Birthing in Our Community: a partnership approach to 'closing the gap' in health outcomes and building resilience for Aboriginal and Torres Strait Islander mothers and babies in an Australian setting

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Overview

- Aboriginal and Torres Strait Islander Health
- Evaluation of the Murri Antenatal Clinic
- Engaging community
- Working in partnership
- Building capacity / resilience
- Evaluation and the future
Indigenous Birthing in an Urban Setting
The IBUS Study
Australia

• One of the “safest countries in the world in which to give birth or be born”

Improving maternity services in Australia
A discussion paper from the Australian Government.
Commonwealth of Australia
2008. p.3.

But not for all Australians…..
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Close the Gap... in a generation 2008
<table>
<thead>
<tr>
<th>Target</th>
<th>Target year</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Close the gap in life expectancy within a generation</td>
<td>2031</td>
<td>No</td>
</tr>
<tr>
<td>Halve the gap in mortality rates for Indigenous children under five</td>
<td>2018</td>
<td>On track</td>
</tr>
<tr>
<td>within a decade</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure access for all Indigenous four-year-olds in remote communities</td>
<td>2013</td>
<td>No</td>
</tr>
<tr>
<td>to early childhood education</td>
<td></td>
<td></td>
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<tr>
<td>Close the gap between Indigenous and non-Indigenous school attendance</td>
<td>2018</td>
<td>New target</td>
</tr>
<tr>
<td>within five years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Halve the gap in reading, writing and numeracy achievements for</td>
<td>2018</td>
<td>No</td>
</tr>
<tr>
<td>Indigenous students</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Halve the gap for Indigenous Australians aged 20-24 in Year 12</td>
<td>2020</td>
<td>On track</td>
</tr>
<tr>
<td>attainment or equivalent attainment rates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Halve the gap in employment outcomes between Indigenous and non-</td>
<td>2018</td>
<td>No</td>
</tr>
<tr>
<td>Indigenous Australians</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Figure 1: Overall mortality rates by Indigenous status: NSW, QLD, WA, SA and the NT combined 1998-2031.

Source: ABS and AIHW analysis of National Mortality Database
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Mums and bubs
Social determinants need addressing
Racism

Racism a stressor that causes mental and physical ill health (53 US studies)

Pathways include:

• Reduced and unequal access to the societal resources
• Direct impacts via racially motivated physical assault
• Stress and negative emotion reactions that contribute to mental ill health, as well as adversely affecting
  – the immune, endocrine and cardiovascular systems; and
  – negative responses to racism, such as smoking, alcohol and other drug use.
Intergenerational trauma

- Unresolved, historic, traumatic experiences + generational unresolved grief – not only being passed from generation to generation, it is continuously being acted out and recreated in contemporary Aboriginal culture.
- Racism + intergenerational trauma = re-traumatisation
  - Currently more than 15,000 Aboriginal children in “out of home care” (2015 Productivity commission report)
    - Indigenous kids 9x more likely to be placed in care
    - $80m spent on the surveillance & removal of children
- $500,000 on supporting these families, 2012
Figure 16.1  Average daily rate of detention of Aboriginal and Torres Strait Islander young people and non-Indigenous young people aged 10–17 years, per 100,000 young people aged 10–17 years, 2012–13


Data should be interpreted with caution, particularly for jurisdictions with small Aboriginal and Torres Strait Islander populations. The Aboriginal and Torres Strait Islander and non-Indigenous rate ratio in table 16A.11 should also be taken into account. Refer to table 16A.9 for detailed footnotes.
Health policy frameworks

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Aboriginal and Torres Strait Islander Health Plan, 2013-23

VISION

The Australian health system is free of racism and inequality and all Aboriginal and Torres Strait Islander people have access to health services that are effective, high quality, appropriate and affordable. Together with strategies to address social inequalities and determinants of health, this provides the necessary platform to realise health equality by 2031.

PRINCIPLES  PG. 10–11

HEALTH EQUALITY AND A HUMAN RIGHTS APPROACH

ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITY CONTROL AND ENGAGEMENT

PARTNERSHIP

ACCOUNTABILITY

Funded by the National Health & Medical Research Council and Partner Organisations:

In collaboration with:

Ngarrama
3 priority areas

1. Establishing culturally competent maternity care
2. Expanding an Indigenous maternity workforce
3. Developing dedicated programs for: ‘Birthing on Country’

“…should be understood as a metaphor for the best start in life for Aboriginal and Torres Strait Islander babies and their families because it provides an integrated, holistic and culturally appropriate model of care; not only bio-physical outcomes … it’s much, much broader than just the labour and delivery … (it) deals with socio-cultural and spiritual risk that is not dealt with in the current systems.”

Birthing on Country Workshop Report

Kildea, S., F. Magick Dennis and H. Stapleton (2013). Birthing on Country Workshop Report, Alice Springs, 4th July. Brisbane, Australian Catholic University and Mater Medical Research Institute on behalf of the Maternity Services Inter-Jurisdictional Committee for the Australian Health Minister’s Advisory Council.
Birthing on Country
Maternity services designed by and delivered for Indigenous women

**Governance**
Indigenous control, community development approach, shared vision cultural guidance and oversight

**Philosophy**
Respect for Indigenous knowledge & incorporation of traditional practice / Respect for family involvement / Partnership approach / Women’s Business / Continuity of carer / Connection with land and country / Capacity building approach - particularly with training and education/ Holistic definition of health

**Results**
Community healing as evidenced by: reduced family separation at critical times, restoration of skills & pride; capacity building in the community; supporting community & family relationships; reduced family violence; increased communication & liaison with other health professionals & service providers; comprehensive, holistic, tailored care. Improved Maternal and Infant Health Outcomes.

**Training & Education**
Partnership approach/ 2 way learning;
Appropriately trained and supported;
Competency based; Delivered on-site;
Career pathway from maternity workers to midwifery

**Service Characteristics**
Culturally competent service and staff; Community based; Specific location; Designated ongoing funding; Welcoming flexible service focusing on relationships and trust; Outreach, transport, child friendly & group sessions; Social, cultural, biomedical and community risk assessment criteria; Interdisciplinary perinatal committee; Effective IT; Integrated with tertiary services

**Monitoring & Evaluation**
Designated funding for monitoring and evaluation; Continuous quality assurance; audit activities & recall register
Our setting

• Murri Clinic
  – Opened in 2004
  – Specialist ANC
  – Indigenous liaison service
  – Indigenous midwife
  – Dedicated obstetrician & social worker

Participants

- 38 service users ‘Yarning Circles’
- 36 women’s experiences
- 8 service users – indepth interviews
- 10 MMH staff interviews
- 147 staff surveys
- 17 external stakeholders interviews.
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Murri Clinic Evaluation, Trends 1998-2012

- Preterm birth (< 37 weeks)
  - Indigenous
  - Non-Indigenous

- Low birthweight (< 2500g) (Singleton only)
  - Indigenous
  - Non-Indigenous

- Teenage pregnancy (< 20 years)
  - Indigenous
  - Non-Indigenous

- Smoking in pregnancy
  - Indigenous
  - Non-Indigenous

Funded by the National Health & Medical Research Council and Partner Organisations:

In collaboration with:
Yarning together in South Brisbane
- Strengthen the service
- Multi-agency approach
- Community based
- Continuity of carer
- Capacity building
- Social and emotional wellbeing
- Working with dads
- ‘Mums and Bubs Hub’
- Birth centre with outreach
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Birthing in Our Community Program

– Steering Committee
  • Indigenous governance

– Enhanced Midwifery Group Practice
  • 24/7 care for women from a known midwife, home visiting
  • Maternal infant health workers, Family support officers, Indigenous Liaison Officers, Indigenous student m/w, Team co-ordinator

– Deadly Family Yarning Circle Day
  • Cultural strengthening monthly

– Cultural competency strategy
  • Clinical and cultural supervision for team – fortnightly

– Smoking cessation incentive program

– Evaluation – NHMRC 5 yr funding, $1.3 million, 2014
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Launch October, 2013

Birthing in Our Community
16 October 2013

Recognising the unique partnership between the UIH, ATSICHS Brisbane and the Mater Mothers' Hospital.
Introducing a maternal and infant health care service for Monto and Tannum Sands women living in urban areas.

Funded by the National Health & Medical Research Council and Partner Organisations:

In collaboration with:
Birthing on Country

Working towards holistic health of Aboriginal communities because:

- It can happen anywhere – urban to remote
- It includes all diverse Aboriginal cultures and practices
- Positively address racism and disadvantage in existing health systems;
- Highlights the importance of trauma informed care and practice and can be a journey of training our professionals to better meet the health needs of communities impacted by trauma;
- Can bridge the gap between Western health & Aboriginal culture
- Where spiritual and cultural health have equal importance to Western health.
To work in partnership to improve maternity care services for Indigenous families in South-East Queensland

- Evaluating Birthing in Our Community and Ngarrama (Royal)
  - ↓ Preterm birth & low birth weight
  - ↑ Breastfeeding
  - ↓ Smoking in pregnancy
  - ↑ Antenatal visits
  - Improve women’s experiences & wellbeing
  - Develop an acceptable, feasible, sustainable & cost-effective best practice model
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Study involvement

- Book in to maternity care
  - Invited into study
  - Survey #1

- Indigenous Birthing in an Urban Setting
  - Survey #2

- Face-to-face infant assessment
  - Survey #3

- Face-to-face infant assessment
  - Survey #4

Timeline:
- 20 weeks
- 28 weeks
- 36 weeks
- Birth
- 2 months
- 4 months
- 6 months

Stop Smoking in its Tracks
- 2/wk
- Weekly
- Fortnightly
- 1/wk
- Fortnightly

Funded by the National Health & Medical Research Council and Partner Organisations:

In collaboration with:
Tackling the social determinants

- Political / advocacy
  - Changing a system – 3 steps forwards and 2 backwards......
  - Funding / reports / data
  - Media

- Education, employment and training
  - Supporting Indigenous student midwives (a living wage whilst training, additional funding for tutors, extended timelines)
  - More than double the number of Indigenous workers
  - Teaching about racism and intergenerational trauma
  - Cross cultural learning
  - Building critical consciousness to challenge policies and practices of privilege
  - Learning about and teach other - social justice
Day to day challenges.....

- Role delineation
- Staff illness
- Community venue not always available
- No transport
- Mobility of women
  - Couch surfing
  - Move 2-4 times in pregnancy
- No $ for medications
- Child safety services

- Underestimating the complexity experienced by women and their families
- 28% went without food at some stage in the last 12 months
- 47% experienced the death of a family member or close friend in the last 12 months
- 24% You / family member / close friend spent time in jail
- 57% Money worries
- 12% Worries about child protection

Bar-Zeev, S., et al., (2013), Factors affecting the quality of antenatal care provided to remote dwelling Aboriginal women in northern Australia, Midwifery
• Measuring resilience.....
• Continue recruiting women
• Masters and PhD students – welcome!!!
• Second World Café
  – Further community feedback and consultation
• Birth Centre......