Antenatal Care in Prison (ACIP)

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Case for change

- 47% of pregnant women in custody identify as Aboriginal or Torres Strait Islander and do not have opportunity to birth on country due current Justice Health NSW(JHNSW) policy positions that requires all pregnant women entering custody across NSW are to transfer to a metropolitan correctional centre in Sydney to access antenatal care.
- Two in ten women were re-entered into custody in same pregnancy which highlights the extreme vulnerability and risk of interrupted and fragmented care.
- Only three in six women who were greater than 20 weeks gestation initiated any antenatal care prior to custody.

Consequence of not implementing change is vulnerable women will not receive antenatal care that is family centred, culturally responsive, connected and co-ordinated.

Goal and objectives

To improve antenatal services for women in correctional centres by December 2024.

Objective 1: Reduce inter-facility transfer of women for antenatal care without a clinical or social indication from 100% to 70% by December 2024.

Objective 2: Increase primary care nurse (PCN) self - reported confidence in supporting pregnant women in regional centres from 20% to 80% by December 2024.

Diagnostic tools and methods

Patient Interviews

N – 10, Sites 2

Audits

N – 20 (2019, 2022, 2023)

Staff Survey

N – 16, Sites 3

Incident Reviews

2019 - 2023

Process Mapping and Root Cause Analysis

Sessions - 3

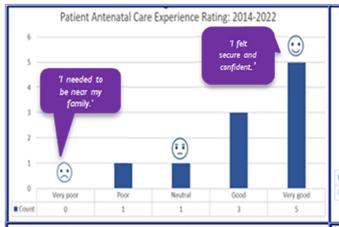
Policy and Literature Review

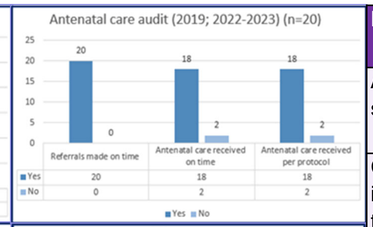
Sessions - 3

The diagnostic findings reached saturation, confirming recurrent concerns and issues regarding governance structure, the absence of a distinct antenatal model of care for pregnant women in custody, unclear clinical pathways for the care of pregnant women, and a lack of support to PCN to enable the care of pregnant women in regional centers.

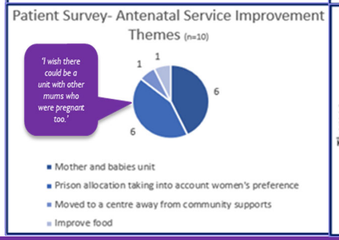
Diagnostics

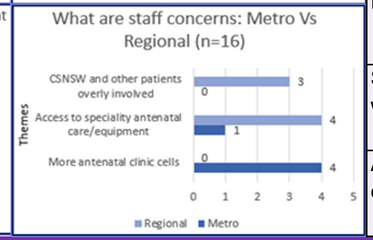
Patient experience





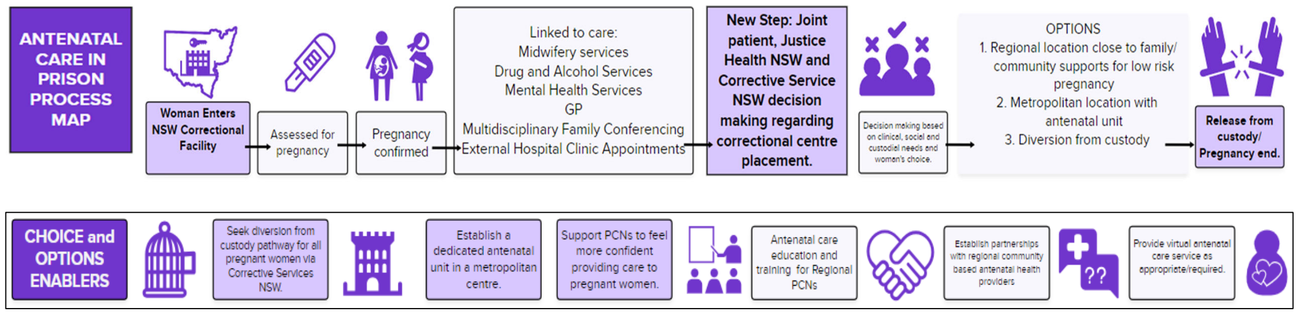
Staff experience





Key Issue
Antenatal health care records are hybrid- paper-based and split over two electronic platforms.
Current antenatal care services are based on the interpretation of a policy position rather than a procedure that details the where/when/how
Some PCNs do not feel confident in caring for pregnant women in regional sites.
All pregnant women are transferred to metropolitan correctional centre without clinical or social indication.

Planning and implementing solutions



Solution	Score Priority	Output / Measure
Development and implementation of overarching document to replace policy- Model of Care to include Multidisciplinary Team (MoC), patient journey showing where specialties fit, service from the point of reception to clarify roles and responsibilities and procedures with timeline.	Medium	Primary care and clinical midwife consultant to develop MoC in collaboration with key stakeholders including midwifery, drug and alcohol, mental health, PCNs, nursing managers and GPs.
Antenatal checklist converted into JHeHS (Justice Health NSW electronic medical record) electronic form incorporating features of 'Yellow Card'(Antenatal Care Record).	Medium	Request raised for JHeHS e-form development. Data extract from JHeHS e-form can measure compliance with form use and current antenatal care schedule.
Use tablets for family/support network communication for women who are moved away from their community area to maintain connection to with family/support network in the community.	High	Collaborate with Corrective Service NSW regarding tablet use and escalate concerns if access issues identified via project Sponsor.
Specialist services should engage early in the care of pregnant patients- before they arrive in Sydney. All pregnant patients should be linked to care early via myVC (my virtual care) or other telehealth platforms regardless of centre location rather than waiting for transfer to metropolitan centre to occur for care to be commenced.	Medium	Measure MyVC use by specialty before and after implementation phase.

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Contact

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Results

Implementation planning involved extensive consultation and collaboration with staff across Justice Health NSW and Corrective Services NSW (CSNSW).

The pilot, running from January 1 to June 30, 2024, covers all female correctional centers managed by CSNSW.

Multidisciplinary Antenatal Model of Care (MoC): Development of the operational plan, incorporating a multidisciplinary MoC, was delayed due to midwifery staffing shortages and prioritisation of patient care. Writing is ongoing, with consultations set to commence from April 2024.

Antenatal checklist on JHeHS: e-Form development approval has been granted, and work has commenced on drafting the e-form, with initial consultations completed.

Facilitating virtual visits with family: CSNSW's provision of tablets/iPads for virtual family visits has been integrated as standard practice, with no reported access issues.

Utilisation of virtual care by specialist services: Three pregnant women entered custody through a regional correctional centre, out of these women, two received virtual consultations and were engaged in the decision-making process about antenatal care and location. Both women remained in the regional center for the duration of their incarceration.

Education for nurses: Consultation to be commenced from April 2024 to survey nursing staff to develop tailored education.

Sustaining change

Justice Health NSW has successfully implemented two project solutions including the facilitation of virtual visits with family and the utilisation of virtual care by specialist services.

The remaining solutions are progressing under an established working group committed to sustained change. Comprehensive action plans for solutions have been developed and will serve as guidance for the solution implementation team.

Conclusion

Engaging the patient in the decision-making process has often been overlooked within the correctional setting. The principles of ACIP can be transferred across other health conditions experienced by those in custody. Maintaining connectedness with family, culture and country has been achieved for pregnant women in custody.