

Pēpeha

&

Acknowledgement of Country



# Lessons for the next global health crisis

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The Royal Australasian  
College of Physicians



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# Why COVID-19?

# Why?

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*“How to go back?...because a lot of people don't know where to start”*

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## Multiple natural experiments

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# Why Australia?

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Why women's experiences of the perinatal period?

# Whose voices are we hearing from?

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High SES,  
English-first language  
Caucasian,  
Australian-born





# Whose voices are we hearing from?

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- 1 in 3 giving birth are from overseas, mostly **India**
- Pre-pandemic → higher stillbirth, preterm and mental illness
- Frequent exclusion from clinical guidelines and policy.

# Research Questions

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1. How did Australian-born and migrant women's experiences compare?
2. What are their perspectives going forward on policy and services provision for the recovery phase and for future global health crises?

# Map

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# Methods

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- Recruitment in community – health hubs, libraries, shopping centres, community networks
- 60-minute semi-structured interviews
- Reflexive thematic analysis within pragmatist paradigm

# Community-Based Participatory Research

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**Karamdeep Pangli**



Community Researcher / Punjabi Playgroup Leader

**Laura Biggs**



Mentor / Senior Researcher

*Know our story:*  
a toolkit for social  
equity and inclusion

<https://www.strongerfutures.org.au/know-our-story-resources-pdf>

# Community Advisory Group

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We met

- Prior to recruitment
- After the interviews
- After data-analysis

# Participants

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Characteristics	N=31
Australian born	13
Migrant	18
English proficient	11
Punjabi-speaking	7
First-time parent	11
Multiparous parent	20
Not university educated	10
University educated	21
Birth in 2020	15
Birth in 2021	15

# Preliminary Theme 1 - A *“silent mental health pandemic”*

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- *“Alone”* and *“afraid”*



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- *“They [maternal health services] don’t care about the mother”*

# Preliminary Theme 1 - A *“silent mental health pandemic”*

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- *“Alone” and “afraid”*
- *“They [maternal health services] don’t care about the mother”*
- *“I’m in depression...I never tell him”*

## Preliminary Theme 2 - *“ West and East is not the same...they have different treatments”*

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COVID-19 Policy - 21 March 2020

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- **Prioritise 0-8 weeks olds**

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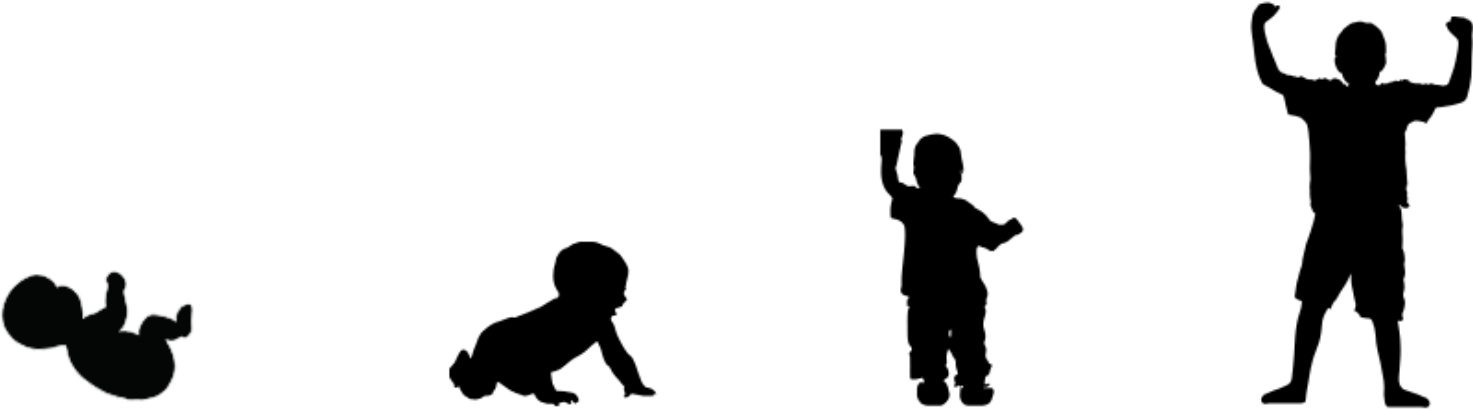
COVID-19 Policy - 21 March 2020

- Prioritise 0-8 weeks olds
- Preference phone/video appt
- <15mins
- >8 weeks olds subject to workforce capacity at providers discretion

# Preliminary Theme 2 - "West and East is not the same...they have different treatments"

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- **Missing 60%** of the recommended well-child check-ups before school



Birth 2wks 4 wks 8 wks | 4mth 8mth 12mth 18mth 2yrs 3-5yrs



## Preliminary Theme 2 - *“ West and East is not the same...they have different treatments”*

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- *“ [MCH] appointment was delayed....I start to notice that he [3yo child] is not progressing as he should be he wasn’t talking he wasn’t playing with other kids he was like isolated”*

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- *“ Lots of families out this way that are disadvantaged financially, socioeconomically...they could be missing big developmental things”*
- *“ [MCH] appointment was delayed...I start to notice that he is not progressing as he should be he wasn’t talking he wasn’t playing with other kids he was like isolated”*
- *“ I don’t know if it’s like racism or discrimination or they do it on purpose...I still pay the same tax”*

# Preliminary Theme 2 - *“ West and East is not the same...they have different treatments”*

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MCH services with low capacity to see >8 weeks



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MCH services with low capacity to see >8 weeks

Most common places for migrant Indian community



## Preliminary Theme 2 - *“ West and East is not the same...they have different treatments”*

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Developmentally vulnerable in 1+ domains

- 25.3% of children who are language diverse
- 20.8% of children who only speak English



## Preliminary Theme 3 - *'I'm afraid to go to the public hospitals'*

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## Preliminary Theme 3 - *'I'm afraid to go to the public hospitals'*

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- "It's too hard for us to understand"
- *"All I want to say is that everyone must have private health insurance."*
- *"in India, they [the health providers] listen to you and they explain to you more"*
- *"I'm going to India and find out what's going to happen with him"*

# Australian born women's mitigating resources

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- Pay for quicker healthcare access through private
- Had social connections to health professionals
- Knew to ask for an exemption to expand their 'bubble'
- Them or their partners had jobs that they could work from home

# Women's perceptions on what to do going forward

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1. Catch up missed appointments and screening
2. Prioritise early detection community services to continue during a pandemic
3. Build trust by meeting women where they are in their own language
4. Inform high-risk groups of policies ie. the 'bubble' 1 family household

# Next steps

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- Study 1 - Mapping COVID-19 policy changes - federal, state, local council, health service
- Study 2 - Interviews with women from diverse demographics
- Study 3 - Cohort study with data-linkage for pregnancy, birth, postnatal health outcomes
- Study 4 - Focus groups with key stakeholders - health professionals and policymakers

# Acknowledgements

- Supervisors

- Prof Sharon Goldfeld (Primary)
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- Dr Fanhong Shang
- Prof Melissa Wake

- Advisory panel

- Prof John Carlin (Chair)
- A/Prof Tanya Farrell

## Community Researcher

- Karamdeep Pangli

## Contributors

- Laura Biggs
- Jatender Mohal
- Daisy Shephard
- Katie McBain

Thank you

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