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# A qualitative study of innovations implemented to improve transition of care from maternity to child and family health (CFH) services in Australia

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ABSTRACT

*Background:* The transition of care (ToC) from maternity services, particularly from midwifery care to child and family health (CFH) nursing services, is a critical time in the support of women as they transition into early parenting. However significant issues in service provision exist, particularly meeting the needs of women with social and emotional health risk factors. These include insufficient resources, poor communication and information transfer, limited interface between private and public health systems and tension around role boundaries. In response some services are implementing strategies to improve the transition of care from maternity to CFH services.

*Aim:* This paper describes a range of innovations developed to improve transition of care between maternity and child and family health services and identifies the characteristics common to all innovations.

*Methods:* Data reported were collected in phase three of a mixed methods study investigating the feasibility of implementing a national approach to child and family health services in Australia (CHoRUS study). Data were collected from 33 professionals including midwives, child and family health nurses, allied health staff and managers, at seven sites across four Australian states. Data were analysed thematically, guided by Braun and Clarke's six-step process of thematic analysis.

*Findings:* The range of innovations implemented included those which addressed; information sharing, the efficient use of funding and resources, development of new roles to improve co-ordination of care, the co-location of services and working together. Four of the seven sites implemented innovations that specifically targeted families with additional needs. Successful implementation was dependent on the preliminary work undertaken which required professionals and/or organisations to work collaboratively.

*Conclusion:* Improving the transition of care requires co-ordination and collaboration to ensure families are adequately supported. Collaboration between professionals and services facilitated innovative practice and was core to successful change.



## 1. Introduction

In Australia, publicly funded, universal maternity services are available to women during pregnancy, labour and birth and the early postnatal period. Women and babies then 'transition' to ongoing publicly funded child and family health (CFH) services, providing care and support for all children and families from birth

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to 5 years of age. However, significant gaps in service continuity exist around this transition of care (ToC) from maternity to CFH services, particularly for families with identified social, emotional or physical risk.[1–3] Despite having a long established universal health service many families miss out on ongoing services once discharged from maternity care.[4,5] Professionals are concerned when families do not engage with services, especially where families with additional needs are not being supported.[6] Key to providing effective continuity of service to women and their families following birth of a baby is a smooth transition from one service to another such as from maternity services to CFH services.[7]

Although there is increasing pressure to improve continuity of care in response to service fragmentation[8] both internationally and nationally, little research investigating the disruption at ToC between maternity and CFH services has been undertaken. Internationally a single group of researchers have explored continuity between maternity and child health nurses. Barimani and Hylander (2008) found a service gap resulting from a lack of cooperation between midwives and child health nurses.[9] This team later explored strategies to improve continuity, and found a perceived effect of support and continuity when strategies were applied jointly by health professionals.[10] In Australia, Homer (2009) explored transition between maternity and CFH nursing services in NSW and found a diverse range of models, few of which appeared effective in facilitating a continuum of care between maternity to community-based CFH services.[2]

In 2010 the authors of this paper commenced a national study of universal child and family health services. The CHoRUS study aimed to investigate the feasibility of implementing a national approach to CFH services in Australia. In phase one of the study, ToC between maternity services and CFH services was reported by midwives, CFH nurses and GPs to be particularly problematic, often resulting in the disengagement of women and families from ongoing services.[7] Key issues described in phase one by health professionals included; inefficient communication and information systems, insufficient resources, the inadequate interface between private and public health systems, and lack of collaboration between professionals and services.[3,11] These issues were confirmed in surveys of midwives and nurses in phase two of the CHoRUS study[3,11] and have been described elsewhere in the literature.[2,10,12]

The aim of phase three of the CHoRUS study was to describe innovations designed to improve continuity for women and their babies, specifically focused on the transition between maternity and CFH services. This paper describes a selection of these innovations along with characteristics found to facilitate change.

## 2. Method

### 2.1. Research design

A sequential mixed methods approach was used for the overall CHoRUS study. In phase one consultations (via discussion groups, focus groups and teleconferences) were held with professional leaders.[7] Subsequently in phase two midwives and CFH nurses providing direct care to women, their infants and families were surveyed to confirm and expand on themes identified in phase one.[3,11] In phase three, a qualitative interpretive design was used.[13] Interviews were held with health professionals at sites where innovation (strategies and models of care) had been implemented specifically targeted at improving transition between maternity and child and family health (CFH) services. Ethics approval for the study was obtained from University of Western Sydney Health Research Ethics Committee.

### 2.2. Study sites and participants

During phases one and two, participants identified 21 sites where innovation in maternity and CFH services had occurred. However, due to the consistent problems identified at ToC, this paper focuses on sites that had implemented models of care or strategies aimed at improving ToC. Sites were chosen where the innovation or strategy implemented had been successful based on either internal or external evaluations of the services; or were judged to be 'successful' by policy makers and service leaders in that jurisdiction but had not yet been formally evaluated. Health professionals at these sites were invited to participate initially via an email to the service manager. Following their response to the email invitation, a follow-up phone call was arranged to determine their willingness to participate. The participating health professionals varied dependent on their involvement in the design and implementation of the strategy or model. The 33 participants included managers, CFH nurses, midwives, GPs, support workers, allied health, Aboriginal health workers and community health professionals.

### 2.3. Data collection

Thirty-three participants across the seven sites reported on innovations related to ToC. Data were collected via interviews (four face-to-face and three via telephone) and three focus groups (Table 1). Interviews and focus groups were 60–90 min in length. Each interview and focus group session was audio recorded and transcribed verbatim. Data were collected using a set of key questions and prompts developed from phase one and two study findings, to explore the implementation of innovations developed to improve continuity of care between maternity and CFH services. Key prompts included; How are families transitioned between services? What are the key elements or essential components of your service? Could you talk about professional-family relationship in the context of your service?

### 2.4. Data analysis

All data were exported into NVIVO 9 for analysis. The first author initially used a predetermined coding template to code all raw data collected in phase three. When using a sequential mixed methods research design, findings from an initial phase are used to inform data collection and analysis in subsequent phases of the study.[14] Therefore themes, sub themes and codes related to communication and information transfer, collaboration and ToC, which had been identified in the earlier phases of the study were incorporated onto a coding template[15] along with factors identified by D'Amour et al.[16] as influencing interprofessional collaboration. D'Amour et al's.[17] model describes and categorises indicators of collaboration under organisational and interactional dimensions of collaboration. The model has been tested in different collaborative organisational settings including healthcare

**Table 1**
Numbers of participants and interviews/focus groups held at each site.

| Study site | No of participants | Interviews (face-to face or phone) | Focus groups |
|---|---|---|---|
| 1 | 3 | 1 group phone interview | |
| 2 | 1 | 1 phone interview | |
| 3 | 14 | 2 face to face and 2 phone interviews | 1 focus group |
| 4 | 4 | 1 face to face interview | |
| 5 | 5 | | 1 focus group |
| 6 | 3 | 1 phone interview | |
| 7 | 4 | | 1 focus group |