Apunipima baby baskets

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This program provides targeted education and resources for pregnant women from Cape York in the novel form of 'baby baskets'.

Although improving, maternal and child health in Cape York is poor, with high rates of maternal and neonatal morbidity and mortality in comparison to the rest of Australia.[1] In 2008, 70 per cent of Cape York pregnant women were reported to have smoked at some time in their pregnancy, the highest proportion in all health services districts in Queensland. They also had high rates of gestational diabetes and double the number of low birth-weight babies in comparison to the rest of Queensland (12.3 per cent of births compared to 5.3 per cent).[2]

In the same year, a paediatrician and experienced general practitioner from Cape York wrote a comprehensive report detailing these issues. Their recommendations on child health were presented to the Queensland Cabinet. As a result of a Cabinet-generated submission and allocated specific funding from Queensland Health's Making Tracks and, as one of several initiatives, in late 2008, Apunipima was asked to develop 'baby baskets' in an effort to give mothers and their children a better start to family life. Apunipima was chosen for this project by consensus by organisations providing health services to Cape York and with the aim that with community and Indigenous input, and flexibility, the program would be sustainable.[3] Although the funding allowed for only four pilot sites in Cape York, the scheme was rapidly broadened to all Cape communities. The initial aim was to spend about $300 per Cape child that is born per year.

Development of the baskets

The plan was to improve maternal and child health key performance indicators,[3] specifically to ensure the timing of first antenatal presentation was early in the pregnancy (using a baby basket as an incentive) and that women attended at least five antenatal visits. This was addressed by giving out a fruit and vegetable voucher for use in the local community at each antenatal visit, up to a maximum of ten visits, in the hopes of increasing the number of return visits to obtain vouchers.

Giving out the baby basket was also an opportunity to educate the pregnant woman on breastfeeding, birthing, baby care, the role of fathers, smoking and alcohol effects in pregnancy and specific health issues, such as sudden infant death syndrome, and eating well. As much of the advice given in pregnancy to Cape mothers has been framed negatively in the past a conscious effort was made to present information in a positive light to inform women's choices about a healthy pregnancy and birth.

The nutrition status of young Cape York women has been shown to be poor,[4] low birthweight babies are more likely to be born to young mothers in their teens, and pregnant women and children in remote Indigenous communities are at greater risk of malnutrition than the rest of the Australian population.[2] The effect of poor nutrition during pregnancy is intergenerational and is linked to anaemia, a lower birthweight infant and poorer growth and development outcomes for the child.[5] Therefore, the promotion of good nutrition throughout conception, pregnancy, breastfeeding and childhood should remain a priority in the delivery of comprehensive healthcare.

Emphasis on consuming adequate iron and calcium-rich foods is a major focus during pregnancy, in addition to the use of folate and iodine supplementation as per NHMRC recommendations. The importance of eating sufficient fruit and vegetables during pregnancy cannot be overlooked as this forms a balanced diet and assists to meet the fibre and micronutrient needs for the mother and her unborn child.[6] Consuming adequate fruit and vegetables also assists with a healthy level of weight gain during pregnancy, and is a major area of focus in the management of gestational diabetes. Once again, Indigenous Cape women are over-represented in the incidence of this condition.[2]

In order to assist people achieve an adequate fruit and vegetable intake, the provision of free or subsidised fruit and vegetables to at-risk groups, such as pregnant women and children, is regularly advocated for.[7] The fruit and vegetable vouchers and folate supplements were therefore planned as a major part of the budget for the baskets.

Apunipima convened meetings with maternal and child health staff from the Royal Flying Doctor Service, Mookai Rosie bi-Bayan (the specialist hostel that many Cape women use when they come to Cairns at 36 weeks to wait to give birth) and Queensland Health as well as internal staff. The meetings initially included health

From top to bottom: the three baby baskets and their contents in the order they are handed over.

workers, midwives, nurses, doctors and community nutritionists, but ended up very wide in scope and included as many community-based women as possible, community engagement and administration staff. Even the Apunipima CEO looked at the contents and made suggestions that are to this day still inclusions in the baskets.

The program was launched formally by the Queensland Premier Anna Bligh in 2009. At first it was difficult to cost the baskets overall as there was some variability between estimations of the number of births to women from Cape York, ranging from 120 to 180[8] births annually. After some years of operation, the birth rate is clearer, at around 150 births per year.

What the baskets contain

From the consultations and planning developed a program of three baskets:

- First Baby Basket: is given on pregnancy diagnosis in the community by health worker or midwife. This contains a safe baby sleeper, a lot of information on healthy pregnancy, including a Bunjulbai booklet, developed specifically for Indigenous women in Queensland, initially by Queensland Health staff in Rockhampton, and the first of the fresh food vouchers.
- Second Baby Basket: is given at or around birth, in Cairns, and includes nappies, baby clothes and personal hygiene items for the woman to use in hospital.
- Third Baby Basket: is given by a health worker, nurse or midwife, when the baby is six months old, when both mother and baby are back in community. This contains a toothbrush and toothpaste, a toy and lots of information.

Baby basket rollout

To begin with, the contents of the baskets were ordered and packed in house, a large operation that made the Apunipima office look something like a pharmacy. Later, basket production was outsourced as, once the pilot phase was over and feedback had resulted in minor basket content changes, the contents were less likely to be altered.

The Royal Flying Doctor Service assisted with delivery of baskets to communities and their midwives and child health nurses assisted in basket handover, which involved some time spent with the woman going over contents and covering specific education topics. Apunipima has a child health nurse, midwife and health worker Cairns visiting team, and they along with Mookai Rosie bi-Bayan staff give out most of the second baby baskets with education to Cape women while they are in Cairns, waiting to deliver.

The food voucher was one of the most challenging parts of the initiative to implement, as all the Cape York community food stores had to be brought on board, their staff educated on what was included (all fresh fruit and vegetables) and a system of reimbursement organised. This was undertaken by the Apunipima community nutritionist. Following an audit of use the food vouchers in 2010, their numbers were reduced from ten to five, but the value of each was increased.

Baby basket evaluation

Three major evaluations have been carried out so far on the baby baskets: the first encompassing the first 30 evaluation forms returned in the initial three months of the program; the second a year later; and the third audit completed in 2011, 18 months later. The baskets come with an evaluation form for the health professional giving out the basket to fill in and return; around 40 per cent have been returned overall, which assists with formal audit, see below.

Of all responses, 170 said the baby basket was very useful, 57 said the baby basket was useful, one said it was of some use, eight responses were not recorded. Other options (a bit useful, not

useful) were not chosen so the feedback on their usefulness remains overwhelmingly positive.

Free text comments regarding the first six months of the basket program included 'thank you' 'Mum could not stop saying thank you' 'Good things for our Cape families' 'help us out lots'. Free text comments were not collected after the second reporting period as it was very clear that the baskets were valued.

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Suggested things to include ranged from items that are already included in the second Baby Basket (nappies, hairbrush, pads) to unusual requests 'oil for stretch marks' 'baby monitor' 'baby name book' (name books are already in our educators' bags for people to look at when the health workers and nurses are talking about the basket items) and the downright fanciful ('a set of car keys'!) Some women asked for more information – educational brochures, reading on normal pregnancy, information on feeding babies – indicating that women are keen for information to come with each of the baskets.

The timing of the handover for the first baby basket was really interesting. Once the blip when they first became available was over (including one woman who got the first and second baskets at the same time when the program started), they became more likely to be handed out in the first trimester. The time within the first trimester became earlier: median gestation for the quarter March to June was 15 weeks, and this fell to ten weeks for the quarter July to September 2009. This is important as one of the main aims was to see women very early in pregnancy. This gives excellent earlier opportunities to give education and link in with antenatal care.

Home visiting and baskets

Baskets are now provided in the course of both clinic and family home visits, which is another linked Apunipima program, from Wujal Wujal, Laura, Hopevale, Aurukun and Coen, (Cape York communities) by health worker and midwife/child health nurse teams. Delivering and talking about the baby basket in the woman's home increases the likelihood that all family members benefit from the education that occurs with basket handover, and means they get an opportunity to ask questions in a familiar environment – the core of our family-centred approach.[9] The home visits, as a general rule, are provided by Apunipima staff with support in some communities from the Royal Flying Doctor Service or Queensland Health midwives and child health nurses.

There is potentially a bias in the audits as not all staff sent back evaluation forms and certain workers in particular communities were much better than others at returning them, meaning that some communities are likely to be under-represented in the feedback. However, the consistently positive and sustained response from most communities suggests that overall the response to the program is excellent.

The pregnant women and mothers of Cape York have responded very positively to the baby basket program, and they are now being delivered as part of a home visiting education program by nurse and health worker teams. The median gestation for first antenatal contact has decreased from 15 to 10 weeks over the initial phases of baby basket implementation.

The program has attracted interest and queries from all over Australia. With planning, consultation and specific funding, Apunipima has devised and maintained a well-received, comprehensive and continuously evaluated baby basket program that has already contributed to improvements in key indicators in maternal and child health in Cape York.

Apunipima will continue to monitor acceptability, and median gestational age at first antenatal contact, and will examine median number of antenatal visits per woman during the next evaluation, which is planned for mid 2012. A subanalysis of food vouchers and some questions on breastfeeding practices are also being added to the revamped evaluation form for 2011 onwards. The form will now collect gestation information better, which is important for monitoring when women present in pregnancy.

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Author profiles

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