



Aboriginal
Health & Medical
Research Council
of NSW

Supporting Best Practice in Aboriginal and Torres Strait Islander Maternal Health

Acknowledgement of Country

The AH&MRC Acknowledges the Traditional Owners of the lands on which the AH&MRC stands, the lands of the Bidjigal and Gadigal people of the Eora Nation. The AH&MRC pays respect to Elders past, present and emerging.

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About the AH&MRC

The Aboriginal Health and Medical Research Council (AH&MRC) is a membership-based organisation and the Peak Body for Aboriginal Health in New South Wales. The organisation represents a total of 49 Aboriginal Community Controlled Health Organisations (ACCHOs).

The AH&MRC works with its membership to ensure that ACCHOs have access to an adequately resourced and skilled Aboriginal workforce that can deliver high quality comprehensive primary health care services for Aboriginal communities.

The AH&MRC is committed to the delivery of four key priorities:



**Aboriginal
Community Control
and Innovation**



**Education
and Workforce**



**Research
and Data**



**Governance
and Finance**

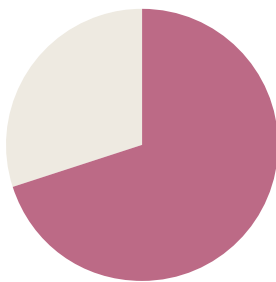
The AH&MRC also works in collaboration with Aboriginal and non-Aboriginal health partners to systematically address the social determinants of health and wellbeing.

Introduction

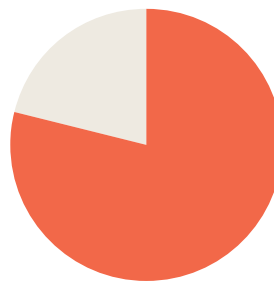
Despite some improvements in recent years, Aboriginal and Torres Strait Islander mothers and babies continue to experience poorer perinatal outcomes relative to other Australians. These can be largely attributed to underlying health risk factors and social complexities.

The quality of antenatal and postnatal care provided to an expecting mother is a key determinant of maternal and child health outcomes. Aboriginal women have been found to underutilize such services due to a number of factors including cost, lack of trust, geographic isolation and culturally unsafe practices. Evaluations of existing models of maternal care for Aboriginal women have identified cultural appropriateness and continuity of care as key elements for ensuring successful outcomes (Sivertsen et al. 2020).

According to the Australian Institute of Health and Welfare (2019):



70%
of **Aboriginal women**
have attended an
antenatal appointment
in their first trimester



79%
of **non-Indigenous women** have
attended an antenatal
appointment in their
first trimester

Aboriginal and Torres Strait
Islander women have a higher
maternal mortality rate **17.5 per
100,000 women giving birth**



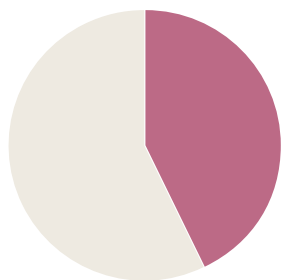
deaths per 100,000 births

compared to **5.5 per 100,000 for
non-Aboriginal women**



deaths per 100,000 births

*These margins have been found to increase with remoteness.



43%

Aboriginal mothers are more likely to smoke during pregnancy



10%

in comparison to their **non-Aboriginal counterparts**

The rates of stillbirth and neonatal death are higher for Aboriginal and Torres Strait Islander mothers.

The rate of stillbirths was **10.4 deaths per 1,000 births for Aboriginal mothers**

10.4

deaths per 1,000 births

and 7.1 deaths per 1,000 births for non-Aboriginal mothers

7.1

deaths per 1,000 births

The rate of neonatal death was **4.4 deaths per 1,000 live births for Aboriginal mothers**

4.4

deaths per 1,000 births

and 2.3 deaths per 1,000 live births for non-Aboriginal mothers

2.3

deaths per 1,000 births

9.4%

of liveborn singleton babies are small for gestational age, this is more likely if they are Aboriginal (13%).

*These margins have been found to increase with remoteness.

Closing the Gap acknowledges Aboriginal maternal and infant health as a key priority. Outcome 2 of the *National Agreement on Closing the Gap* seeks to ensure that Aboriginal and Torres Strait Islander children are born healthy and strong. This includes a target to increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91 per cent by 2031.

This booklet seeks to highlight best practice examples of maternal health models of care in the New South Wales Aboriginal Community Controlled Health Sector, with case studies from services including the South Coast Women's Health and Welfare Aboriginal Corporation (Waminda), Galambila Aboriginal Health Service and Riverina Medical and Dental Aboriginal Corporation (RivMed). It examines the current policy environment for Aboriginal maternal and infant health, making recommendations on how government and other partners can support the ACCHO sector in delivering such programs and draw on their key elements to improve service provision in mainstream settings.

Aboriginal Maternal and Infant Health in New South Wales

In New South Wales, maternal health is delivered in the context of the First 2000 Days Framework policy directive. One of the main programs under this framework is the Aboriginal Maternal and Infant Health Service (AMIHS). AMIHS is funded and managed by NSW Health, in contrast to ACCHO models. The AMIHS program seeks to improve the health of Aboriginal mothers during pregnancy to give their babies the best start in life. It has been operating for twenty years at over forty sites across NSW (Figure 1).

This program is intended to provide Aboriginal families with care during and up to eight weeks post pregnancy. AMIHS offers a number of services including:

- + antenatal and postnatal checks;
- + maternity hospital booking support;
- + referral and support to other services (eg. Drug and alcohol and mental health services);
- + support with accessing child and family health services;
- + nutrition and feeding support; and
- + health promotion and community activities.

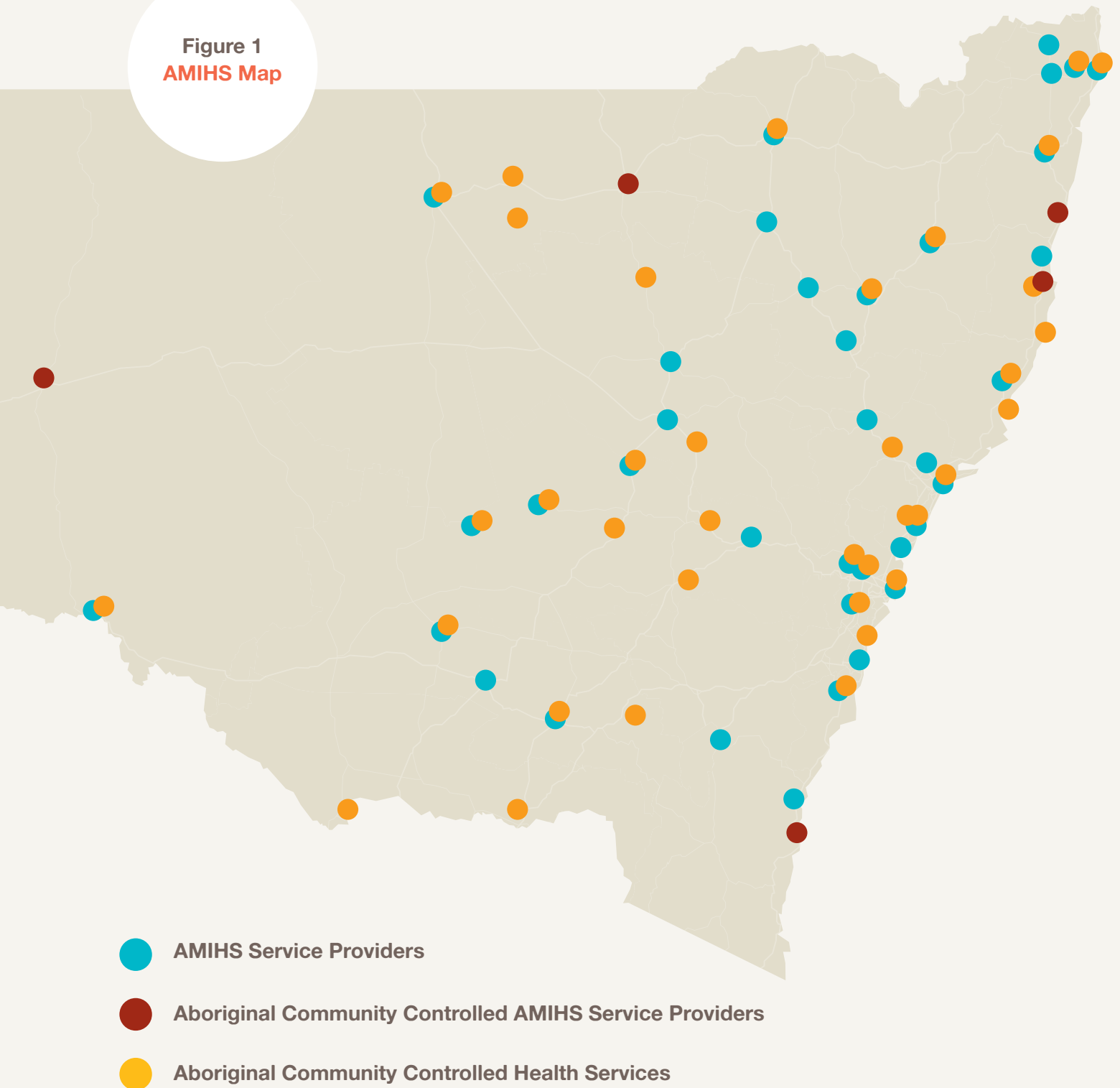
A key aspect of the AMIHS program is to employ Aboriginal Midwives and Aboriginal Health Workers (AHWs) to provide specific clinical assistance and interpersonal support for women engaging with the service, often acting as a cultural liaison between the patients and non-Aboriginal staff. The partnership between the AHW and midwife is recognised by AMIHS to be a crucial element to the provision of culturally appropriate care.

Of the sites that deliver AMIHS, the majority are non-Aboriginal community health services and Local Health Districts (LHDs), with few ACCHOs being funded for the program.

A Bureau of Health Information survey of Aboriginal women receiving maternity services within hospital settings found that only 64% and 55% of Aboriginal women reported 'very good' antenatal and postnatal care, respectively. This is a very low number of Aboriginal women having positive experiences during pregnancy with mainstream health care providers. Despite improvements in LHDs' cultural competency, systemic racism continues to persist in mainstream services, acting as a barrier to access for Aboriginal women. In many mainstream AMIHS sites, patients will not have access to AHWs. Further to this, Aboriginal midwives based within an ACCHO, do not have practicing rights in public hospitals, with the exception of one site. This means that the Aboriginal midwives who have provided care to a woman throughout her pregnancy are unable to continue to do so during labour and childbirth.

Through engagement with communities and ACCHOs across the state, AH&MRC has found that Aboriginal women's experiences differ vastly when they receive care within ACCHOs. Further, that women have better experiences in mainstream settings where strong partnerships exist between LHDs and ACCHOs to facilitate culturally appropriate, integrated care.

Figure 1
AMIHS Map



South Coast Women's Health and Welfare Aboriginal Corporation (Waminda)

Waminda is an Aboriginal Community Controlled Health and Wellbeing organisation located in the Shoalhaven, South Coast region of New South Wales that provides culturally driven and specialised holistic wrap around care services for women and their Aboriginal families. It services a number of areas across the Shoalhaven area including Jerrinja, Wreck Bay, Bomaderry-Nowra, Ulladulla and Gerringong-Kiama communities.

Culturally safe and holistic care

The service is led by proud Aboriginal women whose clinical and operational expertise is enhanced by their shared experience and connection to community. This knowledge is embedded into Waminda's service delivery model, which uses cultural practices and protocols to inform the delivery of an integrated and holistic model of care. At the center of this is a focus on a dignity and strengths-based approach.

Minga Gudjaga (mother and baby) program

Waminda's maternal and child health program is extensive, linking health to social and emotional wellbeing through their wrap around service model. The *Minga Gudjaga (mother and baby) Program* provides an Aboriginal led midwifery continuity of care service to pregnant women who are having an Aboriginal or Torres Strait Islander baby. Antenatal and postnatal care is delivered by midwives and Aboriginal Health Workers during pregnancy and up to six months post-delivery. Care services also include education and advocacy support for mothers continuing for as long as they chose.

The program offers a wide range of services including:

- + Antenatal, postnatal and birthing support within the hospital setting
- + Mums and bubs pregnancy education classes
- + Shared care for women who require a higher level of care with a known GP or Obstetrician.

Minga Gudjaga can be delivered concurrently with other programs such as *Nabu*, a preservation and restoration program that provides family support through education and advocacy. The *Baalang Healing* services also seek to support women through their healing journeys. Waminda is committed to delivering holistic maternal and infant health care so that mothers are supported in every aspect of their journey, and their babies are given the best start in life.

Waminda strives to build a sense of community ownership of the service. Women are often already known to Waminda and can chose to self-refer to their maternity services. This ensures that services are not directing women, instead, they have the autonomy to decide which services they engage with.

For cases where Aboriginal women and their families are required to access mainstream local hospitals, Waminda has developed a Cultural Immersion Program to support hospital staff in understanding the importance of cultural awareness (including the impacts of colonialism) and decolonizing health care. Poor cultural safety training can be detrimental to the wellbeing of Aboriginal and Torres Strait Islander women who are navigating a complex system during pregnancy. Many women who are birthing in hospital continue to experience discrimination, judgement, and racism. Through the program, Waminda has made great strides in improving cultural safety in mainstream services.

While every woman's experience is different, a typical journey with Waminda may look like:

Women have preestablished relationships with Waminda prior to pregnancy and self-refer to their pregnancy program – Minga Gudjaga

First trimester and Second Trimester

Women are seen monthly at Waminda with the midwives or GP

Throughout their pregnancy, women can access antenatal and other child planning classes

Women attend fortnightly appointments until 36 weeks

From 36 weeks, women have weekly visits until birth

Third Trimester

Women are taken to the hospital to be shown the suites, accompanied by a member of the Waminda team

Women are also able to get their belly casted if desired

Post Pregnancy

Postnatal checkups occur as needed – this includes breastfeeding support, baby checks

Women who receive their antenatal care through Minga Gudjaga are given a native bush tree as part of the 'Placenta and Tree Program'

At any point in the pregnancy, if women identify they need support services they can access the Dead and Deadly Wellbeing program

Galambila Aboriginal Health Service

Galambila Aboriginal Health Service has been providing comprehensive primary health care for over 20 years. It has serviced a wide area of NSW from Coffs Harbour to Grafton up to Urunga, through to Dorrigo. Galambila's model of care employs a culturally safe and integrated approach to health and wellbeing that extends across all service delivery.

Galambila is led by and for Aboriginal people, delivering maternal health care that is guided by compassion, respect, empowerment and inclusion. Through the ACCHO, mothers can access antenatal and postnatal care onsite, in addition to home visits when required. Galambila focuses on continuity of care, taking a life-course approach to maternal and child health through wrap around services including:

- + Health and wellbeing support (such as diabetes education, smoking cessation, alcohol and drug support);
- + parenting education;
- + Hospital tours; and
- + onsite Midwives and Obstetricians; and
- + ongoing home visits with Child and Family Nurses.

An integrated approach to maternal and child health

Another unique component of Galambila's maternal and child health unit is the integration of the Aboriginal Maternal and Infant Health Service (AMIHS) within the ACCHO. Through this program, Obstetricians, Midwives and Aboriginal Health Workers are employed by the Local Health District but work on site at Galambila. The service also employs a Child and Family Nurse to support activities alongside the maternal health team. The team acts as a first point of contact for pregnant women in the community and often see pregnancy at very early stages. This allows for greater integration of care, with the team liaising the Hospital from the start of pregnancy to ensure that all necessary appointments are made. Effective information sharing has fostered strong partnerships and continuity of care between the ACCHO and the LHD.

Galambila is committed to ensuring that Aboriginal women feel safe, empowered, and included when accessing mainstream health care. The service has established a Cultural Immersion Program to increase the awareness of LHD staff about cultural practices and protocols. As part of this program, LHD staff are taken on a cultural tour and are educated about the needs and experiences of Aboriginal women. It has significantly improved the cultural safety of the maternal and child health services offered by the LHD.

A woman's journey with Galambila may look like:

First trimester and Second Trimester

Women are contacted to organise the first antenatal appointment and referred to the onsite midwives and obstetrician

Mothers are consulted on what their plan for their birth looks like

Care plans are developed and women are linked to other programs if requested, e.g. diabetes support, smoking cessation program

The AMIHS obstetrician and midwives will co-ordinate care throughout pregnancy (both on site and at hospital)

Women are offered parenting education classes to support their post pregnancy journey

Third Trimester

Belly casting project

Women are able to visit the hospital and see birthing suites

Post Pregnancy

Women will have an appointment with the Child and Family nurse and Galambila GP at 6 weeks postnatal

Baby will get their 6-week shots and additional support will be provided to parents if needed

Mums will also have their 6-week postnatal check while baby gets their shots

Ongoing home visits with the child and family nurse will continue as needed for development checks and further immunization

Riverina Medical and Dental Aboriginal Corporation (RivMed)

The Riverina Medical & Dental Aboriginal Corporation (RivMed) in Wagga Wagga offers an innovative mums and bubs program that is delivered on site. RivMed provides culturally appropriate maternal health care through the delivery of a holistic and wrap around service model.

Through the service, Aboriginal women can access a multi-disciplinary team comprising of two Obstetric GPs, a Registered Midwife and Nurse, and an Aboriginal Health Practitioner. Patients also have access to a:

- + Dietician;
- + Pediatrician;
- + Rheumatologist;
- + Pathologist;
- + Psychologist;
- + Transport Services;
- + Diabetes Educator; and
- + Drug and Alcohol Support Worker.

The mums and bubs team offers a GP Shared-Care arrangement with the Wagga Wagga Base hospital (the local hospital) that is located opposite to the RivMed building. The team includes two obstetrics GPs who work on site, an Aboriginal Midwife and an Aboriginal Health Practitioner (AHP) with pregnancy care expertise. In contrast, the AMIHS program at the local hospital employs a part-time non-Aboriginal midwife and a part-time AHW, who refer to the rotating obstetric staff if a woman needs to see a doctor for any concerns, and who do not offer a postnatal care program. The RivMed team setup has been critical to ensuring that women feel confident that their culture and choices are respected throughout their pregnancy journey.

Providing a supportive and respectful Mums and Bubs Program

A typical journey through the mums and bubs program will see women (with their partner, support people or family members) access the AHP and midwife for every visit. Women are then moved through to the obstetric GP, often having a visual connection with the baby with the obstetric ultrasound. The mums and bubs program provides all the regular pregnancy visits in the regional GP Antenatal Shared Care program. Additional support is provided to help women to understand concerns like nutrition, nicotine replacement, diabetes, or the baby's growth. Women come to RivMed for every pregnancy visit apart from the hospital attendances at 14, 28, 36 and 40 weeks. After the birth, RivMed sends congratulations cards and support to attend visits at 2 and 6 weeks postnatal including with vouchers for fruit and vegetables. Follow-up visits are made as needed for breastfeeding support, infant growth, family planning including IUD insertion, or review of pregnancy complications.

The team ensure that women are fully supported to access care throughout their pregnancy journey. Unlike mainstream services, the RivMed team will follow up on patients if appointments are missed and offer home visits when necessary. Transport services are offered for patients who may not have access to a car or public transport. This allows the team to address potential access barriers to ensure that patients can attend all scheduled appointments. Through a partnership with IMED Radiology, RivMed patients are able to have their antenatal scans bulk billed. This differs from patients who go through the AMIHS program at the local hospital, where the cost of scans can deter women from engaging with the service. RivMed's mums and bubs program has been able to support women to engage with their service throughout their pregnancy journey.

The success of the program is grounded in a commitment to value the experiences of Aboriginal women, delivering a service that is holistic and culturally appropriate. The program continues to achieve strong health outcomes for generations of Aboriginal mothers and their babies.



A way forward: how government can support best practice in maternal health

The innovative models of care delivered by these services demonstrate that current service delivery models are underutilising community-controlled services and a highly skilled Aboriginal workforce.

The New South Wales Aboriginal Community Controlled Health Sector continues to provide high-quality maternity services to women and their families. Services such as Waminda, Galambila and RivMed have developed highly effective models of care by:

- + Leveraging their strong connections to communities to develop place-based approaches that are adaptive to the unique needs of different communities.
- + Providing wraparound support to women and families who access maternal services, with a specific focus on addressing the underlying social complexities that have historically led to poor perinatal outcomes for Aboriginal women and babies.
- + Embedding flexibility and self-determination within their service delivery models to allow women to decide how they wish to engage with services.

It is the view of the New South Wales ACCHO sector that:

- + As much as practicable, Aboriginal child and maternal health services, including AMIHS, should be delivered through the ACCHO sector. Funding such programs through the ACCHOs will allow them to achieve better outcomes through community based- culturally informed care.
- + Where ACCHOs are providing child and maternal health services, funding should be evaluated and increased where needed to ensure these ACCHOs are adequately resourced.
- + In addition to the expansion of maternal and infant health services delivered through ACCHOs, further work needs to be done to improve cultural competency in mainstream settings to ensure that they are safe for Aboriginal women and their families. This includes enhancing efforts to employ Aboriginal Health workers and practicing rights for Aboriginal midwives.
- + Further efforts must be made across all LHDs to develop formal partnerships with ACCHOs for connected care including processes for information sharing and improving pathways to maternity wards. This should also include work to support Aboriginal women in navigating across the different systems.



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Glossary

Abbreviation/ acronym	Meaning
ACCHO	Aboriginal Community Controlled Health Organisation
AH&MRC	Aboriginal Health and Medical Research Council
AHW	Aboriginal Health Worker
AMIHS	Aboriginal Maternal and Infant Health Service
LHD	Local Health District



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