



Report

Local Health Forum

Antenatal Care

Contents

INTRODUCTION	3
METHODOLOGY	3
FINDINGS	4
REFERENCES	7
APPENDICES	8

INTRODUCTION

South Western Sydney Primary Health Network (SWSPHN) facilitates two rounds of Local Health Forums a year. Each round of forums has a different area of focus. Community members, service providers and local health professionals are invited to come together to discuss priorities, service needs and gaps within our region. Forums are held at locations across the region to better understand the unique health needs of our diverse community. Insights from the forums inform the SWSPHN needs assessment and future planning for enhanced primary care.

The goals of local health forums are to:

1. Broaden grassroots consultation in our region
2. Showcase SWSPHN programs and initiatives
3. Collect strong qualitative data to inform planning and needs assessment
4. Support other co-design projects
5. Gain a better understanding of where to invest funding

The focus of this round of forums was **Antenatal Care**, concentrating on pregnancy care received within SWS and aimed to:

- Identify the barriers and enablers to accessing pregnancy care
- Explore the strengths and gaps in how primary and public health systems coordinate pregnancy care

METHODOLOGY

Event Structure

Stakeholders were engaged through existing SWSPHN communication channels. The forums were held in the evening to maximise attendance from community members, healthcare professionals and service providers. The forums were held at two locations within SWS:

- Campbelltown Rydges- 28 August 2025
- Bankstown Rydges- 4 September 2025

The forum planned in Southern Highlands was unable to proceed due to low registrations.

There were two phases to each forum:

- **Presentation:** Included an overview of the SWSPHNs strategic goals, showcase of programs and initiatives, and statistics in alignment with the topic.
- **Consultation:** Forum participants were seated in small groups with a facilitating SWSPHN staff member. They were asked a series of six questions and given 15-minutes for round table discussion of each question by . Menti was utilised to capture responses.

Consultation questions centred around key themes including:

- Barriers accessing antenatal care
- First trimester antenatal care access
- Coordination of care
- Supporting diverse community groups
- Preferred antenatal models of care
- Key priorities

Online Survey

To increase opportunity to participate, an online survey was distributed to capture the insights of community members, healthcare professionals or service providers who wanted to contribute their insights but were unable to attend a forum.

Overall, there were **46 forum attendees** and **26 survey respondents** (7 community members, 19 service providers).

FINDINGS

Thematic analysis was utilised to quantify the data gathered from community consultations and surveys. Common themes raised for each focus area were noted and key priorities were established.

There were a total of **46 attendees** and **621 responses***.

**Responses could be coded to multiple themes for each question.*

Table 1: Top response to each focus area, represented by region

Focus areas	Access barriers	Reasons for delayed antenatal care	Improving coordination of antenatal care	Better support for our diverse populations	Preferred antenatal models of care	Key priorities
All local health forums	System barriers (24%)	Lack of antenatal knowledge (17.1%)	Effective communication and information sharing (50%)	Education and access to information (21.3%)	Convenience, accessibility and cost (18.8%)	Community education and awareness (18.2%)
Campbelltown	Education and awareness (22.4%)	Early pregnancy factors (21.5%)	Effective communication and information sharing (48.8%)	Education and access to information (25.4%)	Provider relationships (25.5%)	Workforce development (16.1%) Community education and awareness (16.1%)
Bankstown	System barriers (27.7%)	Lack of antenatal knowledge 15.6%	Effective communication and information sharing (50.9%)	Culturally appropriate and emotionally safe care (30%)	Convenience, accessibility and cost (18.5%) Family influence (18.5%)	Community education and awareness (21.4%)

Barriers accessing antenatal care

In 2023, 93.7% of mothers who lived in SWSPHN attended 5 or more antenatal appointments. This was like neighbouring PHN regions Nepean Blue Mountains (94%) and Western Sydney (94.9%). In SWS, Bringelly-Green Valley (SA3) had the lowest proportion of mothers who had 5 or more antenatal visits (92.1%), whereas Southern Highlands had the highest (96.7%).

Consultation findings identified many common barriers which impede access to timely and appropriate antenatal care in SWS. The prominent barriers presented across the region were:

- **Systematic barriers-** relating to factors controlled by service delivery including extended wait times, scheduling appointments and modes of delivery. These constraints delay early engagement with antenatal services which is pivotal for positive maternal and child health outcomes. Furthermore, inflexibility of service delivery is a prominent barrier especially within vulnerable communities.
- **Education and awareness-** referring to the awareness of the importance of routine antenatal care and available services within the region. It was suggested that women are often not aware of the different models of antenatal care and are not involved in the decision-making process. There is belief within community that not all models of antenatal care are advocated for. Awareness was the top reported barrier amongst all survey respondents (80.7%).

- **Geographical barriers-** referring to factors such as distance, location and parking. Poor availability of parking and high associated costs at public hospitals, especially Liverpool Hospital, was echoed amongst attendees.
- **Financial barriers-** attendees highlighted that financial barriers still impact women not accessing private obstetric care. There are many associated with travel expenses (e.g. parking), limited access to bulk-billing GPs and the cost of ancillary tests (e.g. ultrasounds, blood tests). Financial barriers disproportionately affect women with low income, no Medicare or limited access to subsidised healthcare services. More than half of all survey respondents (53.8%) report finance as a barrier in accessing and receiving antenatal care in SWS.

The most reported barriers in providing antenatal care in SWS amongst survey respondents (health professionals only) were poor communication and coordination of care (76%), not aware of services to refer patients (41%), lack of available after-hours services (35%) and appointment scheduling (35%).

One third of health professionals (33.3%) didn't believe that women have access to all necessary antenatal services, specifically those to manage back pain and pelvic girdle pain within pregnancy.

Refer to appendix 1.

Delayed antenatal care

Antenatal care contributes to improved health outcomes of both mother and child (AIHWa, 2025). The Australian Pregnancy Care Guidelines (Department of Health, Disability and Ageing) a women should attend her first antenatal appointment within the first 10 weeks of pregnancy with regular checkups until birth.

In 2023, only 57.7% of women received antenatal care at least once during their first trimester in SWS (7,688 of 13,318 females who gave birth). This was the lowest proportion amongst all PHNs with data available. There is significant variation among the Statistical areas within SWSPHN with Bankstown being the lowest at 42.4% and Camden the highest at 77.1%.

The consultation findings indicated that lack of antenatal care knowledge is the primary reason for women to delay antenatal care in SWS. Some women are unaware of pregnancy risk factors such as gestational diabetes and hypertension or may underestimate their personal risk. Additionally, participants reported women being unsure on what antenatal services are available, when and how to access appropriate services or health information.

Other significant reasons identified through consultations were appointment logistics (e.g. wait lists to access midwife clinics, timing and availability of appointments and communication delays following referrals), early pregnancy factors (e.g. lack of awareness of the pregnancy, unplanned conception uncertainty, and social or cultural taboo discussing early pregnancy) and financial barriers.

There are minor regional disparities regarding the perceived reasons for delayed antenatal care. Anecdotally, women in Campbelltown are more likely to not engage with antenatal services during their first trimester primarily due to early pregnancy factors (21.5% of responses), lack of antenatal knowledge (20.2% of responses) and appointment logistics (16.4% of responses). Whereas, in Bankstown appointment logistics are less of a concern compared to financial barriers.

Refer to appendix 2.

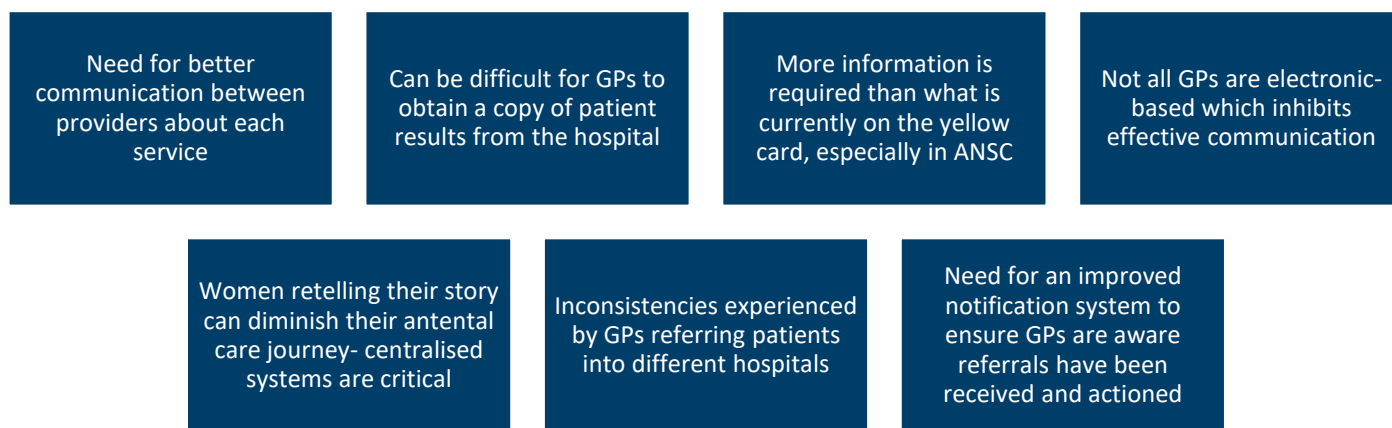
Improved coordination of antenatal care

Maternity care can be delivered through different 'models of care' which describe the care a woman receives through a maternity service throughout their pregnancy (AIHWb, 2025). In SWS there are many different models of care that a woman can be eligible for, albeit the availability of models differs between SWS hospitals.

In 2024, midwife's clinic and collaborative/combined care were the highest proposed antenatal care options at time of booking (27.1% and 26.4% respectively). Whereas the rate of use for Antenatal Shared Care (ANSC) at this stage was only 7.7% (SWSLHD, 2025).

Regardless of the type of antenatal model of care a woman accesses, care needs to be coordinated effectively. Consultations emphasised that communication and information sharing between antenatal care providers is a critical underpinning for safe, coordinated antenatal care in SWS. The dominant opportunity identified was **effective communication and information sharing** (50% of consultation outputs) which could be achieved through integrated patient information systems, better transparency between hospital clinics and GPs (e.g. patient test results) and implementing notification systems. **Figure 1** illustrates key insights from the consultations.

Figure 1. Key outputs relating to effective communication and information sharing to improve coordination of care between services



Survey responses highlighted a need for improved communication between antenatal care providers, with 31.6% of health professionals disagreeing that there is effective communication between themselves and others involved in their patient’s care.

Refer to appendix 4.

Key priorities

The top priority identified through consultations was **community education and awareness** (18.3% of responses). Among the suggestions was pre-pregnancy education which emphasises the importance of first trimester antenatal care, culturally appropriate education sessions, and improved access to and awareness of accurate health information.

Workforce development was highlighted as another key priority (11.8% of responses). Common sentiments across both consultations were the need for culturally sensitive training and education for all antenatal care providers, and increased staffing and support to minimise inconsistencies in care and improve proactivity in care.

A further priority is **increasing the accessibility** of antenatal services across the district (11.8% of responses). Key ideas were to implement more outreach models of care, especially for vulnerable communities, and increase the Aboriginal Midwife Group Practice model of care access which is not currently available in all regions.

Refer to appendix 5.

REFERENCES

Australian Institute of Health and Welfare (2025a) *Maternity models of care in Australia*, AIHW, Australian Government, accessed 09 December 2025.

Australian Institute of Health and Welfare (2025b) *Australia's mothers and babies*, AIHW, Australian Government, accessed 17 December 2025.

South Western Sydney Local Health District (SWSLHD) (2025) Models of antenatal care proposed at booking 2024.

APPENDIX 1

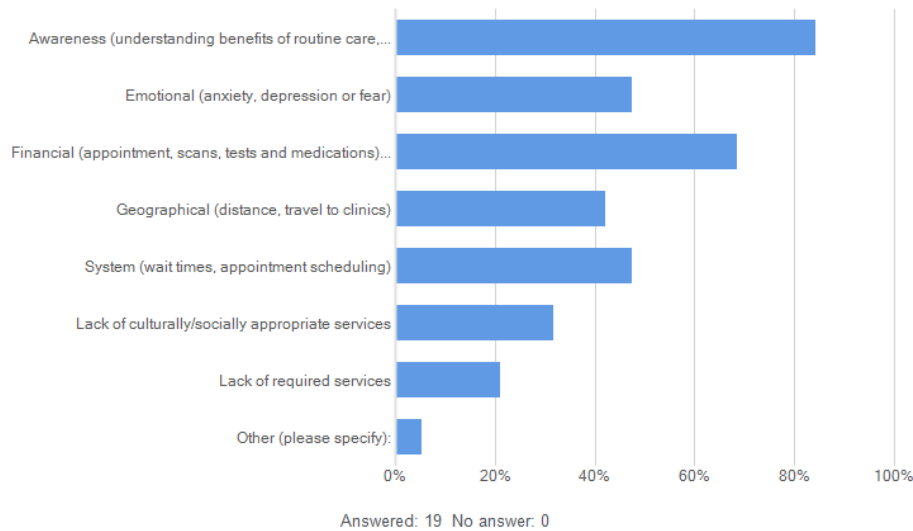
Barriers accessing antenatal care- LHF top reported outputs

Themes	Consultation Outputs
System (wait times, appointment scheduling, appointment types)	<ul style="list-style-type: none"> • Inconvenient appointment times for working mothers and those with multiple children • Regional discrepancies in GP staff being able to make patient appointments at one hospital but not another (patient bookings made for Fairfield Hospital) • No caller ID from hospital impacts women answering calls from their antenatal provider • Sometimes need to wait hours at the hospital clinics which is difficult with other children or work commitments • Wait times for medical appointments at the hospital are even longer compared to midwife appointments • Lots of cancellations • Changing hospital zones can make care more difficult to access • Inflexibility of the antenatal clinics (after-hours and weekend availability would support access) <p>Outputs specific to private providers:</p> <ul style="list-style-type: none"> • Appointment often runs late with private OBGYN • Risk of doctor needing to leave suddenly if called
Education and awareness	<ul style="list-style-type: none"> • Women may not be aware of services and the different models of care • Poor health literacy • There is no centralised information point leading to an assumption that there is no information available in community • Information is also inconsistent • Women are unsure who the central contact is • Misunderstanding of current antenatal care system in which people of different cultural backgrounds are only seeking out specialised/ob-gyn care (a system they may have experienced overseas) • Reliance on education and support from family who may not value or understand the need for routine antenatal care • Patients are not always informed to see their GP • GPs need access to all available community resources to streamline communication and better support their patients access services they are entitled too • Perceptions in some cultures that antenatal care not valuable (often seeing pain and experiences as “normal”) • Information overload at some appointments
Geographical	<ul style="list-style-type: none"> • Parking difficulties, especially at Liverpool Hospital • If there is limited public transport or parking access, care becomes difficult for those with disabilities • Hospital catchment- some women declined access to local hospital and need to travel to one further away • Needing to travel to non-local hospital due to risk factors
Financial	<ul style="list-style-type: none"> • Hospital parking • Not having Medicare

	<ul style="list-style-type: none"> • High risk patients requiring additional appointment, especially at the end of pregnancy, requires time off work (financial loss) • Costs associated with private models of care- anecdotally there are more women going public • Bulk-billing vs private billing GPs influencing access to routine care
Emotional (anxiety, depression or fear) and stigma	<ul style="list-style-type: none"> • Younger mums have the fear of judgement and stigma, especially by health professionals • Experiences of racism in the system • Fear of stigma around unplanned pregnancies • Hesitancy around options available for pregnancy • Overwhelming experiences
Language barriers	<ul style="list-style-type: none"> • Emphasised in the Bankstown LHF • Access to interpreters for some languages can be difficult

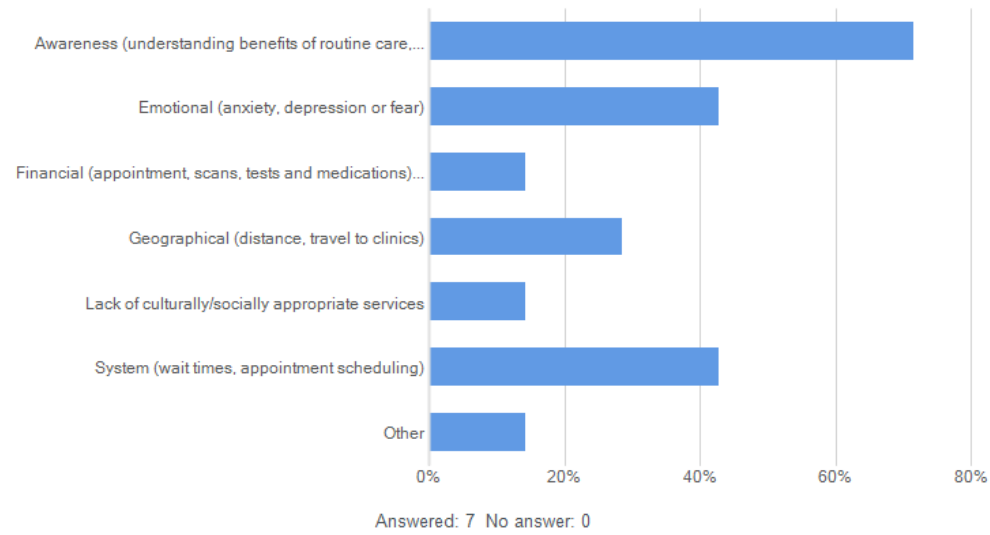
Barriers accessing and receiving antenatal care- health professional survey responses *(participants could select multiple answers)*

Please indicate which of the following barriers impact people accessing antenatal care. Select all that apply



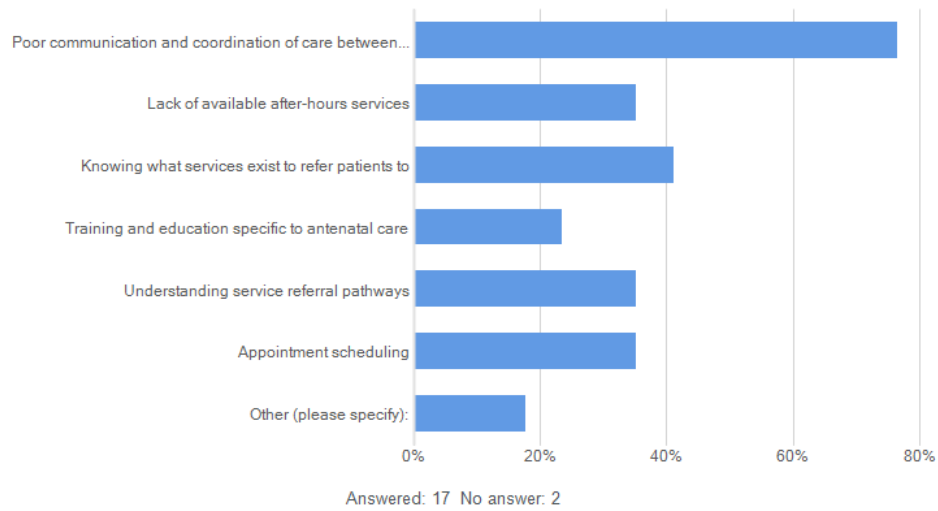
Barriers accessing and receiving antenatal care- community survey responses (participants could select multiple answers)

What are the barriers in accessing and receiving antenatal care in South Western Sydney?



Barriers providing antenatal care- health professional survey responses (participants could select multiple answers)

What do you see as the barriers in providing antenatal care? Select all that apply



APPENDIX 2

Perceived reasons for delayed antenatal care- LHF top reported outputs

Lack of antenatal knowledge	Appointments	Early pregnancy	Financial barriers	Psychological barriers
Women unaware of their own level of risk	Hospital waiting times	Women unaware of their pregnancy so inadvertently miss first trimester care	Difficulty covering gap payments for new arrivals	Previous birth and/or pregnancy trauma
Not knowing when to access care	Inflexibility of hospital appointments to accommodate working mothers	Hidden pregnancies (e.g. from partner, family or community)	Time off work to access care	Stigma around pregnancy being classified as "geriatric"
Low health literacy	Access to early antenatal appointments may be impacted when the pregnancy has not been disclosed to employer	First trimester illness	Medicare ineligibility	Young mums delaying or not accessing care due to the fear of judgement
Poor community understanding of BIMP	Unease of getting to hospital appointments	Unplanned pregnancy	Bulk-billing services often have longer waiting times	Fear of becoming sick

APPENDIX 3

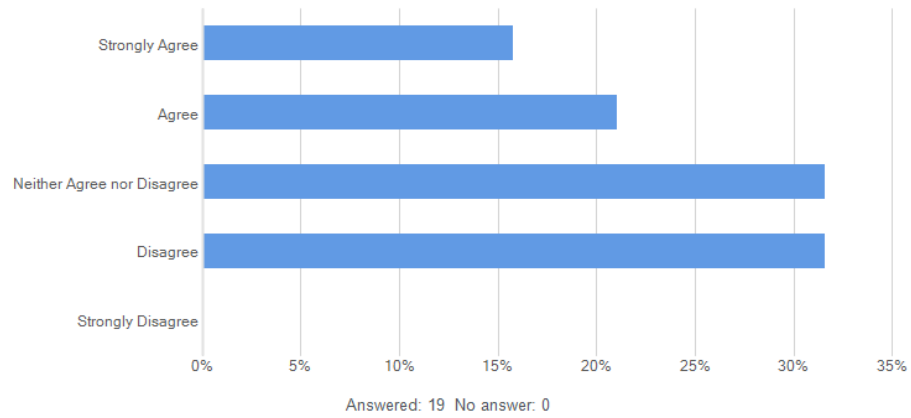
Supporting different community groups access antenatal care- LHF top reported outputs

Themes	Consultation Outputs
Education and access to information	<ul style="list-style-type: none"> • Community-based expos which provide information on the services available • Engagement between community leaders (e.g. religious leaders) and antenatal care providers to help the dissemination of clinically accurate information • Increased promotion of information across social media to target younger community members • Equitable access to information about all models of antenatal care available within the region to support the decision-making process • Translated materials readily available within community (e.g. at shopping centres, childcare centres)
Culturally appropriate and emotionally safe care	<ul style="list-style-type: none"> • Respect religion by supporting gender preferences throughout the antenatal journey • Increased clinician understanding of culturally safe care • Availability of prayer rooms • Cultural eating practices to be considered following GDM or other high-risk diagnosis • Improved continuity of care
Access to language services	<ul style="list-style-type: none"> • Increased awareness of whether translator or interpreter services are available • Risk that interpreters can mis-state medical terminology • Access to bilingual health professionals • Increased access to translator and interpreter services
Flexibility in models of care	<ul style="list-style-type: none"> • Establish more outreach models of antenatal care (particularly raised for refugee communities) • Enable flexibility in some models of care to ensure continuity of appropriate care (e.g. hybrid models) • Extend service availability (e.g. after-hours and weekend bookings) • Engage with community centers or services to reach women who may be hesitant to access hospital-based care • Enable online booking system within the hospital
Building trust	<ul style="list-style-type: none"> • Having a linking partner/stakeholder to improve trust • Utilise community leaders to build trust • Some women may refrain from care due to the fear of gossip among the community, it is important to promote trust and privacy
Support Groups	<ul style="list-style-type: none"> • Establishment and promotion of peer support groups including online options • Free parenting courses available in language

APPENDIX 4

Communication between antenatal care providers- health professional survey responses

There is effective communication between myself, and other antenatal services involved in my patient's care:



APPENDIX 5

Appendix 5: Key priorities to improve antenatal care in SWS raised through consultation

Community education and awareness	Workforce development	Reduce patient barriers	Service collaboration	Focus on first trimester care
Antenatal education delivered pre-conception	Cultural sensitivity training	Better access to culturally appropriate care	Networking opportunities between GPs, NGOs and hospital services	Free first trimester screening to improve access to timely antenatal care
Education on the importance of first trimester antenatal care	Trauma-informed care (e.g. pregnancy loss education)	Better availability of translated resources	Integrated care system enabling seamless information exchange	Community based education stressing the importance of first trimester care (especially within CALD communities)
Better promotion of the Antenatal Shared Care model	Attract midwives and doctors with interest in pregnancy to the region	Address parking and transportation barriers	Resource sharing and distribution through appropriate communication channels	Integrated antenatal hub to streamline access and bookings
Increased availability of culturally appropriate information	Integration of more female GPs from CALD backgrounds to better support the community	Financially viable options for women utilising the public system (e.g. free Nuchal Translucency scan)	Timely and direct communication between hospital clinics and GPs during GP Antenatal Shared Care	Increase accessibility to first trimester care
Equitable access to accurate health information	More professional development for new clinicians	Increase service availability to minimise wait times	Focus on continuity of care through better communication	

