



The Australian Indigenous Doctors' Association  
*Yaga Bugaul Dungun*

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Maternity Services Review  
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## **Australian Indigenous Doctors' Association Submission to the Maternity Services Review Board**

### **Introduction**

The Australian Indigenous Doctors' Association (AIDA) welcomes the opportunity to contribute to the Maternity Services Review (the Review).

AIDA is a not-for-profit, non-government organisation dedicated to the pursuit of leadership, partnership and scholarship in Aboriginal and Torres Strait Islander health, education and workforce. There are approximately 125 Indigenous medical graduates and a similar number of Indigenous medical students in Australia.

AIDA is represented on over 30 government and non-government health, education and workforce groups, including the National Indigenous Health Equality Council, the Aboriginal and Torres Strait Islander Health Workforce Working Group and the Australian Medical Association (AMA) Taskforce on Indigenous Health.

As Indigenous medical practitioners, we offer a special combination of clinical and cultural competence and expertise, and have a unique and central role in advocating for, and improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples. We are keen to ensure that the needs of Indigenous communities and their respective health needs are articulated, protected, advocated for and respected.

AIDA also works closely with Medical Deans Australia and New Zealand, the Committee of Presidents of Medical Colleges and the Australian Medical Council to ensure that the medical education and training system is inclusive of Indigenous health content, is culturally appropriate and recruits, supports and graduates Aboriginal and Torres Strait Islander people into medicine and medical specialties.



## Indigenous Health in Australia

The poor status of Aboriginal and Torres Strait Islander health and the 17-year life expectancy gap is well documented. The burden of disease experienced by Indigenous Australians is estimated to be two and a half times greater than the burden of disease in the wider Australian population. Aboriginal and Torres Strait Islander people experience higher death rates than non-Indigenous Australians across all age groups, from all major causes of death<sup>1</sup>. This - in a nation which in general, has one of the healthiest populations of any developed country and which has access to a world-class health system - is unacceptable.

AIDA endorses the Aboriginal concept of health, which is:

*"Not just the physical well-being of the individual but the social, emotional, and cultural well-being of the whole community. This is a whole-of-life view and it also includes the cyclical concept of life-death-life<sup>2</sup>."*

Aboriginal and Torres Strait Islander people have historically advocated for a holistic approach to health care. Holistic health care means that treatment does not just focus on the disease, but that the disease is treated within the context of a person's individual health and wellbeing, and that of family and community. It is necessary for the entire health workforce to be culturally competent and knowledgeable and skilful with respect to Aboriginal and Torres Strait Islander people and their health. Aboriginal and Torres Strait Islander people are more likely to access and will experience better outcomes from services that are respectful and culturally safe places.

Social and emotional wellbeing is an integral part of Aboriginal and Torres Strait Islander peoples' health. It should be understood within the holistic concept of health and not seen as an issue separate from physical health. Issues of social and emotional wellbeing cover a broad range of problems which can result from unresolved grief and loss, trauma and abuse, inter-generational trauma, domestic violence, issues associated with the removal of children, incarceration, family breakdown, cultural dislocation, mental illness, racism, discrimination and social disadvantage<sup>3</sup>. These issues sit within an historical and social context, and have implications for poor health.

AIDA fully supports any reorientation of the Australian health system that recognises the holistic nature of health. It is important that the Indigenous view of holistic health be reflected in a health system which provides a seamless transition between primary, secondary and tertiary health care services for Indigenous mothers (indeed, for the entire Indigenous population). An adequate primary health care system is a prerequisite for effective maternal services. As Aboriginal and Torres Strait Islander people experience poorer access to primary health services, this has serious implications for integrated care across the primary, secondary and tertiary care levels.


Social and historical factors such as racism, history, oppression and the ongoing impacts of dispossession also have an influence on the health of Aboriginal and Torres Strait Islander Australians, and can therefore be viewed as social determinants of health. For real and lasting change, the Australian Government and State and Territory Governments must show leadership on these issues. This could be in the form of programs that demonstrate the negative impacts that racism can have on peoples' health, and raise awareness about

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<sup>1</sup> Australian Bureau of Statistics, *Australian Institute of Health and Welfare: Health and Welfare of Australians Aboriginal and Torres Strait Islander Peoples*, 4704.0 – 2008, p 151.

<sup>2</sup> *National Aboriginal Health Strategy* (1989)

<sup>3</sup> *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing* (2004-2009)



individual and systemic racism. The Prime Minister's Apology to Indigenous Australians has been a promising first step in the right direction.

Social determinants have an important role in predetermining health – that is, the social, economic, cultural and physical settings must be right. This in turn requires a genuine commitment, partnership and collaboration between sectors such as education, housing, and employment.

It is well known that health is influenced by a range of social, economic and environmental factors as well as individual, physical and biological factors. Health and illness does not exist in a vacuum. It is very closely connected to the provision of adequate housing, clean water and sanitation, proper schooling, having a job, having access to transport and communication. To improve the status of health of Indigenous Australians and to close the 17-year life expectancy gap, Australian governments must work together to improve outcomes on issues such as education, employment, housing and environmental health.

AIDA has been a key player on the Indigenous Health Equality Campaign (otherwise known as the Close the Gap campaign). In June 2008, *the National Indigenous Health Equality Targets – Outcomes from the National Indigenous Health Equality Summit, Canberra, March 2008*, were handed to the Australian Government. That document includes a set of targets relating to Maternal and Child Health<sup>4</sup>. AIDA commends the document to the Maternity Services Review.

### **Indigenous Birthing in Australia**

The birthing experience of Aboriginal and Torres Strait Islander women is fundamentally culturally different from that of non-Indigenous women. Birthing is and continues to be – in some communities – a cultural rite of passage where knowledge, practices and beliefs are transferred from older to younger women, identity and links are established to land and connections with country are shared and celebrated.

“Traditionally, Aboriginal women gave birth in the place where they were born, ‘on country’ with other women by their side. Young women learn about *borning* and the Grandmothers Law from the older women during their first labour. Birthing is ‘women’s business’ and intricately related to ‘Aboriginal Law’ and the ‘Dreamtime’. The dreamtime explains creation and many of the rules and symbols are expressed in the myths and stories that are passed from generation to generation. The process of *borning* is a process where the spirit of the land and the people come together, and the place where a person is born establishes their relationship to the land<sup>5</sup>”.


Some women believe that when babies and mothers return from the regional centres they return in a weak state and need cultural ceremonies such as the smoking ceremony to be performed to make them strong again. Failing to observe the relevant rituals and laws during pregnancy presents a grave risk to the health of both the mother and baby and the long-term health of her people<sup>6</sup>. It is further suggested that the hospital birth itself, and the lack of being properly welcomed into the world, contributes to the high rates of perinatal mortality that are seen today. When women are not surrounded by those who care for their cultural and spiritual needs in birth, even though their physical needs are being met, then the birthing experience cannot act as a true rite of passage.

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<sup>4</sup> *Close The Gap National Indigenous Health Equality Targets: Outcomes from the National Indigenous Health Equality Summit Canberra*, March 18-20, 2008.

<sup>5</sup> Kildea, S. Wardaguga, M. Dawumal, M. Maningrida Women (2004) *Birthing Business in the Bush*, Liquid Rain Design, Last updated: [www.maningrida.com/mac/bwc/birthing/index.html](http://www.maningrida.com/mac/bwc/birthing/index.html)

<sup>6</sup> Rawlings, L (1998) ‘Traditional Aboriginal Birthing Issues’, *Birth Gazette*, 14(1), 6-13.



For Torres Strait Islander women, pregnancy and birthing are also a time of cultural celebration, sharing of knowledge and connections to family and kin. Torres Strait Islanders have a strong sense of identity as a people and a clear sense of their connections to each other and to their homeland islands... Customary adoption is a practice which contributes significantly to this sense of identity and connectedness<sup>7</sup>. Customary adoption 'Kupai Omaskar' describes the custom and cultural process of a permanent transfer of a baby, infant or small child from one extended family member to another<sup>8</sup>. One of the many acknowledged reasons behind customary adoption is to accommodate for infertility or loss of a baby.

The underlying principle of Torres Strait Islander adoption is that giving birth to a child is not necessarily a reason for raising the child... Customary adoption involves all Islander families in some way, whether children have been adopted in or out of the family<sup>9</sup>.

The cultural difference which is acknowledged and cultural safety of Aboriginal and Torres Strait Islander women needs to be recognised and embedded within all models of maternal and child health by health systems. Furthermore given the disparity in outcomes between Indigenous and non-Indigenous mothers and babies, different models and approaches need to be explored to meet the needs of Aboriginal and Torres Strait Islander women in remote, rural and urban Australia.

### **The Health of Indigenous Mothers and their Babies**

The poor health of the Indigenous population in Australia is well documented. Aboriginal and Torres Strait Islander babies continue to experience poor perinatal outcomes, thereby compromising their developmental wellbeing. Indigenous perinatal statistics remain at twice that of the non-Indigenous population for rates of preterm birth, low birth weight and perinatal mortality.

Birth weight and prematurity contribute directly to the higher death rate among babies of Aboriginal and Torres Strait Islander women. Aboriginal and Torres Strait Islander women have more babies and have them at younger ages than non-Indigenous women. The peak age group for births to Indigenous women was 20-24 years compared with 30-34 years for all women... the birth rate among teenage Indigenous women was more than four times the rate for all teenage women<sup>10 11</sup>.

In the period 2001-2004, the total proportion of low birth weight babies (less than 2500g) to Indigenous mothers was 13%. In comparison, the proportion of low birth weight babies to non-Indigenous women was 2%<sup>12</sup>. Risk factors for low birth weight include socioeconomic disadvantage, the size and age of the mother, the number of babies previously born, the mother's nutritional status, illness during pregnancy and the duration of the pregnancy. A mother's alcohol consumption and use of tobacco and other drugs during pregnancy can also impact on the size of her baby. Tobacco, in particular, has a major impact on birth weight<sup>13</sup>.

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<sup>7</sup> Ban, P (1996) 'Developments in the Legal Recognition of Torres Strait Islander Customary Adoption' in *Indigenous Law Bulletin*,

<http://www.austlii.edu.au/au/journals/AboriginalLB/1996/5.html>

<sup>8</sup> *ibid.*

<sup>9</sup> *ibid.*


<sup>10</sup> Australian Bureau of Statistics (2007) *Births 2006*, Australian Bureau of Statistics, Canberra.

<sup>11</sup> ABS-AIHW (2008) *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, Commonwealth of Australia, Canberra.

<sup>12</sup> AIHW (2005) *Indigenous mothers and their babies: Australia 2001-2004*, AIHW, Canberra.

<sup>13</sup> Australian Indigenous HealthInfoNet (2008), Births and pregnancy outcome,

[http://www.healthinfor.net.edu.au/html/html\\_overviews/overviews\\_our\\_births.htm](http://www.healthinfor.net.edu.au/html/html_overviews/overviews_our_births.htm)



In the period 2001-2004, the total proportion of preterm births (less than 37 weeks) to Indigenous mothers was 14%. In comparison, the proportion of preterm births to non-Indigenous women was 1.9%<sup>14</sup>.

The leading causes of death for Indigenous infants were conditions originating in the perinatal period (mainly foetus, and newborn babies affected by complications of placenta, cord and membrane, and foetus and newborn babies affected by maternal complications of pregnancy)<sup>15</sup>.

Prematurity and low birth weight are significant contributing factors towards the later life development of a wide range of chronic diseases including obesity, high blood pressure, heart attack, stroke, heart failure, renal (kidney) failure, Type 2 diabetes, and depression.

### **Development of a National Maternity Services Plan**

AIDA welcomes national leadership in maternity care through the development of a National Maternity Services Plan.

With consideration to the appalling health statistics of expectant Aboriginal and Torres Strait Islander women and their babies, AIDA strongly advocates that any National Maternity Services Plan comprise a core component of its strategic direction and action to Close the Gap in maternal and infant morbidity and mortality. Other key components of a national plan will need to consider:

- Improving the coordination of funding to maternity services, including greater investment in the Aboriginal and Torres Strait Islander primary health care sector
- Improving the integration of services across the continuum of care and across jurisdictions
- Improving the collection and quality of data on Aboriginal and Torres Strait Islander peoples. Indigenous status must be recorded.

As with any process in developing policy frameworks for Aboriginal and Torres Strait Islander peoples, it is critical for broad and informed consultation with key Aboriginal and Torres Strait Islander leaders, organisations and communities. AIDA strongly urges that an Aboriginal and Torres Strait Islander Steering Committee be established to inform the process of consultation and the development of key Aboriginal and Torres Strait Islander maternity strategies and actions. In addition, AIDA recommends that an ongoing consultation process be maintained with Indigenous organisations and communities regarding the implementation and monitoring of a National Maternity Services Plan.

### **Response to Questions**

What models for maternal services for rural and remote communities are working well?

A number of effective models of maternity services have been demonstrating significant outcomes for the Aboriginal and Torres Strait Islander people in urban, rural and remote communities. These programs have been evaluated and documented over the years and include, but are not limited to:

*The Mums and Babies Program, Townsville Aboriginal and Islander Health Service (TAIHS), Queensland*<sup>16 17 18 19</sup>

<sup>14</sup> AIHW (2005) *Indigenous mothers and their babies: Australia 2001-2004*, AIHW, Canberra.

<sup>15</sup> *ibid*

<sup>16</sup> ALP (2007) *New Directions: An equal start in life for Indigenous children*, May 2007, [www.alp.org.au](http://www.alp.org.au)

- In February 2000, TAIHS commenced a maternal and child health program which offered comprehensive integrated primary health care for young families.
- The program offers a range of services including antenatal and postnatal care, immunisation and child health monitoring, transportation assistance, childcare/playgroup on site, STD testing, referral, advocacy and social support. In addition to these services, the program also offers brief interventions for risk factors such as smoking cessation, nutrition, breastfeeding and sudden infant death syndrome.
- The range of services are provided by a dedicated team comprising two health workers, one childcare worker, a driver and two female Doctors.
- Evaluations of the program found an increase in the numbers of women presenting for antenatal care; reduction in the number of pre-natal deaths; reduction in the number of low birth weight (less than 2500g) babies; and a reduction in the number of premature births.
- The care planning, screening and educational activity around risk factors also improved due to the increased opportunistic contact with women.

*Congress Alukura, Northern Territory*<sup>20 21 22 23</sup>

- Congress Alukura is a women's health and birthing centre developed in the 1980s to address the needs of Aboriginal women in Central Australia.
- Congress Alukura provides a range of services run through a midwife-led women's health clinic. The Alukura model is founded on two key cultural factors – that birthing and women's health are traditionally women's business and should remain women's business; and that women's health incorporates traditional language, culture and the Grandmothers' Law.
- Services offered include the provision of culturally appropriate antenatal, intrapartum, postnatal care, gynaecological services, and women's health care. The service includes home visiting, transport, specialist/hospital liaison, mobile bush clinic and adult and youth health education. The program also provides a comprehensive breastfeeding and nutrition intervention.
- The service employs a fulltime Medical Officer, Midwives, Women's Health Nurse, Liaison Officer, Educators, Traditional Grandmothers and administrative/support staff.
- Evaluations of the Alukura service found an increase in the antenatal clinic visits, an increase in the proportion of women having a first trimester antenatal visit, and an increase in birth weight.

<sup>17</sup> AMA (2005) *The Good News*, [http://www.ama.com.au/web.nsf/doc/WEEN-6PU9XE/\\$file/The\\_Good\\_News\\_2005.pdf](http://www.ama.com.au/web.nsf/doc/WEEN-6PU9XE/$file/The_Good_News_2005.pdf)

<sup>18</sup> Department of Education and Early Childhood Development (2008) *Strategies for Improving Outcomes for Young People: Maternal and Child Health Services*, [http://www.education.vic.gov.au/oecd/catalogue\\_of\\_evidence/sections/maternal\\_and\\_child\\_health\\_services.html](http://www.education.vic.gov.au/oecd/catalogue_of_evidence/sections/maternal_and_child_health_services.html)

<sup>19</sup> Panaretto, K. Lee, H. Mitchell, M. Larkins, S. Manassis, V. Buettner, P & Watson, D (2005) 'Impact of a collaborative shared antenatal care program for urban Indigenous women: a prospective cohort study' in *Medical Journal of Australia*, Volume 182, Number 10, 16 May 2005.

<sup>20</sup> Department of Education and Early Childhood Development (2008) *Strategies for Improving Outcomes for Young People: Maternal and Child Health Services*, [http://www.education.vic.gov.au/oecd/catalogue\\_of\\_evidence/sections/maternal\\_and\\_child\\_health\\_services.html](http://www.education.vic.gov.au/oecd/catalogue_of_evidence/sections/maternal_and_child_health_services.html)

<sup>21</sup> AMA (2005) *The Good News*, [http://www.ama.com.au/web.nsf/doc/WEEN-6PU9XE/\\$file/The\\_Good\\_News\\_2005.pdf](http://www.ama.com.au/web.nsf/doc/WEEN-6PU9XE/$file/The_Good_News_2005.pdf)

<sup>22</sup> Ah Chee, D. Alley, S. & Milera, S (2001) *Congress Alukura – Women's Business*, Presentation to the 4<sup>th</sup> Australian Women's Health Conference, Adelaide, 2001.

<sup>23</sup> Cater, E. Lumley, J. Wilson, G & Bell, S (2004) "'Alukura... for my daughters and their daughters and their daughters': a review of Congress" in *Australian New Zealand Journal of Public Health*, 28(3), 229-234.

*Strong Women, Strong Babies, Strong Culture Program, Northern Territory*<sup>24 25 26</sup>

- The Strong Women, Strong Babies, Strong Culture program commenced in August 1993 in three pilot remote Aboriginal communities in the Northern Territory.
- The program aims to increase infant birth weights by earlier attendance for antenatal care and improved maternal weight status. The program is under the control of community women and culturally based - an important cultural component. Aboriginal women worked with pregnant women in a program that emphasised both traditional practices and Western medicine.
- Services include community-based maternal education and support by respected community women, advice on nutrition, reduced smoking and alcohol use, early antenatal care, testing and treatment for sexually-transmitted diseases, advice on seeking medical care and adhering to prescribed medication.
- Evaluations of the program found an increase in the mean birth weight of babies, a reduction in low birth weight, a reduction in the number of preterm births and an increase in antenatal clinic attendances.

*Nganampa Health Council*<sup>27 28</sup>

- In the mid 1980s, Nganampa Health Council developed a strategy to improve maternal and child health care for women in the Anangu-Pitjantjatjara lands region.
- The program uses a holistic approach to service provision and its components include an antenatal care program, health education to young mothers, and child health including immunisation, nutrition education, growth monitoring and targeted health screening. The program was based on the development of a care record system for antenatal patients to use in all clinics. It introduced standard protocols and care management for antenatal care, birthing and child health care.
- Evaluations of the program found a reduction in low birth weight, an increase in antenatal visits for the first trimester, and increase in total number of antenatal visits and 90% immunisation coverage.
- There were also improvements in perinatal mortality and nutrition status and no children with wasting were identified.

*Aboriginal Maternal and Infant Health Strategy (AMIHS), New South Wales*<sup>29</sup>

- AMIHS is a community based maternity service. The program involves a midwife working in partnership with an Aboriginal Health Worker or Aboriginal Education Officer to provide care to pregnant Aboriginal women, new mothers and their babies in a culturally safe environment. The program also includes community development activities that provide a holistic approach to developing the health and wellbeing of the women and the families involved.
- AMIHS aims to improve health outcomes for Aboriginal women during pregnancy and decrease perinatal morbidity and mortality. To meet its aims, AMIHS maintains

<sup>24</sup> Department of Education and Early Childhood Development (2008) *Strategies for Improving Outcomes for Young People: Maternal and Child Health Services*, [http://www.education.vic.gov.au/oeccd/catalogue\\_of\\_evidence/sections/maternal\\_and\\_child\\_health\\_services.html](http://www.education.vic.gov.au/oeccd/catalogue_of_evidence/sections/maternal_and_child_health_services.html)


<sup>25</sup> AMA (2005) *The Good News*, [http://www.ama.com.au/web.nsf/doc/WEEN-6PU9XE/\\$file/The\\_Good\\_News\\_2005.pdf](http://www.ama.com.au/web.nsf/doc/WEEN-6PU9XE/$file/The_Good_News_2005.pdf)

<sup>26</sup> AHMAC (2004) *National Strategy Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2004-2009*, Department of Health and Ageing, Canberra.

<sup>27</sup> Department of Education and Early Childhood Development (2008) *Strategies for Improving Outcomes for Young People: Maternal and Child Health Services*, [http://www.education.vic.gov.au/oeccd/catalogue\\_of\\_evidence/sections/maternal\\_and\\_child\\_health\\_services.html](http://www.education.vic.gov.au/oeccd/catalogue_of_evidence/sections/maternal_and_child_health_services.html)

<sup>28</sup> AMA (2005) *The Good News*, [http://www.ama.com.au/web.nsf/doc/WEEN-6PU9XE/\\$file/The\\_Good\\_News\\_2005.pdf](http://www.ama.com.au/web.nsf/doc/WEEN-6PU9XE/$file/The_Good_News_2005.pdf)

<sup>29</sup> NSW Health (2008) *Aboriginal Maternal and Infant Health Strategy (AMIHS): Linkage with Brighter Futures Working Agreement Paper*, May 2008.



strong relationships with relevant health services and provides advocacy and support for Aboriginal women and families which mainstream services.

- An evaluation conducted in 2005 demonstrated that AMIHS (particularly by linking in with the 'hard to reach' families) had achieved significant improvement in the number of Aboriginal women presenting for antenatal care before 20 weeks and reducing low birth weight and preterm births amongst Aboriginal babies.

Other good models of maternal services, which have not yet been evaluated include:

*Ngua Gundi Mother Child Project, Woorabinda, Queensland*<sup>30</sup>

- The Ngua Gundi Mother Child Project was developed in collaboration with community women to provide quality health care for mothers and their babies. The project is a midwifery-led model of care provided in culturally sensitive settings, with home visiting provided by the Aboriginal health worker and midwife.
- A pregnancy network has been formed to support young parents and assist the development of parenting skills. Education and care is provided for the antenatal and postnatal period, including immunisation, breast feeding and baby care. As well as this, assistance is provided for family planning, sexually transmitted infections, domestic violence, substance misuse, relationship counselling and a range of mental health issues.

*Daruk Aboriginal Medical Service, Mt Druitt, New South Wales*<sup>31</sup>

- Daruk provides an antenatal program staffed by an Aboriginal health worker, midwife and a female General Practitioner.
- The service has established a partnership with Nepean Hospital Maternity Unit and has increased awareness amongst Aboriginal women about the importance of antenatal care. This has resulted in an increase in the number of women presenting earlier and more frequently for antenatal visits. As well as this, Daruk provides local Aboriginal people with referral to specialist and other health related services.

What are the key elements to applying such models more broadly?

As indicated, the aforementioned effective models of Aboriginal and Torres Strait Islander maternal health have been evaluated, documented and the findings published. There is sufficient knowledge within communities across Australia to reduce Indigenous infant mortality and in doing so, to make a contribution to improving Indigenous life expectancy<sup>32</sup>. What is needed is a commitment to and investment in the broader application of such models.

In considering the key elements of success in the aforementioned effective models of Aboriginal and Torres Strait Islander maternal health, the following five (5) critical factors can be identified:

1. Programs are holistic, culturally safe and community-based:
  - Services that are provided in community-based settings (especially those in community controlled organisations) have a higher capacity for an enabling model of care. Greater success in accessing women occurs when programs are linked with the local Aboriginal controlled health services based in the community<sup>33</sup>.

<sup>30</sup> AMA (2005) *The Good News*, [http://www.ama.com.au/web.nsf/doc/WEEN-6PU9XE/\\$file/The\\_Good\\_News\\_2005.pdf](http://www.ama.com.au/web.nsf/doc/WEEN-6PU9XE/$file/The_Good_News_2005.pdf)

<sup>31</sup> *ibid.*

<sup>32</sup> ALP (2007) *New Directions: An equal start in life for Indigenous children*, May 2007, [www.alp.org.au](http://www.alp.org.au)

<sup>33</sup> NSW Health (2005) *NSW Aboriginal Maternal and Infant Health Strategy Evaluation Final Report 2005*, NSW Health, Sydney.

- Community-determined primary care approaches invest not only in the physical health of communities but also in their economic and social health, building confidence, valuing community life and promoting self-determination for Indigenous people<sup>34</sup>.
2. Aboriginal and Torres Strait Islander community consultation, development and ownership:
    - Research has indicated that improvements in the health and wellbeing of Aboriginal and Torres Strait Islander people is achieved when health service providers work with communities to plan, develop and implement programs. The models identified are all built on the cultural beliefs, birthing practices and needs of local Aboriginal and Torres Strait Islander women.
  3. Access to adequate and sustainable funding:
    - The models identified receive funding through a multiplicity of sources, including the Office for Aboriginal and Torres Strait Islander Health (OATSIH), Department of Health and Ageing. Successful models experience an increase in the number of women attending. Subsequently, good programs need better access to increased funding sources, which includes Medicare and the Pharmaceutical Benefits Scheme (PBS).
  4. Access to skilled and culturally competent workforce across the continuum of care:
    - The models identified all comprise a multi-disciplinary team-based approach across the continuum of care, in order to provide culturally safe care to Aboriginal and Torres Strait Islander women, children and their support/partners.
    - As within all sectors, there is significant workforce shortage in all health disciplines. This greatly impacts on the range and quality of services provided to Aboriginal and Torres Strait Islander women, particularly those in rural and remote regions.
  5. Partnerships with other service providers and hospitals:
    - The models identified all integrate with other local service providers and hospitals to ensure healthy outcomes for pregnant women and their babies, especially in relation to antenatal and postnatal care.

What aspects of the Australian context are driving high intervention rates?  
 What actions are required to address this?


In comparison with non-Indigenous women, Aboriginal and Torres Strait Islander women have lower intervention rates, despite the high proportion of mothers being considered to be high risk due to medical co-morbidities, previous poor obstetric outcomes, teenage pregnancies, and often complex social issues such as domestic violence, housing and economic disadvantage and substance misuse.

The research indicates that 70% of Aboriginal and Torres Strait Islander mothers have a spontaneous onset of labour compared with 57% of non-Indigenous mothers. The majority of Aboriginal and Torres Strait Islander women give birth in public hospitals.

Of those Aboriginal and Torres Strait Islander women requiring an intervention, 5% had an instrumental vaginal delivery and 22% had a caesarean section delivery<sup>35</sup>. Both of these rates are lower than that experienced by non-Indigenous women.

<sup>34</sup> Hirst, C (2005) *Rebirthing: Report of the Review of Maternity Services in Queensland*, [http://www.health.qld.gov.au/maternity/docs/m\\_review\\_full.pdf](http://www.health.qld.gov.au/maternity/docs/m_review_full.pdf)

<sup>35</sup> AIHW (2005) *Indigenous mothers and their babies: Australia 2001-2004*, AIHW, Canberra.



Of the few interventions that are experienced, they are more common among Aboriginal and Torres Strait Islander women who are less disadvantaged, in a major city, and giving birth in private hospitals<sup>36</sup>.

The lower intervention rates for Aboriginal and Torres Strait Islander women and high reliance on public hospital care, indicates that more consideration is required on how the public hospital system can better accommodate the needs of expectant Aboriginal and Torres Strait women and their support/partners.

In addition, consultations by AIDA have found that there is a lack of information and understanding about the range of birthing and delivery options that exist for Aboriginal and Torres Strait Islander women. Improving antenatal education amongst Aboriginal and Torres Strait Islander women empowers them to make informed decisions along with their care providers on clinical management decisions. Midwives, obstetricians, GPs and AHWs all have a role in improving their level of knowledge.

What, if any, are key support services, including peer support which warrant national coverage?  
What is required to ensure the quality and consistency of key support services?

See our comments under later question "Other Issues"

How is current Commonwealth funding targeted?

Funding of the health sector is very complex, multi-layered and involves many stakeholders. The majority of funding for Indigenous health is administered either through the Department of Health and Ageing to Aboriginal Community Controlled Health Services and non-government organisations or by State/Territory governments.

Within this context, the majority of expectant Aboriginal and Torres Strait Islander women are accessing health care either through the hospital system or in community-based, primary health care settings.

During the period 2001-2004, the majority of Aboriginal and Torres Strait Islander women gave birth in hospital (98%). Of Indigenous women who gave birth in hospital, 3% were in private hospital<sup>37</sup>. While comparatively fewer Aboriginal and Torres Strait Islander women access the private health system, this alone presents a barrier to accessing private hospitals and services of many health professions and specialists who work solely or primarily within the private health system. The large gap in private health insurance coverage between Indigenous and other Australians is linked to the relative economic disadvantage of Indigenous Australians<sup>38</sup>.

Furthermore, Aboriginal and Torres Strait Islander women are more likely to access antenatal care in community-based, primary health care settings. There is inadequate funding in primary care, mainly due to significant under-utilisation of MBS and PBS, which leads to low levels of prevention, primary care treatment services, under-use of MBS-funded specialists and under-servicing in the hospital system compared to equally ill non-Indigenous patients<sup>39</sup>.


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<sup>36</sup> *ibid*

<sup>37</sup> AIHW (2005) *Indigenous mothers and their babies: Australia 2001-2004*, AIHW, Canberra.

<sup>38</sup> ABS-AIHW (2008) *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, Commonwealth of Australia, Canberra.

<sup>39</sup> Australian Medical Association (2007) *Institutionalised Inequity, Not just a Matter of Money*, AMA Report Card Series 2007, <http://www.ama.com.au/web.nsf/doc/ween-73evgv>



Reforms of the Medicare system have allowed greater access and remuneration for some services delivered by Allied Health, Nurses and Aboriginal Health Workers. This is an important step towards better access by Indigenous people's universality to the health system. Further reforms are required – which acknowledge and address the workforce shortage – and allow for more flexible maternal health care for Aboriginal and Torres Strait Islander women and their babies. This may include a broader range of MBS items for Nurses, Midwives and Aboriginal Health Workers managing the maternal health care of Aboriginal and Torres Strait Islander women.

It is recognised that significant investment in the areas of antenatal/ postnatal care and early childhood development is fundamental to good health outcomes and life expectancy<sup>40</sup>. It is imperative that funding of the Aboriginal and Torres Strait Islander primary health care sector be maintained and increased in areas of Aboriginal and Torres Strait Islander populations to ensure available, culturally safe and competent health care.

#### AIDA's Comments on Workforce Issues

AIDA strongly advocates the importance that Aboriginal and Torres Strait Islander people are trained and recruited into all of the health disciplines.

Aboriginal and Torres Strait Islander health professionals play a unique and critical role in achieving positive health outcomes for Aboriginal and Torres Strait Islander people and are currently significantly under-represented in Australia's health workforce<sup>41</sup>.

In 2006, the Aboriginal and Torres Strait Islander health workforce comprised of some:

- 100 Medical practitioners
- 53 Midwives
- 1107 Registered Nurses
- 965 Aboriginal and Torres Strait Islander Health Workers<sup>42</sup>

Workforce shortages are experienced across the whole of the Australian health system. The limited numbers of Indigenous and suitably trained and experienced non-Indigenous health professionals exacerbates the lack of health services provided to Aboriginal and Torres Strait Islander communities. The lack of health service delivery, in turn, compounds the negative impact on health status and wellbeing.


AIDA recently undertook some work, on behalf of the National Aboriginal and Torres Strait Islander Health Council to develop a report *Pathways into the health workforce for Aboriginal and Torres Strait Islander people: A Blueprint for Action* regarding the development of an Aboriginal and Torres Strait Islander health workforce. The paper analyses the issues which could contribute to the reform of an Indigenous health workforce, including:

- student needs (including improving maths and science literacy)
- development of culturally safe learning environments
- enabling pathways (eg from secondary school to vocational education and training, secondary to university; transitions between vocational, university and workplace, etc.)
- health and education funding models and
- support for professional associations and professional development.

<sup>40</sup> ALP (2007) *New Directions: An equal start in life for Indigenous children*, May 2007, [www.alp.org.au](http://www.alp.org.au)

<sup>41</sup> National Aboriginal and Torres Strait Islander Health Council (2008) *Pathways into the Health Workforce for Aboriginal and Torres Strait Islander People: A Blueprint for Action*, Commonwealth of Australia, Canberra.

<sup>42</sup> ABS-AIHW (2008) *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, Commonwealth of Australia, Canberra.



AIDA recommends the report *Pathways into the health workforce for Aboriginal and Torres Strait Islander people: A Blueprint for Action* to the Review.

Key recommendations for implementation include:

*Recommendation 10:* The development of a nationally coordinated health workforce training strategy and scheme to ensure that Aboriginal and Torres Strait Islander students in health courses are well supported through a range of *financial supports*.

*Recommendation 11:* Tertiary education providers to consult with Aboriginal and Torres Strait Islander communities on a *whole-of-institution strategy* to increase the number of Aboriginal and Torres Strait Islander students in health courses. Strategies are to include student support and curriculum matters.

*Recommendation 12:* Education institutions and Aboriginal and Torres Strait Islander health personnel and communities to work in partnership to develop a culturally inclusive *Aboriginal and Torres Strait Islander health curriculum* in a multi-disciplinary manner.

*Recommendation 13:* A *national accreditation and registration* mechanism to be established which sets standards and assesses the quality of training delivery in relation to Aboriginal and Torres Strait Islander health across all health disciplines.

*Recommendation 16:* Establish *national partnerships* across industry groups, governments, Aboriginal and Torres Strait Islander communities and health and education organisations to achieve an increase in Aboriginal and Torres Strait Islander workforce participation.

*Recommendation 18:* A national review of health and education sector *funding models* in relation to Aboriginal and Torres Strait Islander health workforce matters to be undertaken. This will inform the development of a nationally coordinated approach to workforce planning and education funding. Resources to be allocated for clinical placements in Aboriginal and Torres Strait Islander health settings.


Furthermore, AIDA advocates for systemic reform whereby core Aboriginal and Torres Strait Islander health curriculum is included in all health discipline studies, hence providing health graduates with a level of cultural competency. For existing professions, AIDA advocates that professional development training in Aboriginal and Torres Strait Islander health be developed and implemented.

#### What key infrastructure is needed?

Transport and accommodation are significant factors that impact on Aboriginal and Torres Strait Islander access to health care in remote, urban and rural areas. More specifically, Aboriginal and Torres Strait Islander women and children have lower levels of access to transport (private and public), exacerbating the impacts on maternal and child health<sup>43</sup>.

Patient travel assistance schemes are administered by State and Territory Health Departments to assist public patients to access specialist medical services not available within the patient's local area. However, administration of the scheme, eligibility criteria, and payment subsidies are inconsistent across jurisdictions. For example, to be eligible in the Northern Territory patients are required to travel more than 200 km one-way to obtain

<sup>43</sup> Australian Health Ministers' Advisory Council (2006) *Aboriginal and Torres Strait Islander Health Performance Framework Report 2006*, AHMAC, Canberra.



specialist medical treatment<sup>44</sup>. Accommodation assistance is provided at a rate of \$35 per night. Escorts are accommodated, but must be over the age of 18.

In Queensland, patients are eligible if the service is not within 50 kms of the nearest public hospital<sup>45</sup>. Accommodation assistance is provided at a rate of \$30 per night. Escorts are accommodated if the hospital Medical Officer determines it is medically necessary.

For Aboriginal and Torres Strait Islander people – the least healthy and most socially disadvantaged population in Australia – patient travel assistance schemes do little to accommodate cultural safety, cultural difference and improve access to health services. With few Aboriginal and Torres Strait Islander women requiring birthing interventions, many expectant women are less likely to access the patient travel assistance schemes. Patient travel assistance schemes must better cater for an escort/support person, as transfer of women from remote communities can create high anxiety and stress for the pregnant woman and complicate outcomes.

In addition, affordable and culturally safe accommodation options need to be established in rural, regional and urban areas where Aboriginal and Torres Strait Islander women are likely to access specialist care.

As indicated by the TAIHS Mums and Babies Program and the Congress Alukura model of care, the establishment of a separate space for women is a critical success factor for good maternal and child health care. The broader application of these models would need to adequately fund these infrastructure requirements.

Are there other issues the Review should consider?

### **The role of midwives**

Midwives often play a key role for Indigenous women in birthing, particularly around the co-ordination of appropriate ancillary support services for each individual woman. This is often done at the “booking in” visit with a midwife, usually in the context of a public hospital where the woman is planning to deliver. It is often the first antenatal visit of the pregnancy. A comprehensive “interview” is conducted and a number of screening tools are conducted (Edinburgh Depression Scale, DV screening). Important issues are identified and appropriate referrals to other services are made, such as social work, community services, drug and alcohol, mental health services. For example, in an Aboriginal Midwifery Program (AMP) conducted at Coffs Harbour, the first antenatal visit is undertaken by the AMP midwife at the first visit. One of the positive features of the program is that it is a community based service rather than hospital-based, and in the case of Coffs Harbour located within an Aboriginal Medical Service, with a focus on community services. For example, a woman identified with possible depression would be linked back in with a GP within the AMS. The GP would then co-ordinate her referral to a Psychologist and initiate medication if required. Hence, the clinician is included in the patient’s health care from the start as the GP would then continue to provide ongoing mental health care long after the 6 week postnatal mark when the Obstetrician is generally no longer involved in her care. This provides a smooth transition from the AMP into to early childhood program at the 6 wk postnatal mark, with again the early childhood nurse co-located at the AMS and good communication between the two.

The above is an excellent example of integrated, holistic and social-health team approach to maternal care.

<sup>44</sup> Department of Health and Families (2008) *Patient Assistance Travel Scheme: Information for Patients*, Northern Territory Government, Darwin.

<sup>45</sup> Queensland Health (2006) *The Patient Travel Subsidy Scheme*, Queensland Government, Brisbane.



## Smoking

Australia's Health 2008 reports that 50% of the Indigenous population over 18 years are smokers. AIDA acknowledges the implications for smoking for the health of Aboriginal and Torres Strait Islander people. AIDA believes that smoking cessation programs for all Indigenous smokers, including mothers, should take into consideration the high levels of stress that many Aboriginal and Torres Strait Islander people live with, and expectations around quitting smoking. A recent study indicated that smoking even in pregnancy - a time when mothers are particularly receptive to changing their smoking habits - may not be a priority for Aboriginal and Torres Strait Islander women as smoking can be used to ameliorate or reduce stress and to provide opportunities for relaxation in the face of considerable social and economic pressures that they face in their lives. Overwhelmingly, smoking was believed to reduce stress and to provide opportunities for relaxation. The study showed that pregnancy did not necessarily influence attitudes to cessation, though women's understanding of the consequences of smoking during pregnancy was low<sup>46</sup>.

## Social and Emotional Wellbeing

Good emotional health during the perinatal period is vital for the wellbeing of the mother, baby, and entire family. Effective and appropriate support to mothers during pregnancy and immediately after birth is fundamental for future health and wellbeing. Children who do not experience consistent and nurturing care have less positive life experiences and are more at risk of developing mental health problems, having poor social competence and failing to achieve school success. AIDA believes it is important to see social and emotional wellbeing support as an integral part of maternal and child care.

Both antenatal and postnatal stress and depression have been linked with poor mother and infant outcomes across a range of dimensions. Given the high level of risk of mental health problems for Aboriginal and Torres Strait Islander people<sup>47</sup> it is vital that Indigenous women and their families have access to a full range of services from psychosocial support through to appropriate perinatal psychiatric services at this important and vulnerable time.

Pregnancy is also recognised as a time when earlier traumatic issues can be rekindled, especially child sexual abuse and hence women with these issues need to be handled with great care and sensitivity to avoid further traumatising and improve attachment. This is an important issue in pain management.

Violence against women during pregnancy is a significant health hazard for both women and their unborn infants. There is a need to develop appropriate education, prevention and early intervention programs to reduce violence in pregnancy.

## Drug and Alcohol Use

Excessive alcohol intake, marijuana and other drug use are high risk factors for pregnant mothers. The WAACHS Study<sup>48</sup> indicated that the mothers of an estimated 23% of Aboriginal children in Western Australia reported they had consumed alcohol at some point during their pregnancy and an estimated 17% had both smoked and consumed alcohol while pregnant.


It is essential that effective preventative and early intervention strategies, as well as treatment and rehabilitation services are available for young mothers to discourage excessive

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<sup>46</sup> Wood, L. France, K. Hunt, K. Eades, S & Slack-Smith, L (2008) 'Indigenous women and smoking during pregnancy: knowledge, cultural contexts and barriers to cessation' in *Soc Sci Med*, 2008 Feb 27, 18313186. <http://lib.bioinfo.pl/auth:Eades,S> (accessed 30 October 2008)

<sup>47</sup> ABS, AIHW (2008) *Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, 4704.0, p 111.

<sup>48</sup> Zubrick, S.R. Lawrence, D.M. Silburn, S.R. Blair, E. Milroy, H. Wilkes, T. Eades, S. D'Antoine, H. Read, A. Ishiguchi, P. Doyle, S (2004) *The Western Australian Aboriginal Child Health Survey: The Health of Aboriginal Children and Young People*, Volume One, Telethon Institute for Child Health Research, Perth.



use of drugs, alcohol and tobacco. Importantly however, such strategies must take into account the complexity of Indigenous peoples' lives, and must be developed in consultation with local communities.

Foetal Alcohol Spectrum Disorder (FASD) is also a serious condition for Indigenous families as it leads to lifetime disability with lifelong implications. It is not curable but importantly, it is preventable, and therefore vital that effective community focussed education prevention and early intervention strategies be implemented.

### **Nutrition**

Access to food and nutrition is fundamental for the health of Indigenous mothers and their babies. An adequate intake of folate is important for the prevention of birth neural tube defects. Access to healthy foods is often limited in remote and rural areas. Income levels, loss of traditional lifestyle and access to traditional foods, limited nutrition knowledge and culturally appropriate information all influence community and individual access to community food.<sup>49</sup>

Therefore, commitment across all levels of government to address the links between maternal nutrition, the unborn child, and health outcomes in adult life is essential in achieving health gains for Aboriginal and Torres Strait Islander peoples.<sup>50</sup>

### **Dental**

Poor dental hygiene and gum inflammation can increase the risk of premature birth. This has implications for both nutrition and maternal health.<sup>51</sup>

### **Family Support**

It is important for Indigenous families that the maternal health system is inclusive and understanding of Indigenous mothers' needs for support during birthing. This support may vary, but could include a woman's male partner, their own mother, a friend, or female partner. It is important also that maternal services for Indigenous women are understanding of Indigenous men and their own experience with the health system, which may not be a particularly positive experience.

### **Baby Basket Program**

As part of the Queensland Government's commitment to close the gap in health outcomes for Aboriginal and Torres Strait Islander Queenslanders, special baby baskets are being rolled out in four priority communities in Cape York. The initiative, in partnership with Apunipima Cape York Health Council is only one part of \$1.5 million trial of key maternal and child health enhancements<sup>52</sup>. Other initiatives include intensive home visiting, breast feeding, parenting, nutritionals and immunisation programs.

Expectant Aboriginal and Torres Strait Islander mothers on Cape York will receive baby packs worth \$1000. The packs, which will be delivered in three stages, contain baby clothes, nappies, breast pads and other items needed in hospital. The packs will also contain bassinets and baby baths, rare items in remote communities, as well as food vouchers<sup>53</sup>.

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<sup>49</sup> *National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan 2000-2010*, Developed by the National Aboriginal and Torres Strait Islander Nutrition Working Party, page 12


<sup>50</sup> *National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan 2000-2010*, Developed by the National Aboriginal and Torres Strait Islander Nutrition Working Party, page 12

<sup>51</sup> *Planning to have a baby? – Pre-Pregnancy Health Checklist* (accessed 30 October)

<http://www.ranzcog.edu.au/connexion/pdfs/The-pre-pregnancy-health-checklist.PDF>

<sup>52</sup> Ministerial Media Statement QLD Government, *Indigenous Baby Baskets to Help Close the Gap*, 29 October 2008.

<sup>53</sup> Media Release, 'Baby gear beats cash in Cape York towns' in *The Australian*, 29 October 2008.



Overall, it is also important that effective health promotion, illness prevention and early intervention programs and projects, (eg in relation to smoking, alcohol, sexual health, nutrition and social and emotional wellbeing) are funded, and developed in consultation with Indigenous mothers, their families and communities.

### **Nurse Family Partnership**

The Nurse Family Partnership, a nurse-led home visiting program pioneered by Professor David Olds in the US was announced by the Minister for Health and Ageing earlier this year. It is being piloted in Cairns, Alice Springs and Melbourne. This has been a successful program, developed in the USA targeting low-income mothers and their children, and using registered nurses. It will be important however for the program to be evaluated for the Aboriginal and Torres Strait Islander context and to take into account the use of Aboriginal Health Workers.

## **RECOMMENDATIONS**

The following recommendations regarding Aboriginal and Torres Strait Islander maternal health and wellbeing are presented to the Review to consider in the development of the National Maternity Services Plan:

### **Recommendation 1: Increase the Aboriginal and Torres Strait Islander health workforce**

Aboriginal and Torres Strait Islander health professionals play a unique and critical role in achieving positive health outcomes for Aboriginal and Torres Strait Islander people and are currently significantly under-represented in Australia's health workforce<sup>54</sup>.

### **Recommendation 2: Establish a target or quota for the number of Aboriginal and Torres Strait Islander health professionals (Midwives, Obstetricians/Gynaecologists, Paediatricians) trained by 2020.**

There is currently only one (1) Aboriginal Obstetrician/Gynaecologist. The establishment of the Committee of Presidents of Medical Colleges (CPMC) Indigenous Health Subcommittee is a positive step towards training more Aboriginal and Torres Strait Islander Doctors and specialists.

### **Recommendation 3: Improve the integration of services and provide adequate resources for Aboriginal and Torres Strait Islander women, children and their supporters/partners**

Significant health gains for Aboriginal and Torres Strait Islander women and babies can be achieved through developing a more seamless transition between primary, secondary and tertiary care.


### **Recommendation 4: Support the development and sustainability of community-based programs and services within the primary health care sector**

Community-based programs and services within the Aboriginal and Torres Strait Islander primary health sector have demonstrated good outcomes for Aboriginal and Torres Strait Islander women and their babies. Broader application and sustainability of such programs is critical to ensure continued improvements in morbidity and mortality.

### **Recommendation 5: Provide holistic, culturally safe care for pregnant Aboriginal and Torres Strait Islander women**

The birthing experience of Aboriginal and Torres Strait Islander women is culturally different from that of non-Indigenous women. Birthing is and continues to be - in some communities -

<sup>54</sup> National Aboriginal and Torres Strait Islander Health Council (2008) *A Blueprint for Action: Pathways into the Health Workforce for Aboriginal and Torres Strait Islander People*, Commonwealth of Australia, Canberra.



a cultural rite of passage that is strongly linked to identity, land and connections with country. The cultural difference and safety of Aboriginal and Torres Strait Islander women needs to be recognised and embedded within all models of maternal and child health by health systems. Different models and approaches need to be explored to meet the needs of women and maintain safety and quality in care.

**Recommendation 6: Invest in Aboriginal and Torres Strait Islander leadership and good models to be networked, promoted and supported for broader application and developmental well-being.**

Where Aboriginal and Torres Strait Islander people's leadership and decision making is strong, the likelihood of success of education and health interventions increases<sup>55</sup>. There currently exists strong Aboriginal and Torres Strait Islander leadership in many communities. The effective networking and investment in Aboriginal and Torres Strait Islander leadership will enable greater empowerment and ownership of health.

**Recommendation 7: Improve the collection and quality of data on Aboriginal and Torres Strait Islander peoples.**

Health-related information collection initiatives for improving the identification of Aboriginal and Torres Strait Islander peoples need to be continued and strengthened. Indigenous status must be recorded.

**Recommendation 8: Consult with Aboriginal and Torres Strait Islander leaders, organisations and communities on the development of the National Maternity Services Plan**

The establishment of an Aboriginal and Torres Strait Islander Steering Committee will inform the process of consultation and content for the development of the proposed National Maternity Services Plan. The consultation process needs to include broad and informed consultation with key Aboriginal and Torres Strait Islander leaders, organisations and communities.

**Recommendation 9: Integrate cultural competency training and professional development of the health workforce**

Furthermore, AIDA advocates for systemic reform whereby core Aboriginal and Torres Strait Islander health curriculum is included in all health discipline studies, hence providing health graduates with a level of cultural competency. For existing professions, AIDA advocates that professional development training in Aboriginal and Torres Strait Islander health be developed and implemented.

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<sup>55</sup> National Aboriginal and Torres Strait Islander Health Council (2008) *A Blueprint for Action: Pathways into the Health Workforce for Aboriginal and Torres Strait Islander People*, Commonwealth of Australia, Canberra.