



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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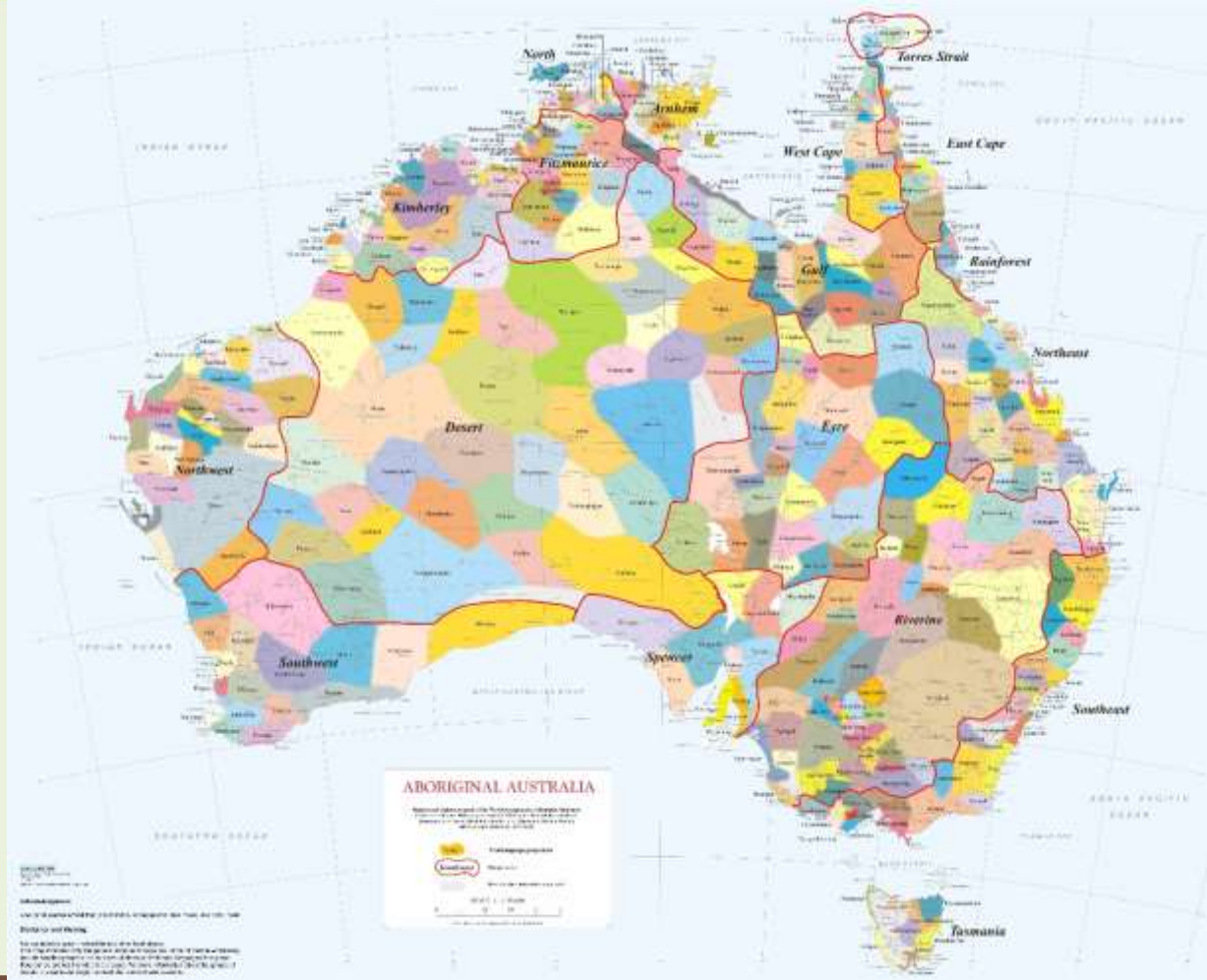
Mater Research Institute & the School of Nursing, Midwifery and Social Work
University of Queensland

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



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



In collaboration with:



Australia

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

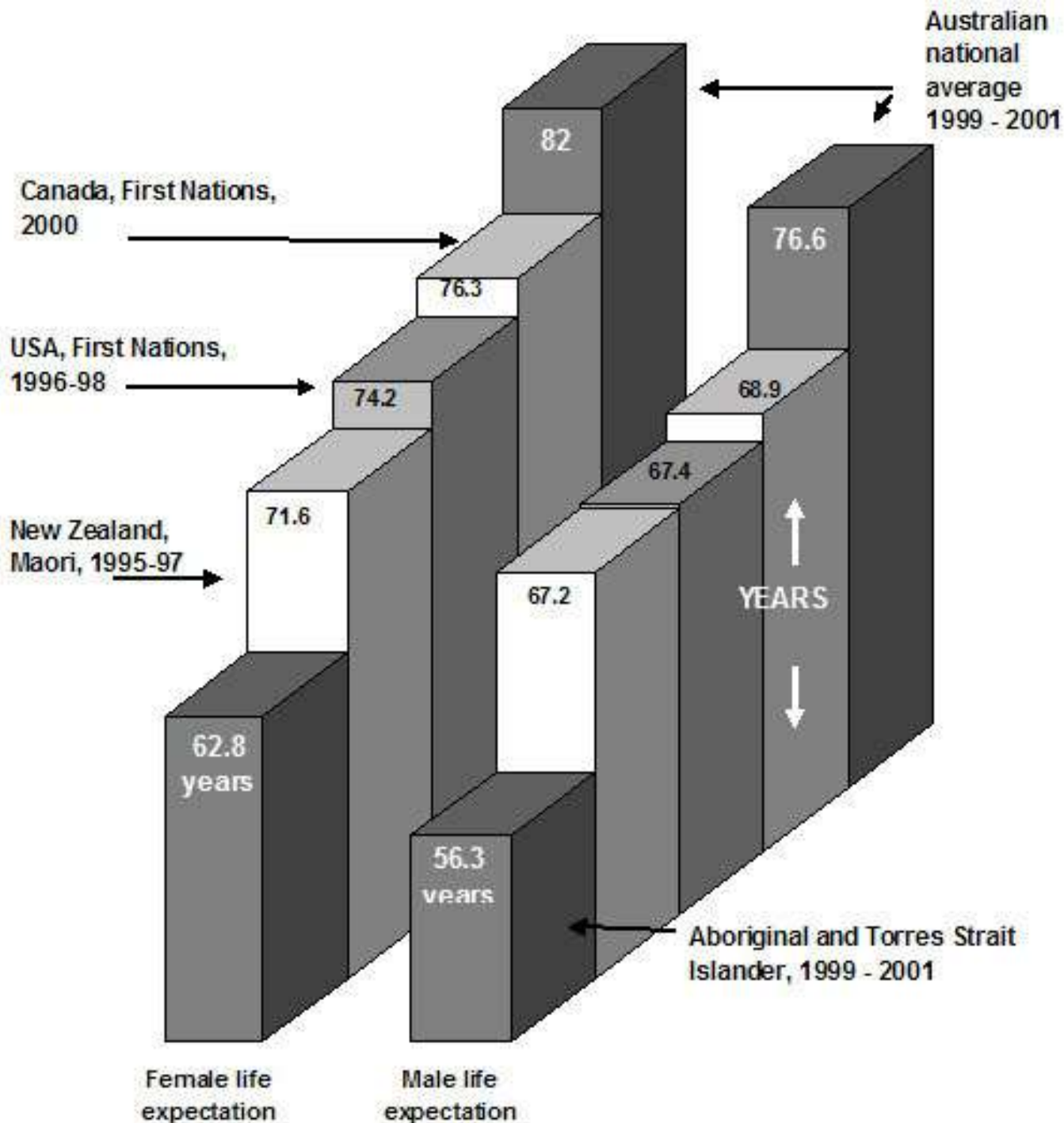
Improving maternity services in
Australia

A discussion paper from the
Australian Government.
Commonwealth of Australia
2008. p.3.



But not for all
Australians.....

Close the Gap... in a generation 2008

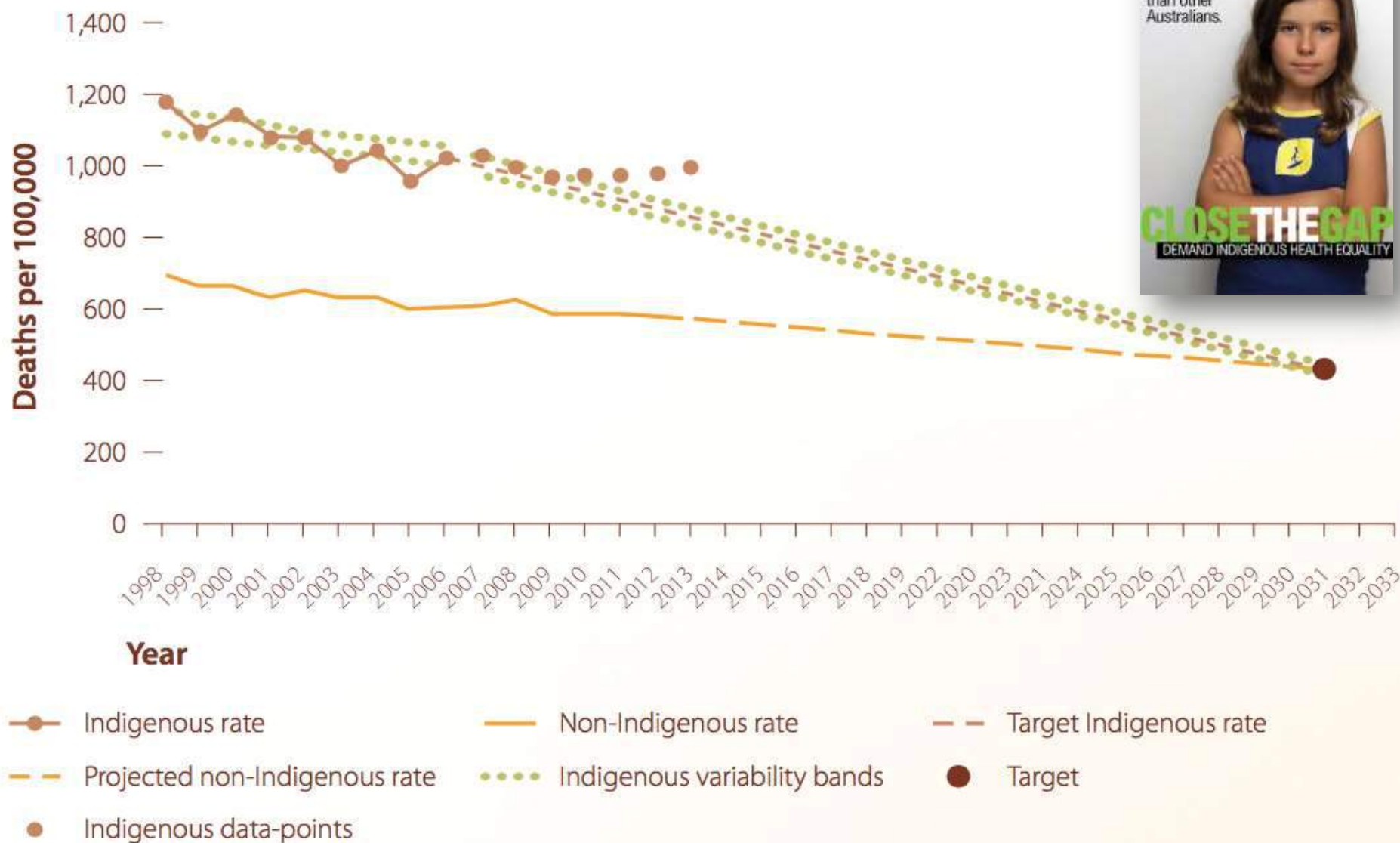


Close the Gap Progress

Target	Target year	Progress
Close the gap in life expectancy within a generation	2031	No
Halve the gap in mortality rates for Indigenous children under five within a decade	2018	On track
Ensure access for all Indigenous four-year-olds in remote communities to early childhood education	2013	No
Close the gap between Indigenous and non-Indigenous school attendance within five years	2018	New target
Halve the gap in reading, writing and numeracy achievements for Indigenous students	2018	No
Halve the gap for Indigenous Australians aged 20-24 in Year 12 attainment or equivalent attainment rates	2020	On track
Halve the gap in employment outcomes between Indigenous and non-Indigenous Australians	2018	No

Figure 1:

Overall mortality rates by Indigenous status: NSW, QLD, WA, SA and the NT combined 1998-2031.



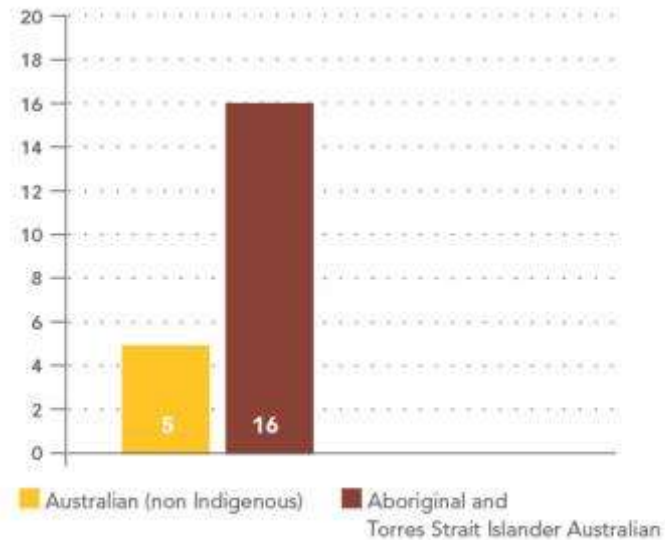
Source: ABS and AIHW analysis of National Mortality Database

Indigenous Birthing in an Urban Setting

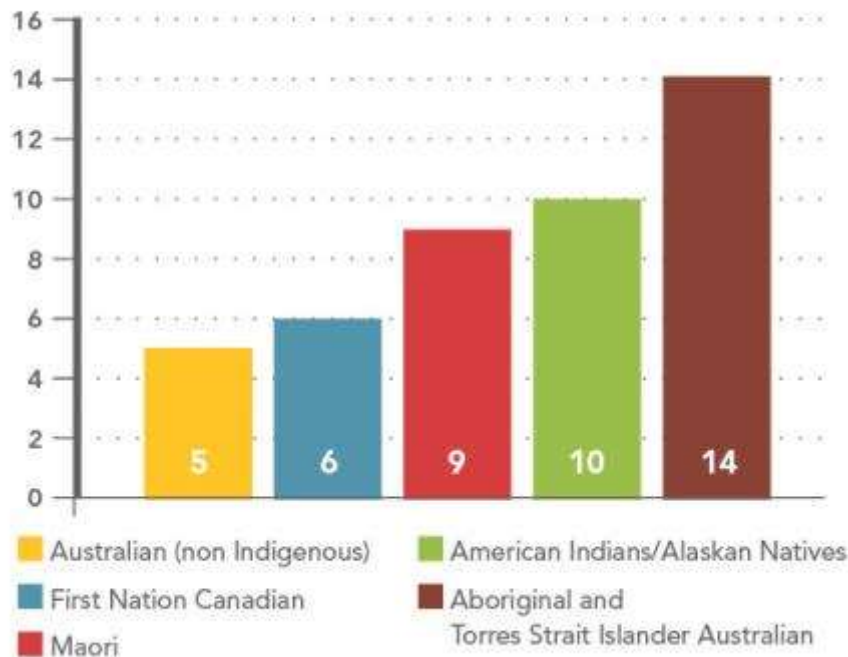
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Mums and bubs

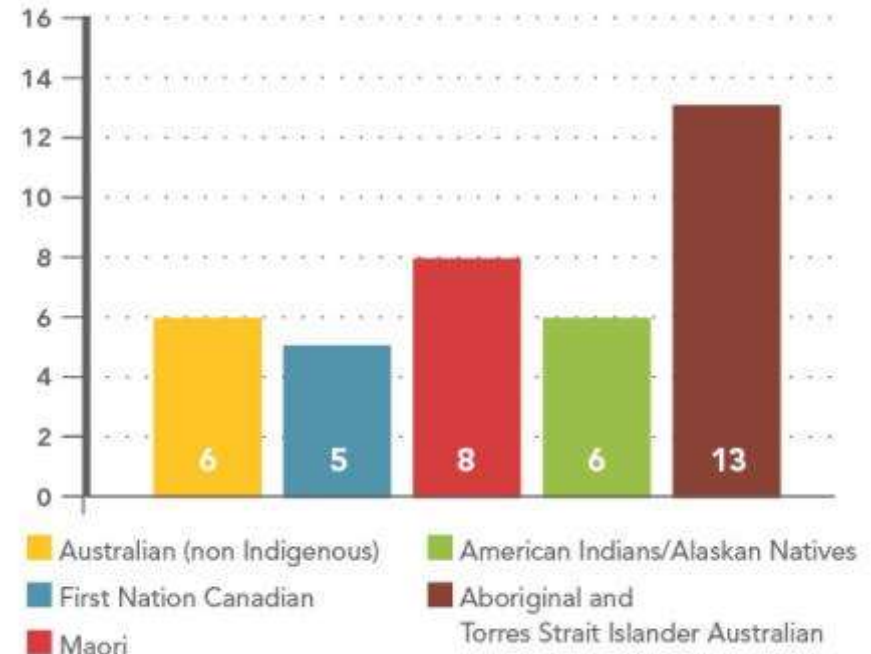
MOTHERS DYING IN CHILDBIRTH PER 100,000 (MMR)



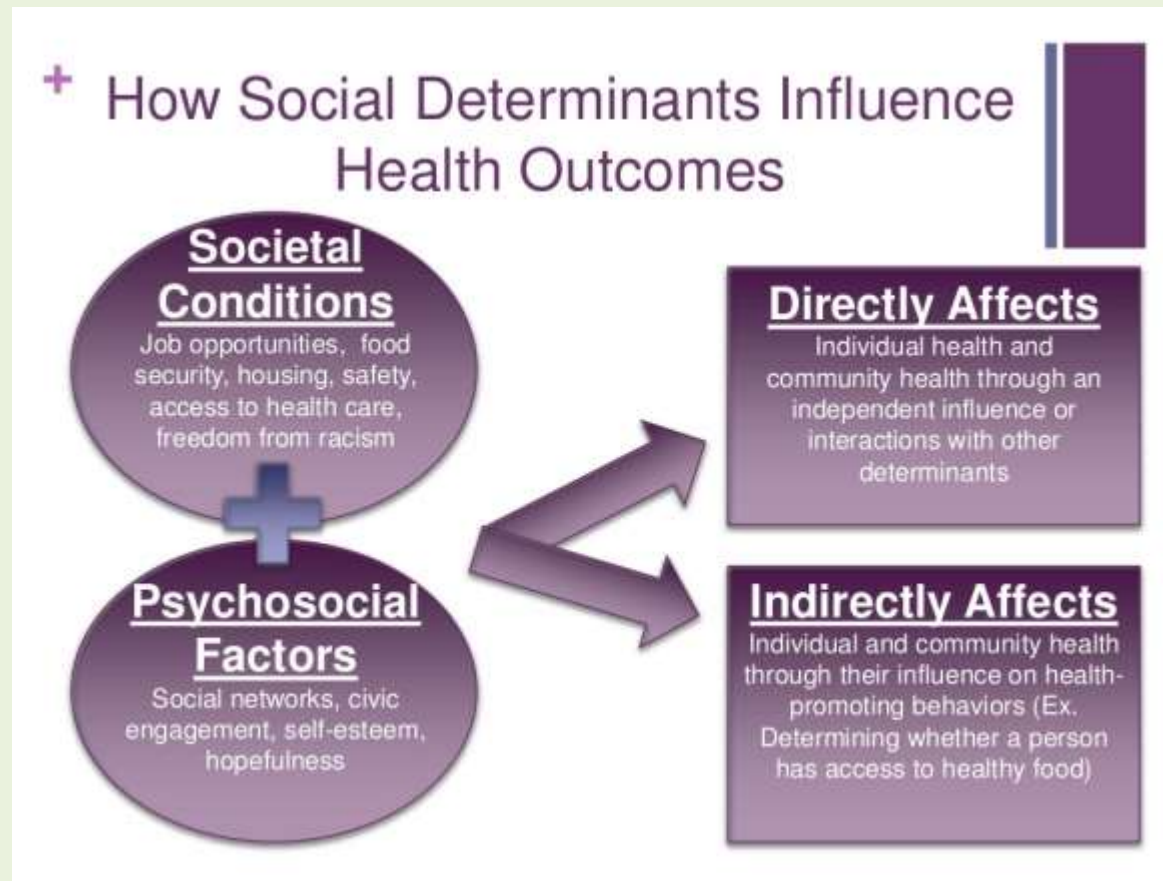
BABIES DYING IN INFANCY (PER 1,000)



LOW BIRTH WEIGHT (PER 1,000)



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.

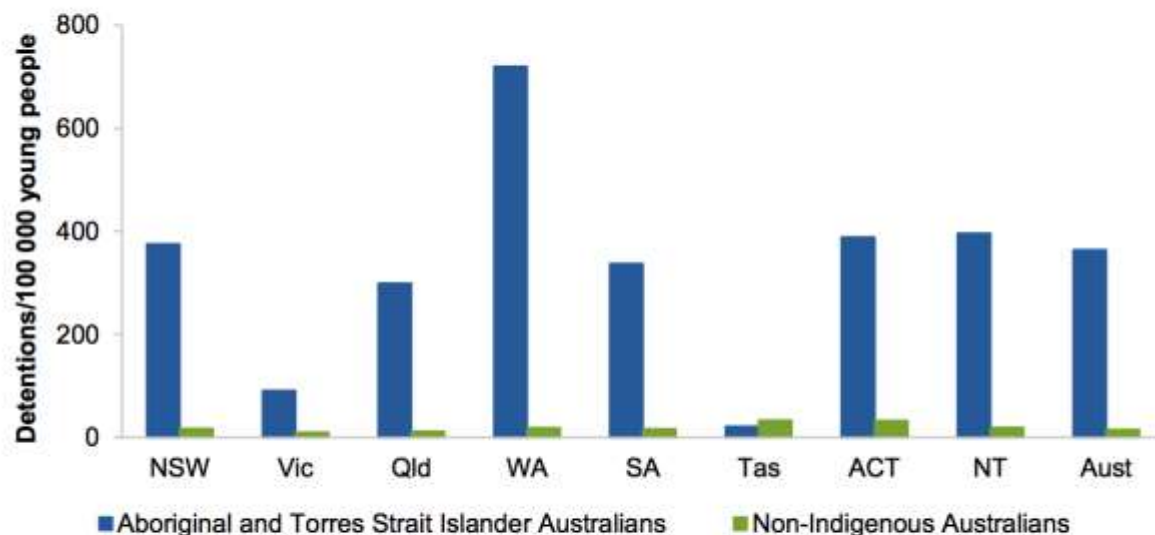
Intergenerational trauma



- 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
 - Stolen generation – official policy 1910–1969: 1 in 3–10 taken
 - 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

Children in detention

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^{a, b}**



^a 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. ^b Refer to table 16A.9 for detailed footnotes.

Source: AIHW 2014, *Youth justice in Australia 2012–13*, Bulletin 120, Canberra; WA and NT governments (unpublished); table 16A.9; 2015 Report, figure 16.4, p. 16.8.

Health policy frameworks

Australian Government (2013). National
Aboriginal and Torres Strait Islander Health
Plan 2013-2023. Canberra, Commonwealth
of Australia.



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

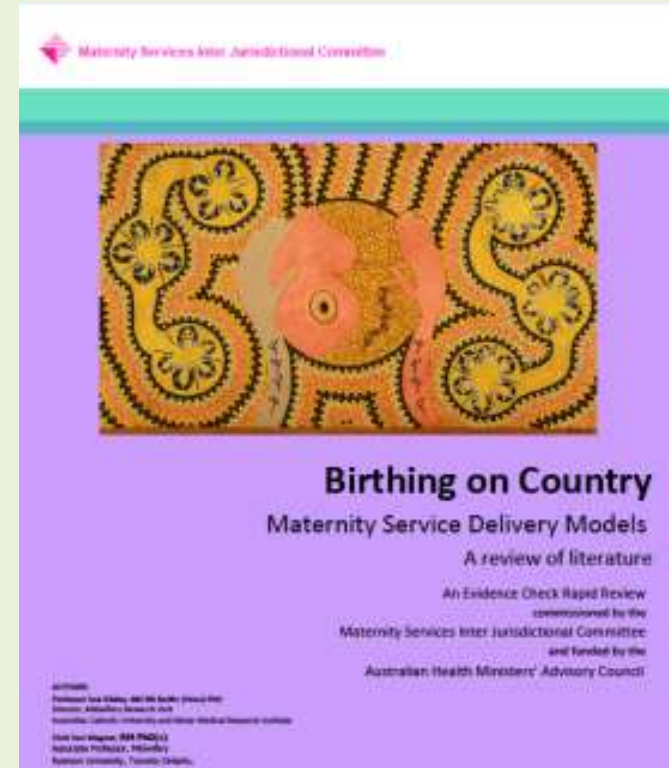
PARTNERSHIP

ACCOUNTABILITY

National Maternity Services Plan

3 priority areas

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



Kildea, S. and V. Van Wagner (2012). 'Birthing on Country,' Maternity Service Delivery Models: A review of the literature. Canberra, An Evidence Check rapid review brokered by the Sax Institute (<http://www.saxinstitute.org.au>)
Maternity Services Inter-Jurisdictional Committee for the Australian Health Minister's Advisory Council.

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.

Birth 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

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

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.

Our setting

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

Indigenous Birthing in an Urban Setting

The IBUS Study



Evaluation of the Mater Mothers' Hospitals Murri Antenatal Clinic

2011

Helen Stapleton
Rebecca Murphy
Kristen Gibbons
Sue Kildea

Kildea, S., H. Stapleton, R. Murphy, N. Billy Low and K. Gibbons (2012). "The Murri Clinic: A comparative retrospective study of an antenatal clinic developed for Aboriginal and Torres Strait Islander women." BMC Pregnancy and Childbirth **12**(159).

Kildea, S., H. Stapleton, R. Murphy, M. Kosiak and K. Gibbons (2013). "The maternal and neonatal outcomes for an urban Indigenous population compared with their non-Indigenous counterparts and a trend analysis over four triennia." BMC Pregnancy and Childbirth **13**(167).

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In collaboration with:



Participants



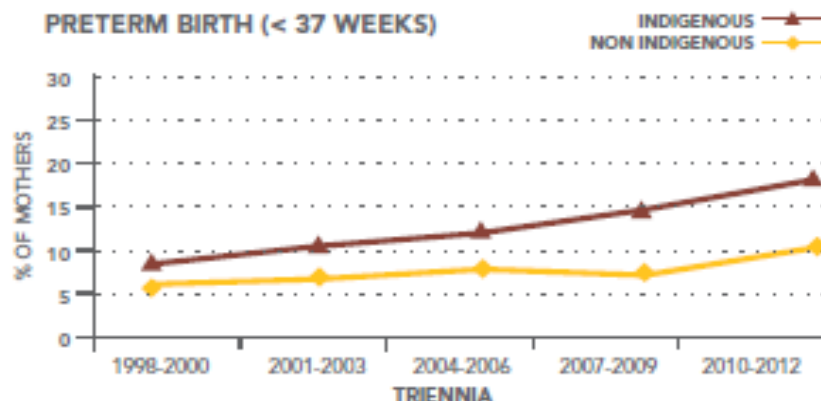
- 38 service users ‘Yarning Circles’
- 36 women’s experiences
- 8 service users – indepth interviews
- 10 MMH staff interviews
- 147 staff surveys
- 17 external stakeholders interviews.

Indigenous Birthing in an Urban Setting

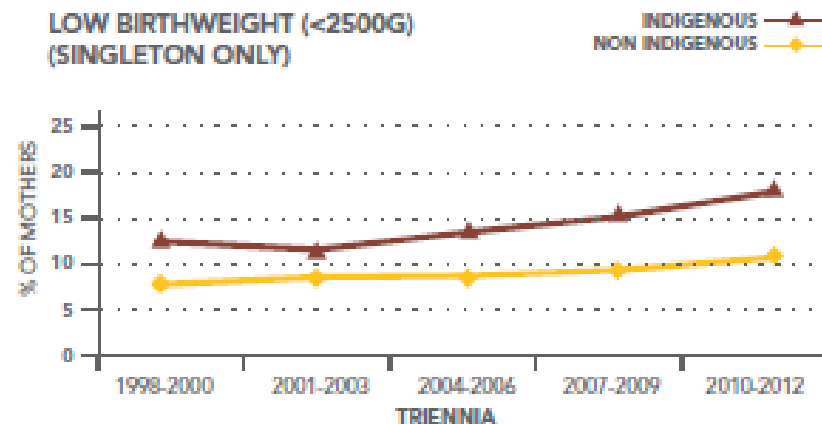
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Murri Clinic Evaluation, Trends 1998-2012

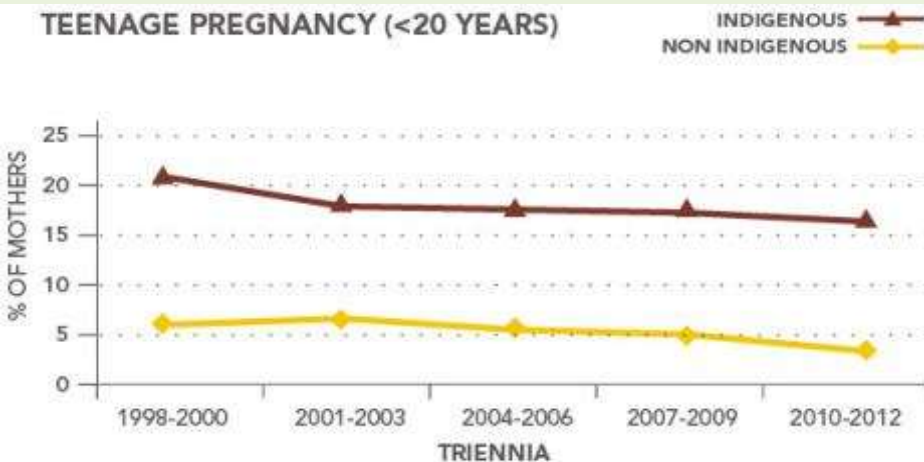
PRETERM BIRTH (< 37 WEEKS)



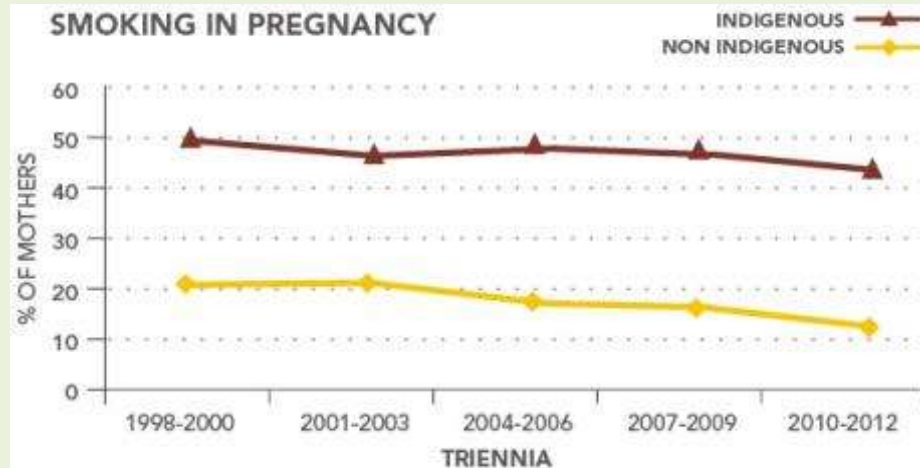
LOW BIRTHWEIGHT (<2500G)
(SINGLETON ONLY)



TEENAGE PREGNANCY (<20 YEARS)



SMOKING IN PREGNANCY



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Organisations:



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World café 5.9.12

- 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



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

Indigenous Birthing in an Urban Setting

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Launch October, 2013



Aunty Valda



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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.

IBUS Study Aim

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



Birthing in Our Community Steering Committee

Adrian Carson, Jody Currie, Carmel Nelson, Wayne Ah Boo, Maree Reynolds, Kay Wilson, Sue Kildea

Indigenous Birthing in an Urban Setting Investigators

Sue Kildea, Sue Kruske, Megan Passey, Sally Tracy, Anton Clifford, Carmel Nelson, Yvette Roe, Roianne West
Adrian Carson, Daniel Williamson, Joan Webster, Jody Currie, Kay Wilson, Machellee Kosiak, Renee Blackman, Shannon Watego, Wayne Ah Boo

Research Manager

Sophie Hickey

NHMRC Longitudinal Study of Aboriginal and Torres Strait Islander Mothers and Babies

Main study

Sub-studies

Clinical data (Cohort 1 & 2)

Routinely collected hospital data e.g. preterm, low birth weight
(HREC/15/MHS/24)

Staff survey

Annual

Women's surveys (Cohort 1 & 2)

At booking-in, 36 weeks of pregnancy, 2 & 6 months postnatal and Infant assessment at 2 & 6 months
(HREC/15/MHS/24)

Cost effectiveness (Cohort 1 & 2)

Direct & indirect cost of service to hospital and to women
(HREC/15/MHS/24)

Partnership sub-study (Cohort 1 only)

To document opinions from key people involved in the developing the partnership
(HREC/14/MHS/168)

'Stop Smoking in its Tracks' sub-study (Cohort 1 only)

A rewards-based intervention assisting women to quit smoking
(HREC/15/MHS/37)

'Tell My Story' sub-study (Cohort 1 & 2)

Explore pregnancy and early parenting experiences of 25 women from each cohort, using an ethnographic approach
(HREC number and submission pending)

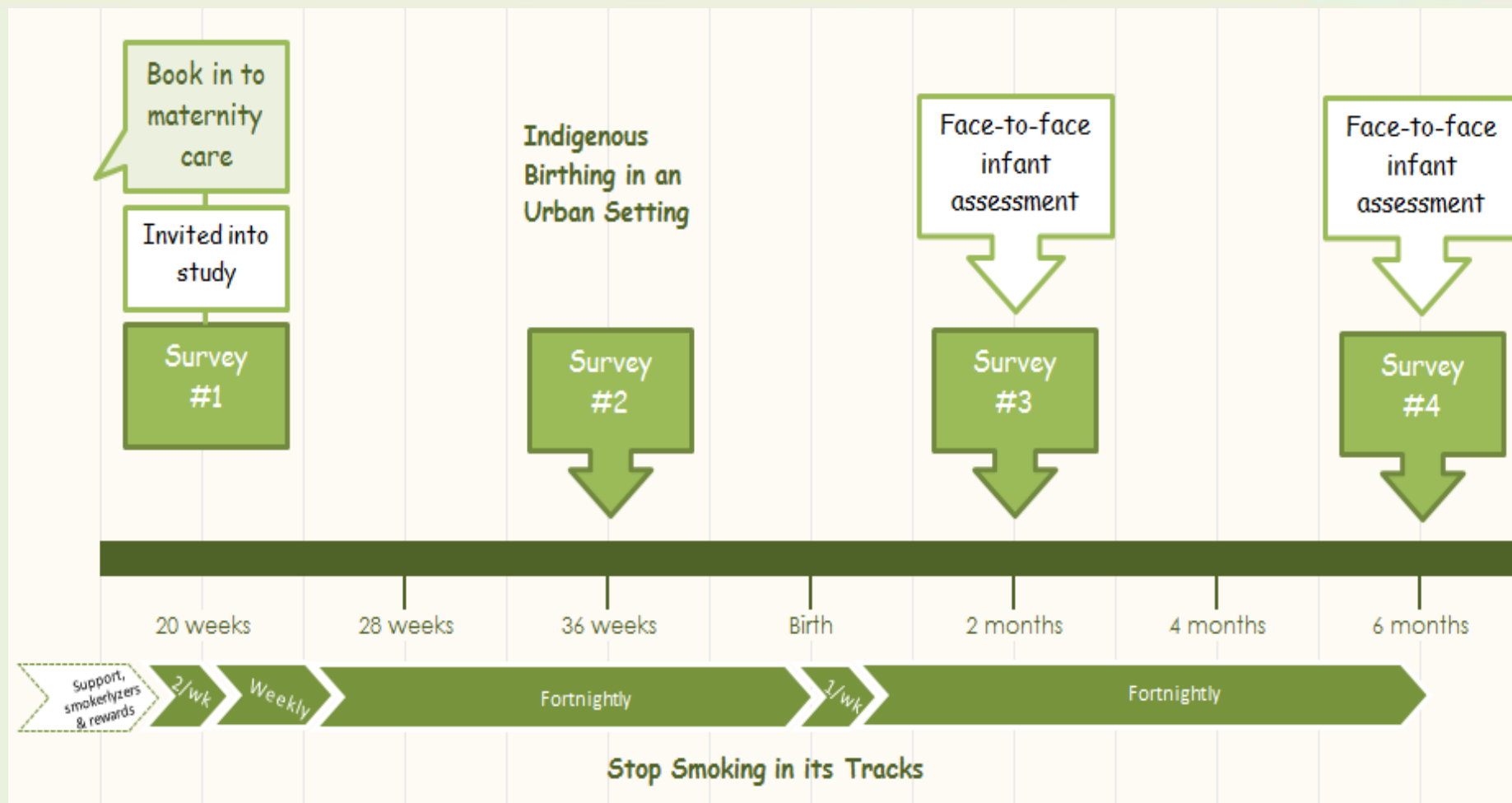
Cultural Capacity Building sub-study (Cohort 1 only)

Includes upskilling Indigenous MIH workforce and racism awareness training for non-Indigenous staff
(HREC number and submission pending)

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



Study involvement



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

What's next?

- Measuring resilience.....
- Continue recruiting women
- Masters and PhD students – welcome!!!
- Second World Café
 - Further community feedback and consultation
- Birth Centre.....