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Supported by the NSW Ministry of Health

***ABN** 66 085 654 397*

Aboriginal Health and Medical Research Council of NSW

Inquiry into Birth Trauma in NSW Submission

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 AH&MRC is a membership-based organisation and the Peak Body for Aboriginal Health in New South Wales. We represent 48 Aboriginal Community Controlled Health Organisations (ACCHOs) across the state.

The AH&MRC assists ACCHOs to ensure they have access to an adequately resourced and skilled workforce to provide high-quality 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 welcomes the opportunity to make a submission to this inquiry on behalf of its members.

AH&MRC Response

Birth trauma is broadly understood to be a serious injury relating to the birthing experience, which can be physical, psychological or a combination of both. Birth trauma does not have to be the result of a life-threatening event to have a psychological impact. Further, it is not limited to medical trauma and can occur as a result of any adverse event prior to and during the birthing experience. Aboriginal and Torres Strait Islander peoples' experience of birth trauma is complex and is often underscored by institutional and interpersonal racism within the health care system.

For many Aboriginal women and parents, giving birth in hospitals can be traumatic and frightening. The lack of culturally safe care provided to Aboriginal people is an ongoing concern and can compound the experience of birth trauma. Many Aboriginal women and families have reported experiences of racism, a lack of respect and dismissal of important

cultural protocols. Broadly, birthing Aboriginal mothers have not been able to deliver in culturally safe environments which is exacerbating the experiences of birth trauma.[1]

The legacy of colonisation and institutional control continues to shape the lives and health of Aboriginal and Torres Strait Islander people across the country. This has culminated in significant disparities in maternal and infant health outcomes between Indigenous and non-Indigenous Australians. The maternal mortality rate for Aboriginal women is nearly triple that of their non-Indigenous counterparts with 16.9 deaths per 100, 000 compared to 5.5 deaths per 100, 000. In addition to this, the perinatal mortality of babies born to Aboriginal women was 17 deaths per 1, 000 births compared with 10.1 deaths per 1, 000 babies born to non-Indigenous women.[2] This is indicative of ongoing systemic failures within the health system that continue to impact the health of Aboriginal women and their infants.

This submission will focus on the importance of culturally safe and integrated obstetric care, that is trauma informed. More importantly, how the absence of this type of care can lead to higher rates of birth trauma for Aboriginal and Torres Strait Islander mothers, families, and their infants.

There are two overarching issues that the AH&MRC wishes to bring to the committee's attention:

1. A lack of integrated maternal and obstetric care is leading to traumatic birthing experiences for Aboriginal women and families.
2. The Aboriginal maternity workforce needs to be strengthened with the view of increasing cultural safety in maternity care.

[1] Thackrah, R.D., Wood, J. & Thompson, S.C. Cultural respect in midwifery service provision for Aboriginal women: longitudinal follow-up reveals the enduring legacy of targeted program initiatives. Int J Equity Health 19, 210 (2020). https://doi.org/10.1186/s12939-020-01325-x

[2] AIHW. Aboriginal and Torres Strait Islander mothers and babies, Maternal and perinatal mortality. Australian Institute of Health and Welfare. (2023). aihw.gov.au

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A lack of integrated maternal and obstetric care is leading to traumatic birthing experiences for Aboriginal women and families.

Receiving early, regular, and culturally safe antenatal care is associated with better health outcomes for Aboriginal women and their babies. Women who do not engage with antenatal care in their first trimester have a heightened risk of their babies being born at a low birthweight or requiring complex care.[3] Access to antenatal care throughout the duration of a women's pregnancy, until birth, is a protective factor against adverse birthing experiences. Further, early, and continual antenatal care is found to have a positive effect on longer term health outcomes for mothers and babies.[4]

Accessing pregnancy care requires patients to navigate across primary and tertiary services that are often poorly integrated. Aboriginal women are less likely than their non-Indigenous counterparts to commence antenatal care earlier and overall have lower attendance rates. This is a significant issue for Aboriginal women who reside in regional, rural or remote areas where maternal and infant care is fragmented, involves multiple transfers of care across multiple providers and frequently requires women to birth off country.[5]

The ACCHO sector is uniquely positioned to provide integrated and wrap around maternal care within community. In 2021, the AH&MRC undertook mapping of maternal health models of care in ACCHOs. Services with capacity were able to provide women with obstetric GPs, Aboriginal midwives, and Aboriginal Health Workers, as well as other specialists including dieticians, paediatricians, diabetes educators and AOD support workers within communities. Programs being delivered were comprehensive,

[3] AIHW. 3.01 Antenatal Care. (2022). https://www.indigenoushpf.gov.au/measures/3-01-antenatal-care
[4] Arabena, K. Panozzo, S. & Ritte, R. The First 1000 Days Researchers' Forum Report. (2015). https://www.royalcommissionecec.sa.gov.au/publications/final-report/recommendations-1000days
[5] Sivertsen, N., Anikeeva, O., Deverix, J. et al. Aboriginal and Torres Strait Islander family access to continuity of health care services in the first 1000 days of life: a systematic review of the literature. BMC Health Serv Res 20, 829 (2020). https://doi.org/10.1186/s12913-020-05673-w

individualised and wrap around, with many women being identified early on in their pregnancies. The success of these programs is the result of ACCHOs providing continuity of care and placed-based approaches that are adaptive to local needs.

These programs were strengthened where ACCHOs had existing partnerships with the Local Health Districts (LHD), enabling Aboriginal staff to support women as they navigate different care systems. Despite this, there are often no formal agreements in place to outline how hospitals and ACCHOs should work together to provide seamless and efficient pregnancy care. Partnerships with hospitals can be inconsistent and rely on individual relationships with the ACCHO staff. This promotes a siloed approach that limits service integration, resulting in fragmented care pathways. Further, the resulting poor communication and a lack of formal handover is creating increased clinical risk for patients.[6]

Access to well-integrated antenatal and perinatal care is recognised as a prevention mechanism for birth trauma. Aboriginal-led models of care, such as Birthing on Country, has found that women who engaged in these services had better maternal health outcomes. Women who were cared for under this model were more likely to attend five or more antenatal visits and breastfeed exclusively after discharge and were less likely to have babies born pre-term and with a low birth weight.

ACCHOs receive very limited funding for the provision of pregnancy and postnatal care, with the bulk of funding going to mainstream or non-Aboriginal community services. Aboriginal maternal health programs should not be overlooked in favour of government-run initiatives that do not work in partnership with the Sector. There is a need for governments to increase investment for ACCHO-based programs and support partnerships across the system.

[6] Burgess A, van Diggele C, Roberts C, Mellis C. Teaching clinical handover with ISBAR. BMC Med Educ. 20, 459 (2020) doi: 10.1186/s12909-020-02285-0. PMID: 33272274; PMCID: PMC7712559.

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The Aboriginal maternity workforce needs to be strengthened with the view of increasing cultural safety and continuity in maternity care.

There is an urgent need to attract and retain Aboriginal midwifery students in order to provide effective and culturally safe maternal health services. Government should prioritise increasing the Aboriginal workforce through scholarships, additional support for graduates and better utilisation of other Aboriginal health workers. There are currently 305 registered Aboriginal midwives in Australia, that make up only 1.3% of the workforce. Given that Aboriginal and Torres Strait Islander people represent 3% of the total population, this is not meeting population parity.[7]

Mechanisms to increase training pathways for prospective midwifery students should consider increasing scholarship opportunities and privileging Aboriginal knowledge within midwifery education programs.[8] Within the midwifery speciality, there are marked 'drop-out' rates from clinical roles soon after graduation.[9] This indicates a need to provide ongoing support to maintain retention, in additional to recruitment.

Midwife-led continuity of care is known to improve maternal and infant health outcomes. Training midwifery students within continuity of care practices can strengthen the connection with patients and promote positive learning environments.[8] The ACCHO sector is the largest employer of Indigenous Australians and is well placed to grow the Aboriginal midwifery workforce.

[7] ABC News. Calls for more Indigenous midwives to improve birthing outcomes. (2023). https://www.abc.net.au/news/2023-07-24/calls-for-more-indigenous-midwives-to-improve-birthing-outcomes/102637086

[8] West, R. et al. Culturally capable and culturally safe: Caseload care for Indigenous women by Indigenous midwifery students. Women and Birth. 29, 6 (2016). https://doi.org/10.1016/j.wombi.2016.05.003

[9] Kildea, S. et al. Improving maternity services for Indigenous women in Australia: moving from policy to practice. Med J Aust. 205, 8 (2016). doi: 10.5694/mja16.00854

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A key feature of the ACCHO Sector is culturally safe models of care for both patients and staff. While the Aboriginal workforce plays a significant role in the provision of culturally safe healthcare, the responsibility of ensuring cultural safety in mainstream services remains with the broader health system.[10] Training to develop staff awareness of their own unconscious bias needs to be improved within the NSW Health system. 'Respecting the Difference' cultural safety training would benefit from integration with ongoing professional development to avoid being a 'tick-box' exercise. Further, appropriate management and escalation processes where cultural respect is lacking should be strengthened to safeguard Aboriginal patients and the workforce.[10]

As evidenced within the ACCHO sector, there is an increasing number of unique maternity models of care across Australia. Further, there is a growing recognition of other Aboriginal health workers with various roles and specialisations. For example, Aboriginal Health Workers (AHWs) can provide diverse contributions to maternal and infant health care including (although not limited to) cultural expertise, social support, or parenting education. AHWs play an important role in providing safe pregnancy care. The partnerships between midwives and other Aboriginal health workers should be strengthened and funded. Increasing the Aboriginal workforce is likely to increase the cultural safety of the broader workforce and health system.

[10] AIHW. 3.12 Aboriginal and Torres Strait Islander people in the health workforce. (2023). https://www.indigenoushpf.gov.au/measures/3-12-atsi-people-health-workforce

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Recommendations

The AH&MRC recommends:

1. Increase investment for ACCHO-based maternal and infant health programs and strengthen partnerships between the ACCHOs and local hospital.
    - There needs to be dedicated funding and scaling up of Aboriginal-led and integrated maternal health models such as Birthing on County.
2. The Aboriginal workforce needs to be strengthened through increased funding and retention strategies:
    - Scholarships and training pathways for prospective midwifery students needs to be increased and integrated within the ACCHO sector where possible.
3. The cultural safety of hospital maternity units and mainstream services needs to be reviewed.



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