellbeing of mothers and babies, and reduce health inequity by addressing maternal risk behaviours and providing support during pregnancy.

The key objectives of the Program are:

- to provide assistance to women to improve access to antenatal, postnatal and other health and human services
- support eligible women throughout their pregnancy
- deliver key health promotion messages that will support healthy behaviours in pregnancy and beyond.

The Program's activities complement existing health, human and family services by linking women into clinical services earlier, providing additional community based support and promoting a continuum of care for the woman through strong collaboration with maternity and maternal and child health services.

The Victorian Government is committed to establishing a new intensive early childhood support service tailored to the needs of pregnant women and families who need the most support in their child's first years. This new service will expand current support, incorporating the latest evidence and consolidating best practice from existing early intervention programs Cradle to Kinder, right@home and Healthy Mothers, Healthy Babies. Existing and new providers of the Healthy Mothers, Healthy Babies program are expected to participate in the design and implementation of the new service.

1. Program Description and Principles

The Program is a targeted community based service providing support, linkages and education. The Program is not a replication or a substitute for maternity or maternal and child health services. The Program is underpinned by the following principles:

- a social model of health
- partnership and collaboration with other service providers
- population based planning where services respond to population need, and focus on redressing disadvantage
- strengths based approach to care provision, that recognises and builds on women's existing skills and resources
- evidence based, reflective practice

2. Client Group

The Program targets vulnerable women who are not accessing maternity services or require additional support because of their socioeconomic status, culturally and linguistically diverse backgrounds, Aboriginal descent, age or residential distance to services. Women who access the program may have complex health and social needs requiring a range of services and coordination. The Program is also available to support and link in other family members to necessary services.

3. Access to the Program

Women will access the program through outreach from community health services or referral from a wide range of service providers, including but not limited to the following:

Potential referral sources for Healthy Mothers, Healthy Babies		
Hospitals	Self-referral	Child protection
Playgroups	Local councils	Food banks
Refugee clinics	Alcohol and drug services	General practice
Maternity services	Maternal and child health nurses	Mental health services

Community health services may choose to establish formal referral or protocol mechanisms with common referral sources such as local child protection, maternity services and maternal and child health services. Community health services are encouraged to take a service coordination approach in providing care as articulated in Victorian Service Co-ordination Practice Manual.

It is expected that services providing the Program will work collaboratively with other local service providers, in particular, Cradle to Kinder, Aboriginal Cradle to Kinder and right@home to ensure that pregnant women and their families are connected with the program that most appropriately meets their needs.

4. Key activities of the Program

The key activities of the Program are:

- **Client engagement** - through assertive outreach, timely service responses and the development of a trusting relationship.
- **Assessment and goal setting** – using evidenced based knowledge, and a client centred, strengths based approach.
- **Care coordination, navigation, and referral** - by providing support to access clinical antenatal care services, maternal and child health nursing, and other services as required.
- **Psychosocial support** – by developing or connecting women to peer based group activities such as teenage mothers groups, exercise groups, tobacco cessation programs, or having discussions about pregnancy options.
- **Referrals** – where required, referrals are made for clients with complex issues such as involvement with child protection, mental health, housing or drug and alcohol services and family violence services.
- **Health education** – by providing individual or group education focusing on modifying risk behaviours such as smoking, poor nutrition, drug and alcohol use and prompting healthy behaviours such as breastfeeding.
- **Case discussions** – these may be appropriate if several health and welfare sectors are engaged with clients.

5. Exiting the program

The Program will support women in their pregnancy until they are effectively engaged with the maternal and child health nurse after birth. It is recommended that a joint visit with the maternal and child health nurse at four to six weeks after birth will be the point of discharge. Exit from the Program will depend on individual circumstances and the client's readiness to engage with services.

6. Program implementation

Community health services will have the flexibility to adapt the program to suit the local population and develop innovative practices. However, the following components of the Program must be included:

- a targeted approach to those most in need in the local community
- provision of assertive outreach
- active support to engage with Maternity Services
- active support to engage with Maternal and Child Health Services
- engagement with local medical services
- systems to refer to a range of other services
- health education about the impacts of smoking, alcohol and drug use, nutrition, and breast feeding.
- peer support groups where possible.

7. Program Support

7.1. Funding

Direct Care

Funding has been allocated for the delivery of service hours, including care coordination, by appropriately skilled staff and support services as per the Community Health Integrated Program Guidelines.

Material aid

A small portion of funds has been allocated to agencies for material support. These funds are to be used to purchase services or equipment that will promote the woman's health and access to services. Examples include: assistance with transport, maternity clothing, pharmaceuticals, and equipment.

7.2. Training and support

It is expected that staff working in this program are trained and supported with appropriate tools to identify, respond and refer appropriately to family violence services.

7.3. Reporting requirements

Funded community health services will report to the department as specified in the Community Health Program Data Reporting Guidelines. Data should be submitted via the Community Health Minimum Data Set. Performance measures for the program are indicated in hours of service and will be outlined in the agency's service agreement with the department.

All agencies are expected to actively participate in any evaluation of the Program and participate in activities related to design, testing and iteration for new service elements developed to support improved integration, and new service components such as screening tools to support service design.

7.4. Fees

Fees are set according to the Community Health Fees Policy. Inability to pay must not be used as a basis for refusing service to women assessed as requiring service. Refer to the Department of Health and Human Services Community Health Services Schedule of Fees Policy 2015.