What makes it work in Logan?

- **Welcoming spaces** that are already known and well-regarded by specific, vulnerable groups
- **Introduction of care teams** who are known and trusted to support mothers, families and their babies up to 2 years
- **Informed choice** for women across pregnancy, labour, birth and postpartum
- **Broader involvement** of family and community
- Provision for **home visits**
- **Flexible scheduling**, accommodating the needs of mother and other siblings
- **Midwifery care** embedded within community organisations and providing wrap-around support
- Maternity Group Practice (MGP) providing **continuity of midwifery** care until at least 6 weeks postpartum

Our community

" The thing I liked best was my midwife communicated to me in language I could understand. "

Logan resident and hub user

" I come from a big family and a strong community back in New Zealand. Now there is a community here. I feel culturally safe and able to bring family into my appointments. It takes a village to raise a child and to learn from each other. "

Logan resident and hub user

" I've given birth through both the Hubs and the mainstream and so in my own experience, I can say that giving birth mainstream I felt isolated and experienced a lot more anxiety. I definitely feel the hub model helps to reduce anxiety during pregnancy birth and beyond. "

Logan community member

Contact us

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SCAN FOR MORE INFO

[1] Logan Community Maternity and Child Health Hubs Cost Analysis. A full Social Return on Investment (SROI) is underway.

[2] Logan Together. *Logan Maternity Hubs Timelines*. Logan, QLD (2021).

[3] Maternal and Child Health Hubs (MACH Hubs) model.

Maternal and Child Health Hubs in Logan

COMMUNITY-LED SOLUTIONS
Evidence series

LOGAN together

What we're doing

Community Maternal & Child Health Hubs (MACH Hubs) in Logan provide community-led, place-based, and culturally inclusive maternity care for women so that they experience safe and trustworthy care during pregnancy, birth and beyond.

The MACH Hubs focus on children's First 2000 Days, providing antenatal care, then playgroups, cultural connections and parenting support to assist with early childhood development and preparation for kindergarten.

Research is clear that patterns for future life outcomes are established in the first 1000 days of life, beginning in pregnancy. Sadly, the cost of getting this wrong has had profound implications for both Logan's families and the health system over decades.

2015 the challenge

By 2015, the number of distressing events which were seen to compromise babies and women's safety in Logan became too many to ignore and drove a keen urgency for change.

By 2017, 11% of women in Logan were not meeting the minimum WHO standard for antenatal care. A large number of mothers and their families were not accessing midwifery services at Logan Hospital because they were perceived to be culturally unsafe and were inaccessible. Newly arrived migrants, who were not eligible for Medicare, were also not accessing care.

2017

As a result, women were not receiving adequate preconception, antenatal and post-natal care, antenatal appointments were some of the lowest in the state, and stillbirth rates were higher than average.

2018 the response

Logan Together, with partners, designed and implemented the community maternity hubs **in 2018**. Community-led, place-based and culturally inclusive, the hubs are providing maternity and child health outcomes for women and children in Logan. The MACH hubs provide preconception care, information and education. There are clear pathways and links between the MACH Hubs and community and school hubs.

Our evidence and outcomes

OUTCOMES BETWEEN 2018-23 ACROSS LOGAN INCLUDE:[1]

0.3%

The **rate of First Nations still births** is down to 0.3%, compared to other parts of Qld, which sit between 1% and 5%

42%

decrease

decrease in the number of birth-parents receiving **nil or inadequate antenatal care**

There was **increased uptake of antenatal care** by the target population (Maori, Pasifika women, young women, refugee and asylum-seeking women and First Nations women)[2]

13%

saving

Maternal and Child Health Hubs generate a **minimum saving of 13%** on the cost of a hospital-based midwifery model

CLINICAL OUTCOMES

Due to the demonstrated success of the MACH Hubs, Metro South and Logan Together are working to expand the Community Maternity Hub model to provide care through this program to **50%** of all birthing women in Logan.

Clinical outcomes achieved by midwife-led Maternity Hubs (MGP) compared to obstetrician-led Standard Care (SC):[3]

Women in MGP were statistically significantly *more likely* to:	MGP	SC
Attend 5 or more antenatal appointments	97.7%	93.6%
Have spontaneous onset labour	54.9%	44.3%
Have a vaginal non-instrumental birth	65.1%	59.0%
Use non-pharmacological pain relief	54%	39.4%
Exclusively breastfeed	74%	69%

Women in MGP were significantly *less likely* to:	MGP	SC
Require a caesarean section	26%	30.2%
Have a baby before 37 weeks gestation	6.2%	8.9%
Require Special Care Nursery admission	11.3%	14.9%
Have an induction of labour	31.7%	38.5%

92%

of women felt they were always **involved in decision-making**

1000+

women **have engaged with the Hubs**

$0.5MIL

savings due to a reduction in birth interventions; specifically, reduced days in hospital, increased number of natural births and reduced staffing costs

28%

In **2022**, the Maternal and Child Health Hubs provided care for **approx. 28%** of the birthing population of the area