Growing Deadly Families

Aboriginal and Torres Strait Islander Maternity Services Strategy 2019 - 2025

Queensland Government

The Coolamon - a carrying vessel, often used by Aboriginal women

Queensland Health Growing Deadly Families
Aboriginal and Torres Strait Islander Maternity Services Strategy 2019 - 2025

Published by the State of Queensland (Queensland Health), December 2019

For more information contact:

Aboriginal and Torres Strait Islander Health Division,
Queensland Health, GPO Box 48,
Brisbane QLD 4001

Email: ATSIHB_corro@health.qld.gov.au

SC1900459 12/19

Acknowledgements

The Queensland Government proudly acknowledges Aboriginal and Torres Strait Islander people as the First Peoples and Traditional Owners and Custodians of the land and waters on which we meet, live, learn and work. We acknowledge and celebrate that the country is rich and vibrant, with diverse thriving Aboriginal and Torres Strait Islander cultures, based on their values of reciprocity, recognition and respect for Elders and Country. We also acknowledge the ongoing leadership and commitment of Aboriginal and Torres Strait Islander people working in collaboration together and with others to create services and supports, striving to ensure that children are raised safely and have the same opportunities as other Australians. That is to be in strong, healthy and culturally rich families, given every prospect to succeed, live long, prosperous lives and become leaders of the future.

We pay our respects to the Ancestors of this country, Elders, knowledge holders and leaders – past, present and emerging. We give our gratitude to the many people who generously contributed to the development of this Strategy. We are particularly grateful to the Aboriginal and Torres Strait Islander people who contributed their experience and cultural authority.

Growing Deadly Families Aboriginal and Torres Strait Islander Maternity Services Strategy 2019 — 2025

Published by the State of Queensland (Queensland Health), December 2019

Artwork
by Elaine Chambers-Hegarty
of Cultural Edge Designs

The artwork I created shows the centre area using the symbol of the start of life and the baby in the mother's belly, with symbols around representing ancestors and extended family, because family is integral to Aboriginal and Torres Strait Islander people. You can see under the centre area, there is the shape of the coolamon - used for carrying babies, water, or other items. I have added this symbol to represent the load of emotions we carry when starting our deadly families.

Purple is a prominent colour as it represents the strong women in our families. The women hand down their knowledge and stories.

Blue in the artwork represents water and how it is important in many ways to us, along with the importance it has during child birth. Yellow represents the sun and the celebration of life. The brown used in the artwork represents the eathy colours of the land we are strongly connected to. Green represents growth with added leaves for new life.

Different crosshatchings represent the weavings of the Torres Strait Islander women, and also connections with family. The wavy lines represent pathways - some may not always be smooth, but they all connect in the end to make stronger family values.

Contents

This Strategy has been developed by the Aboriginal and Torres Strait Islander Health Branch, Aboriginal and Torres Strait Islander Health Division of Queensland Health and has been informed by the Aboriginal and Torres Strait Islander Maternity Services Leadership Group and other stakeholders.

The Department would like to acknowledge and thank the many contributors who have offered their time and expertise in the development of this Strategy.

Throughout this document Aboriginal and Torres Strait Islander refers to people who identify as Aboriginal or Torres Strait Islander, or both. The term Indigenous is used where it references policies or positions.

Figures

Foreword

Every Aboriginal and Torres Strait Islander baby and their mother in Queensland has the right to safe, culturally appropriate care.

The Palaszczuk Government's vision is that by 2026 Queenslanders are among the healthiest people in the world. Delivering clinically safe services, supported by culturally appropriate models of care and a strong Aboriginal and Torres Strait Islander workforce are big steps towards this.

We know that Queensland is one of the safest places in the world to have a baby, but more needs to be done to close the gap in maternal health outcomes for Aboriginal and Torres Strait Islander babies and their mums. To get there we must take a woman-centred approach that meets the cultural, spiritual, physical, and emotional needs of every mum, every bub and every family.

The voices of Aboriginal and Torres Strait Islander mothers guided the development of the *Growing Deadly Families Aboriginal and Torres Strait Islander Maternity Services Strategy 2019–2025*, and we will continue to work closely with Aboriginal and Torres Strait Islander communities to implement the Strategy. Aboriginal and Torres Strait Islander people must be equal partners in decision-making, planning, delivery and governance of maternity services across Queensland.

Nothing is more important than ensuring our future generations have the best start to life. That's why child and maternal health is so important to the Palaszczuk Government.

I look forward to giving updates to communities and being guided by them as we implement this Strategy.

The Honourable Steven Miles MP
Minister for Health and Minister for Ambulance Services

Haylene Grogan
Chief Aboriginal and Torres Strait Islander Health Officer and Deputy Director-General, Aboriginal and Torres Strait Islander Health Division

The Honourable Steven Miles MP
Minister for Health and Minister for Ambulance Services

Haylene Grogan
Chief Aboriginal and Torres Strait Islander Health Officer and Deputy Director-General, Aboriginal and Torres Strait Islander Health Division

Vision overview

All Aboriginal and Torres Strait Islander babies in Queensland are born healthy into strong, resilient families

What the women said	What will we deliver?	How will we know if we succeed?	Strategies
We want a say in how maternity services are designed and delivered	Maternity services for Aboriginal and Torres Strait Islander families are co-designed and delivered with the community, in partnership with providers	• Maternity services provided in partnership between community, primary, secondary and tertiary services • Aboriginal and Torres Strait Islander leadership is evident in the delivery of maternity services in Queensland Health facilities	1.1 Partnerships and collaborative woman-centred maternity care. 1.2 Leadership and collaboration
We don't want to keep telling our same story to different people	All women in Queensland pregnant with Aboriginal and/or Torres Strait Islander babies have access to woman-centred, comprehensive and culturally capable maternity care	• More pregnant women reporting continuity of midwifery carer • Maternity services are integrated or co-located with wrap-around social support services • Women's satisfaction is increased • Increased social and emotional wellbeing support and referral	2.1 Continuity of carer 2.2 Integrated health and other support services 2.3 Transferring women for birth 2.4 Family wellbeing 2.5 Information sharing, referral and follow-up
We want more of our people providing our maternity care	A culturally capable workforce means more Aboriginal and Torres Strait Islander people across all disciplines of maternity care	• More Aboriginal and Torres Strait Islander people working in maternity care • More Queensland Health maternity staff participating in cultural capability training	3. A culturally capable workforce

How will we deliver?
a. With community endorsement, establish or strengthen formal partnerships between HHSs and primary health care providers (such as midwives, general practitioners and A&TSICCHSs to support collaborative woman-centred maternity care services.
b. Develop tools to inform the planning, design and implementation of collaborative woman-centred maternity care services.
c. Ensure clinical governance of maternity care supports the development and implementation of collaborative woman-centred maternity care models and remove barriers to accessing culturally competent and safe maternity and birthing services.
a. Aboriginal and Torres Strait Islander community consultation, leadership and co-design in relation to maternity services occur using a collaborative governance approach.
a. Facilitate a collaborative approach to maternity care, with women having access to continuity of care with the care provider(s) of their choice, including midwifery continuity of carer.
b. Support the maternity workforce to work across organisational boundaries to facilitate continuity of midwifery and maternity care
a. Support the integration, extension or co-location of primary maternity health services with social and emotional wellbeing services, allied health services, and child health and early childhood services in a culturally safe environment
b. Ensure antenatal care has an early and ongoing focus on health promotion, early identification and targeted support for reducing risk factors in pregnancy: • Reducing or ceasing smoking and other substance use • Improving sexual health • Preventing and managing chronic conditions • Addressing social and emotional wellbeing and perinatal mental health • Addressing domestic and family violence and linking women into social support services (for example, housing, financial security and safety) where needed.
c. Ensure women have choice to access Aboriginal and Torres Strait Islander health workers, practitioners or family support workers, working alongside midwives, to provide socio-cultural support.
a. Amend Queensland Health guidelines to ensure a woman-centred approach, recognising individual risk factors and cultural considerations, when recommending timing of transfer to regional birthing facilities.
b. Formalise arrangements with Aboriginal and Torres Strait Islander hostels and accommodation providers to support women and families transferring for birth.
c. Ensure telehealth and other technologies are utilised to limit the need to travel for antenatal and postnatal care.
a. Develop or provide access to community designed and led antenatal and parenting programs to strengthen family, cultural and community connections.
b. Develop culturally appropriate tools that measure strengths and wellbeing for parents.
a. Enable formal clinical handovers and timely sharing of personal health information (particularly referrals and discharge summaries) for women and their babies across all service providers through pregnancy, birth and the postnatal period to ensure appropriate referral and follow up..
b. Include results of psychosocial assessment on discharge summaries to ensure referral and follow-up in the primary health care setting.
a. Develop a statewide Aboriginal and Torres Strait Islander maternity workforce plan and ensure that Aboriginal and Torres Strait Islander maternity workforce is a critical component of the HHS Aboriginal and Torres Strait Islander workforce targets.
b. Support Aboriginal and Torres Strait Islander midwifery students, graduates and staff through establishing mentoring programs, a statewide network and a dedicated Aboriginal and Torres Strait Islander maternity workforce position within the Office of the Chief Nurse and Midwifery Officer.
c. Grow the Aboriginal and Torres Strait Islander maternity workforce through a statewide scholarship program and nursing and midwifery cadetships, including opportunities for career progression for the existing Aboriginal and Torres Strait Islander workforce.
d. Develop and incorporate modules for perinatal mental health, trauma informed care, domestic and family violence and child protection into Queensland Health maternal and child health workforce training.
e. Develop Aboriginal and Torres Strait Islander maternal and child health guidelines to support cultural capability of staff.
f. Ensure Queensland Health child protection liaison services are culturally capable, adhere to the Aboriginal and Torres Strait Islander child placement principles (prevention, partnership, placement, participation and connection) and can work in collaboration with Cultural Practice Advisors and services providers in ensuring safety for the mother and child.

Introduction

Aboriginal and Torres Strait Islander babies have a better chance of a healthy start to life when their mothers are healthy, before and during pregnancy, increasing the likelihood of full-term pregnancies and babies being born at a healthy birthweight. Investing in the health of mothers and babies is one of the best ways to improve Aboriginal and Torres Strait Islander health outcomes and prevent chronic disease throughout life.

This Strategy identifies characteristics of effective, culturally focussed and safe maternal health services for mothers of Aboriginal and/or Torres Strait Islander babies that embed cultural traditions, values and beliefs of Aboriginal and Torres Strait Islander people and their communities. Historically, Aboriginal and Torres Strait Islander babies and their mothers have experienced poorer maternal and birthing outcomes than other Queenslanders. This includes increased rates of low birthweight babies, preterm births, birthing complications and reduced access to culturally supported, safe and focussed care.

Understanding the complexities of the kinship system for Aboriginal and Torres Strait Islander people is integral to the intricacies of women's business and the importance that Elders, extended families and community play within this system to provide holistic support for women and their babies. Ensuring trust and respect is built into maternity services through culturally competent clinical practice is crucial to supporting Aboriginal and Torres Strait Islander families and communities to stay engaged throughout the maternity journey.

Strong family relationships are vital to providing a healthy start to life for babies and children, and to establish the foundation for their future health, wellbeing and safety. Families that share the wisdom of traditional birthing and child-rearing practices are also fundamental to defining and connecting to Aboriginal and Torres Strait Islander cultural identity, kinship, and spiritual and cultural belonging.

Through acknowledging the legacy of colonisation and providing a range of options to improve access to timely, culturally safe, secure maternity and birthing services, we will achieve a closing of the gap in maternal and birth outcomes - led by and for Aboriginal and Torres Strait Islander women, families and communities.

"Strong Culture, Strong Women, Strong Families, Strong Future..."

"Birth is a child's first ceremony. It is a sacred time for families. So, it is important we get it right. Supporting healthy mothers to have healthy births provides our children with their best chance to flourish, and that can truly change their life trajectory"

Jody Currie, Chief Executive Officer
Aboriginal & Torres Strait Islander Community Health Services Brisbane Ltd

The Strategy at a glance

Vision

All Aboriginal & Torres Strait Islander babies in Queensland are born healthy, into strong resilient families.

"We want a say in how maternity services are designed and delivered"

"We don't want to keep telling our same story to different people"

Maternity services for Aboriginal and Torres Strait Islander families are co-designed and delivered with the community, in partnership with providers.

- Partnerships and collaborative woman-centred care
- Leadership and collaboration

PARTNERSHIPS FOR GOVERNANCE AND LEADERSHIP

All women in Queensland pregnant with Aboriginal and/or Torres Strait Islander babies have access to woman-centred, comprehensive and culturally capable maternity care.

- Continuity of Carer
- Integrated health and other support services
- Transferring women for birth
- Family wellbeing
- Information sharing, referral and follow-up

CONTINUITY OF CARER

Aim

To ensure every woman in Queensland giving birth to Aboriginal and/or Torres Strait Islander babies, has access to high quality, clinical and culturally capable maternity services.

"We want more of our people providing our maternity care"

A culturally capable workforce means more Aboriginal and Torres Strait Islander people across all disciplines of maternity care.

- Aboriginal and Torres Strait Islander workforce
- A culturally capable workforce

EMBEDDING ABORIGINAL AND TORRES STRAIT ISLANDER WORKFORCE AND SUPPORT INTO HEALTH SERVICES

Intended audience

This Strategy is intended for policy makers and for those who deliver maternity services to Aboriginal and Torres Strait Islander families in Queensland. This includes Hospital and Health Services (HHSs), the Aboriginal and Torres Strait Islander Community Controlled Health Services (A&TSICCHSs) and other community based and non-government organisations.

It is expected that all health professionals who contribute to the maternal care of Aboriginal and Torres Strait Islander mothers and babies, including midwives, general practitioners, obstetricians, maternal and child health nurses, Aboriginal and Torres Strait Islander health workers and practitioners, practice nurses, allied health professionals and childbirth and parenting educators will be able to draw on the Strategy to support their practice and model of care.

Background

The development of this strategy has been informed by various forums and taskforce outcomes that identified key areas of improvement for maternity services for Aboriginal and Torres Strait Islander Queenslanders. Aboriginal and Torres Strait Islander women, health professionals working in maternity care, and communities have contributed to the forums outlined below.

The Statewide Maternity Services Forum

In November 2016, a Statewide Maternity Services Forum was held that resulted in the establishment of three Maternity Services Action Groups, to identify actions that could be applied across the health system to improve access to, and the quality of outcomes for, mothers and babies accessing maternity services. The Maternity Services Forum highlighted challenges for maternity services for Aboriginal and Torres Strait Islander women and the need for strong culturally competent care. The Forum identified three key themes; a collaborative leadership culture within maternity services; identification and management of risk in pregnancy; and models of care and workforce. It was decided that a further forum was required focusing on the needs of Aboriginal and Torres Strait Islander women and families.

The Growing Deadly Families Forum

In August 2017, the Queensland Department of Health, the Queensland Clinical Senate, Health Consumers Queensland, Queensland Aboriginal and Islander Health Council and the Institute for Urban Indigenous Health (IUIH) collaborated to convene a Growing Deadly Families: A Healthy Start for Mums and Bubs Forum in Brisbane. The Forum allowed for participants to discuss many of the issues and barriers that exist for Aboriginal and Torres Strait Islander families through their maternity journey. Aboriginal and Torres Strait Islander women spoke of the challenges of birthing away from home – often having to stay away for long periods of time, in unfamiliar places, surrounded by unfamiliar people, and without the support of family and community.

The Forum also heard women talk about the lack of Aboriginal and Torres Strait Islander staff within the hospitals, which can lead to a lack of understanding of cultural knowledge and practices and a feeling of insecurity and disconnection.

Key outcomes from the Forum were:

- "We want a say in how maternity services are designed and delivered" (Partnerships for Governance and Leadership)
- "We don't want to keep telling our same story to different people" (Continuity of Carer)
- "We want more of our people providing our maternity care" (Embedding Aboriginal and Torres Strait Islander workforce and support into health services)

Following the Forum, an Aboriginal and Torres Strait Islander Maternity Services Leadership Group was established to progress action on the themes emerging from the Forum, and to guide the development of an Aboriginal and Torres Strait Islander maternity services strategy.

The Rural Maternity Taskforce

The Queensland Rural Maternity Taskforce was established in August 2018 at the request of the Minister for Health and the Minister for Ambulance Services, the Honourable Steven Miles MP. The Taskforce focused on what steps could be taken to minimise risks for mothers and babies in rural and remote communities. The Taskforce also reflected on the views of Aboriginal and Torres Strait Islander women and families and the impact of the demography of rural and remote Queensland.

The Taskforce heard that Aboriginal and Torres Strait Islander women want more welcoming birthing environments and to see more Aboriginal and Torres Strait Islander women in maternity workforce roles. Aboriginal and Torres Strait Islander consumers also stressed that they would like to be consulted separately from other consumers, as well as participating in broader consumer engagement processes. Some Aboriginal and Torres Strait Islander women expressed a desire to 'Birth on Country', however, due to various reasons were unable to. Key findings of the Taskforce report included:

- Women want to be informed about all their maternity options, not just the ones that are locally available.
- They want continuity of carer within welcoming, comfortable, culturally appropriate services as close to home as possible.
- They want adequate support and resources when they must travel away from home to access maternity services.
- Community members and clinicians want to be involved in, not just consulted on, the development and review of maternity services.
- They want transparency in how decisions are made and for more than just clinical safety to be considered.

The Taskforce identified key target areas regarding access to services and areas of focus for improving Aboriginal and Torres Strait Islander health:

- Women who live four or more hours from a maternity service (80% are Aboriginal and/or Torres Strait Islander) have higher rates of all risk factors and higher rates of preterm birth, stillbirth and neonatal death than women who live close to services.
- 35 per cent of all women and 46 per cent of Aboriginal and Torres Strait Islander women are not attending the minimum recommended number of antenatal visits.
- The rates of babies born before arrival to hospital are increasing in Queensland and are highest among women who live between one and two hours' drive from a maternity service with caesarean section capability.
- In very remote areas, the rate of perinatal death is up to 1.6 –1.7 times the rate of the inner and outer regional areas.

Key findings and recommendations of the Rural Maternity Taskforce will compliment activities and recommendations in the *Growing Deadly Families Aboriginal and Torres Strait Islander Maternity Services Strategy 2019—2025* and outlines how the health system can best respond to the three priorities raised at the Growing Deadly Families Forum.


Queensland
Government

Queensland Policy Context

Maternal and child health features as a priority in many Queensland and national policies and strategies aimed at improving the health outcomes for Aboriginal and Torres Strait Islander Queenslanders. The Queensland Government's *Our Future State: Advancing Queensland's Priorities* includes a vision to 'give all our children a great start'. This Strategy aligns with the priority area to increase the number of babies born healthier, and supports other priorities to increase childhood immunisation rates, and improve wellbeing prior to school.

Investing in the health of mothers and babies is one of the best ways to improve health outcomes and prevent chronic disease throughout life. Queensland Health's *Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 Policy and Accountability Framework* and the associated *Investment Strategy 2018—2021*, identifies priority area 'A Healthy Start to Life'. This priority states that babies have a better chance of a healthy start when their mothers are healthy before and during pregnancy, increasing the likelihood of babies being carried to full-term and being born at a healthy birthweight.

The Making Tracks Framework is complimented by the *Queensland Government Aboriginal and Torres Strait Islander Cultural Capability Framework* which outlines the Queensland Government's commitment to providing efficient, effective and responsive services to Aboriginal and Torres Strait Islander peoples. The Queensland Government will continue its role in optimising existing maternity services provided by Queensland Health, and support the integration and communication between Queensland Health facilities and staff, community-based care providers and Aboriginal and Torres Strait Islander women and families.

National Policy Context

In 2008, the Council of Australian Governments (COAG) established a series of Closing the Gap targets between Aboriginal and Torres Strait Islander peoples and non-Indigenous peoples across several policy areas. In addition to 'Closing the Gap in Life Expectancy', COAG identified a target of 'Halving the Gap in mortality for children under five years by 2018'. A refresh of the Closing the Gap targets has maintained a focus on the importance of Aboriginal and Torres Strait Islander children being born healthy and strong. This is a national priority to which the Queensland Government remains committed.

COAG Health Council's *Woman-centred Care: Strategic Directions for Australian Maternity Services* outlines a national strategy to support the delivery of maternity services from conception until twelve months after birth or pregnancy.[1] This document, published in November 2019, aims to ensure that Australian maternity services are equitable, safe, woman-centred, informed and evidence-based. It includes a strategic direction for developing and implementing culturally safe models of care that are developed in partnership with Aboriginal and Torres Strait Islander people and communities.

The *National Maternity Services Plan* (NMSP) provided a strategic framework to guide policy and program development that included two key actions to address Aboriginal and Torres Strait Islander maternity services.[2] The actions focused on developing culturally competent maternity care which included research into Birthing on Country programs and developing and supporting an Aboriginal and Torres Strait Islander maternity workforce. These themes reinforce the significance of having culturally competent maternity services to improve access and ensure positive maternal health outcomes for both mother and baby. It also highlighted that an Aboriginal and Torres Strait Islander workforce along with culturally competent maternity care is integral to achieving improved maternal health outcomes.

The Australian Health Ministers' Advisory Council (AHMAC) identified the requirement of a framework to assist health services to provide culturally appropriate and effective care for Aboriginal and Torres Strait Islander women and families. This was tabled as an activity of the NMSP and resulted in the development of the *Characteristics of Culturally Competent Maternity Care* report. The report outlines key strategies to ensure maternity services are respectful, culturally safe and create an environment that fosters the trust of Aboriginal and Torres Strait Islander women.[3] The key characteristics of culturally competent maternity care are integral to improve and strengthen maternity services in Queensland.

To further understand Aboriginal and Torres Strait Islander maternity and cultural protocols, three additional activities from the NMSP were undertaken; all were endorsed by AHMAC. This included an international literature review to help explore the concept of Birthing on Country and identify the evidence-based components of Birthing on Country services.[4]

This was followed by a national Birthing on Country workshop hosted by Congress Alukura in Alice Springs. People came from across the country to reach national consensus on the difference between Birthing on Country as defined by individuals, and Birthing on Country services that could be developed to provide the best start in life for Aboriginal and Torres Strait Islander families.[5]

This led to the development of national guidelines for establishing and evaluating Birthing on Country services. These services should be designed and delivered for Aboriginal and Torres Strait Islander women and encompass some or all of the following principles:

- Community-based and governed
- Incorporate traditional practice
- Involve a connection with land and country
- Incorporate a holistic definition of health
- Value Aboriginal and Torres Strait Islander ways of knowing and learning
- Cultural capability and safety, and
- Developed by, or with Aboriginal and Torres Strait Islander people.[6]

This Strategy recognises that the meaning of Birthing on Country can mean different things to different women. For some, it is a concept that cannot be achieved as what is considered their 'country' is not attainable for birthing. The principles of Birthing on Country are a metaphor for the best start in life, however sensitivities are required as some Aboriginal and Torres Strait Islander women have been impacted by forced removal and have lost their connection to culture and country.

A list of Queensland Government and national policies and strategies supporting this Strategy are included at Appendix 3.

The need

Queensland Aboriginal and Torres Strait Islander babies and their mothers

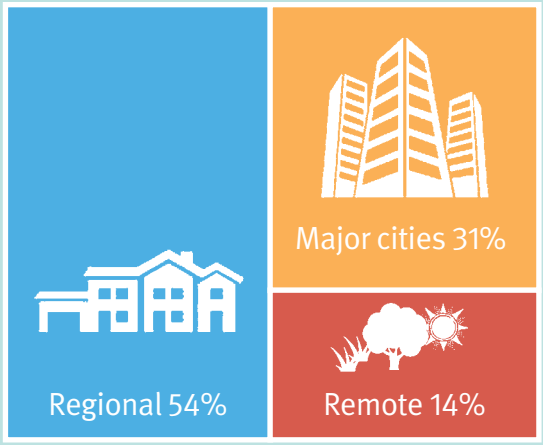
Babies have the best chance of a healthy start when their mothers are: healthy prior to conception and during pregnancy; provided with the best available antenatal care; and able to birth in a safe environment. Across several child and maternal health indicators, there is evidence that progress can be made to improve outcomes for Aboriginal and Torres Strait Islander mothers and babies.

Approximately 5,000 Aboriginal and Torres Strait Islander babies are born in Queensland each year (8% of all Queensland babies born 2016 to 2018) and mothers of Aboriginal and Torres Strait Islander babies represent 1 in 12 Queensland women that gave birth (2016 to 2018). [7] Ensuring that all mothers and families of these babies have maternity care that provides the best social, psychological, clinical and cultural support in pregnancy, will help get these babies off to the best start. Planning and provision of the most appropriate maternity services need to reflect cultural considerations for families, along with broader demographic and clinical needs.

The fact that 42% of women miss out on early and frequent antenatal care is an indicator that access to appropriate care can be improved. [6] Most mothers of Aboriginal and Torres Strait Islander babies get their antenatal care and birthing services through the public health system. Mothers of Aboriginal and Torres Strait Islander babies are relatively young and may be associated with different needs than older women (Figure 1). Pre-existing conditions of the mother during pregnancy and birth and exposure to tobacco smoke are risks that need to be considered in the provision of maternity care.

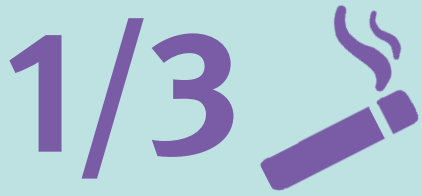
Mothers of Aboriginal and Torres Strait Islander babies are more likely to live in regional and remote areas, with one in three living in major city areas (Figure 1).

Location



The majority of women that gave birth to Aboriginal and/or Torres Strait Islander babies live outside of major cities. For those mothers living in remote areas, **41%** travelled outside their HHS to give birth.

Smoking

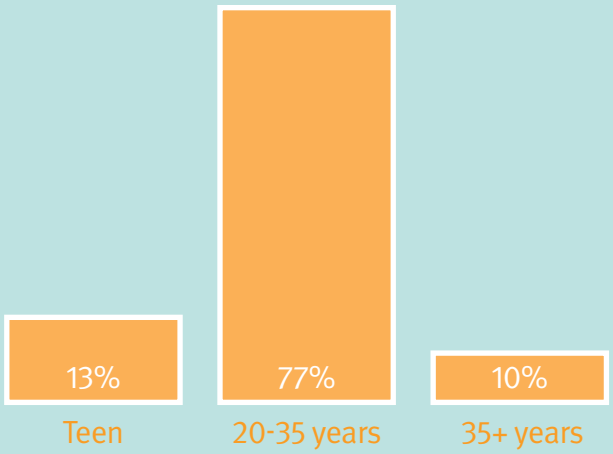


daily after 20 weeks gestation

Smoking at any time during pregnancy remains high in mothers of Aboriginal and/or Torres Strait Islander babies. This increases the risk of complications in pregnancy and poor outcomes for babies.

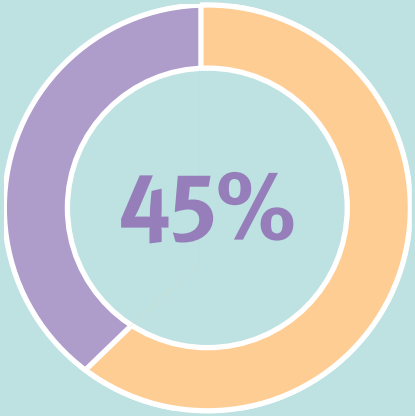
Figure 1: Selected population characteristics of mothers of Aboriginal and Torres Strait Islander babies in Queensland

Age



Over **1 in 10** mums were teenagers. Teenage mothers have different clinical, social, emotional and psychological needs compared to older women. Women aged over 35 years are also at increased risk of poor birth outcomes.

Pre-existing conditions



A high proportion of women that gave birth to Aboriginal and/or Torres Strait Islander babies had pre-existing health conditions (diabetes or cardiovascular disease) that may impact on pregnancy care and outcomes.

Antenatal visits

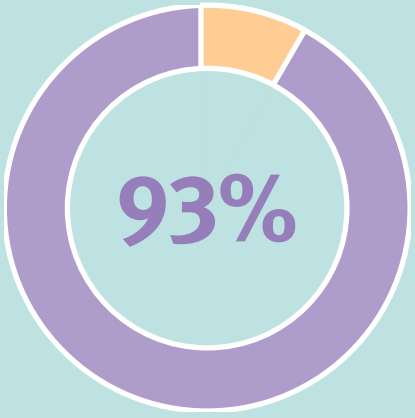
Almost

3 in 5

had early and frequent antenatal visits

58% of mothers had early (first trimester) and frequent (5 or more) antenatal visits. Timing of, and sufficient antenatal visits is associated with better birth outcomes.

Sector



93% of women receive their antenatal care in the public sector, and 98% birth in a public hospital, demonstrating the potential reach of this Strategy targeting Aboriginal and Torres Strait Islander births.

The need

Between 2016 and 2018, 41% of mothers living in remote areas gave birth in an HHS other than their home HHS (Figure 2). Women from Torres and Cape form the majority of those, where two-thirds of women birthed outside of the HHS region (681 women over three years).[9] No less stressful are the many cases where a woman may need to travel many hours from her home to birth in a hospital that is within her HHS. The Forum identified as a major issue the psychosocial impact on women and their families when leaving their home community for the birth of their child.

Maternal deaths are rare but have a devastating impact on families. Between 2006 and 2015, approximately one Queensland Aboriginal and Torres Strait Islander woman per year lost her life during pregnancy or in the 365 days following (11 women).[10] Maternal mortality is at the extreme end of possible adverse outcomes for mothers. For every death there are many more women that experience other adverse maternal outcomes. This highlights that with provision of safe maternity care and birthing services, and the inclusion of wrap-around support services, some of these deaths and other adverse outcomes could be avoided.

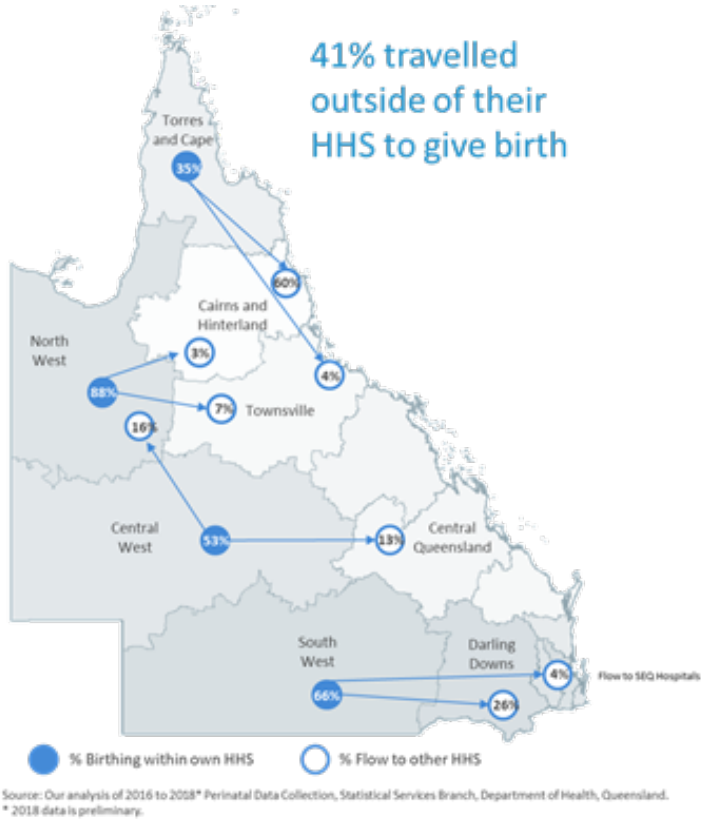


Figure 2: Movement of women to give birth to Aboriginal and Torres Strait Islander babies from remote HHSs

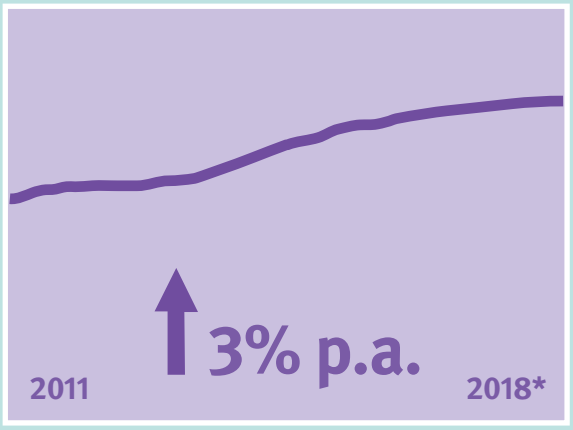
Source: Our analysis of 2016 to 2018* Perinatal Data Collection, Statistical Services Branch, Department of Health, Queensland. * 2018 data is preliminary.

The need

The number of Aboriginal and Torres Strait Islander babies born in Queensland each year has been growing by around 3% per year. This is not the case for non-Indigenous babies where there has been little change in the last seven years. Due to the average of lower birthweights and relatively high risk of being born preterm (the largest contributor to infant and child mortality), Aboriginal and Torres Strait Islander babies also need more intensive care in their early days.

Figure 3: Characteristics of Aboriginal and Torres Strait Islander babies born in Queensland.

Increasing

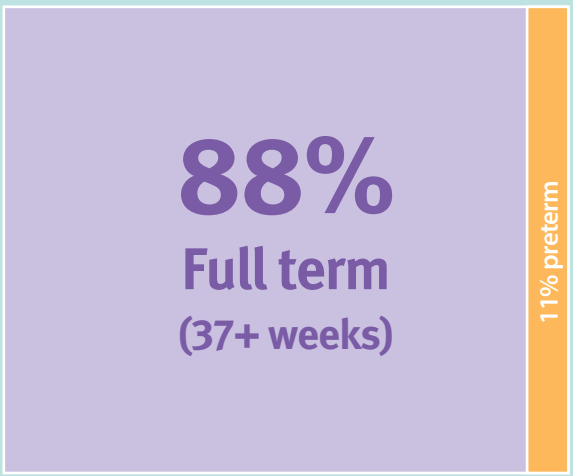


The number of Aboriginal and Torres Strait Islander babies born in Queensland has been increasing, while the number of non-Indigenous babies has not. Provision of appropriate services will need to keep pace with this growth.

Birthweight

Most Aboriginal and Torres Strait Islander babies are born in the healthy birthweight range (2,500 - 4,499g), however the 1 in 10 that are not are at higher risk of poor health outcomes throughout life.

Gestation



A relatively high proportion of Aboriginal and Torres Strait Islander babies are born preterm. This carries with it a risk of being stillborn, having disability in childhood, and chronic disease in adulthood.

Source: Our analysis of 2016 to 2018* Perinatal Data Collection, Statistical Services Branch, Department of Health, Queensland. * 2018 data is preliminary.

Aboriginal and Torres Strait Islander Maternity Care in Queensland

There are a range of maternity care models for Queensland's Aboriginal and Torres Strait Islander women to access. However, the provision of culturally safe maternity care models requires the inclusion of several key factors to meet the needs of Aboriginal and Torres Strait Islander women. Integrated maternity service hubs offer a holistic approach that incorporates the characteristics of culturally safe and appropriate maternity care. For example, A&TSICCHSs provide an integrated approach that is supported by an Aboriginal and Torres Strait Islander workforce. Case studies highlighting examples of culturally safe maternity care models in A&TSICCHSs in Queensland are included at Appendix 2. Examples of integrated maternity service hubs characteristics are at Appendix 4.

The majority of Aboriginal and Torres Strait Islander babies are born in publicly-funded hospitals. Effective partnerships and collaboration between the HHSs and A&TSICCHSs are integral to woman-centred maternity care and wrap around social support services. For example, HHSs provide support such as Midwifery Group Practices (MGPs) and models that follow the mother and baby's maternity care journey and ensure social support services are woven into their holistic care.

There are a variety of existing models across Queensland and a list of case studies of HHS initiatives and partnerships are included at Appendix 1.

Women pregnant with Aboriginal and Torres Strait Islander babies in Queensland are likely to see a range of health professionals across their maternity care journey, such as obstetricians, midwives, general practitioners, practice nurses, Aboriginal and Torres Strait Islander health workers and health practitioners, remote area nurses, allied health and other specialists. Social support services can also play an integral role in the maternity care journey, depending on the individual woman's needs. For women in rural and remote areas some antenatal services can be provided via telehealth.

Most maternity services in Queensland are provided through publicly-funded models with the support of obstetricians, midwives, specialists and in some cases, general practitioners. Private providers, largely obstetricians and midwives, provide maternity services in both private and public hospitals. Women may choose to have their babies in public or private hospitals, birth centres, or at home through a program connected to public hospitals, or with the support of a private practicing midwife.

Queensland women, particularly in rural and remote regions are more limited in their choice of maternity care than those in metropolitan centres and are often required to travel extensively and for long durations to access antenatal and birthing services. Women may be required to transfer to locations with birthing services at 36 weeks' gestation, leaving their families and communities, often for four or more weeks. In these cases, Aboriginal and Torres Strait Islander women face the additional burden of isolation from not only their families and community, but their physical, spiritual and cultural connection to their country. The additional financial and cultural burden of this transfer must not be underestimated.

A few years back, we were successful in getting birthing back on country, at the Ingham Health Service. Before that it wasn't working well, our women would not go for antenatal care and they would wait until the last minute to see the doctor. Since then we've had lots of babies successfully delivered in Ingham.

One of the dads and grandfathers at our consumer advisory group said , 'we believe that birthing back on country is not only significant physically, but in the spiritual way too, because it connects our children to country'.

Diana Friday, Senior Health Worker,
Ingham Health Service

Strategies

Priority 1. We want a say in how maternity services are designed and delivered

Outcome: Maternity services for Aboriginal and Torres Strait Islander families are co-designed and delivered with the community, in partnership with providers.

Aboriginal and Torres Strait Islander women, families and communities are closely involved in the design and delivery of maternity services through strong partnerships between service providers.

Aboriginal and Torres Strait Islander people are supported to establish and lead Aboriginal and Torres Strait Islander maternity services.

What will we deliver?

1.1 Aboriginal and Torres Strait Islander partnerships and collaborative woman-centred maternity care

- With community endorsement, establish or strengthen formal partnerships between HHSs and A&TSICCHSs to support collaborative woman-centred maternity care services.
- Develop tools to inform the planning, design and implementation of collaborative woman-centred maternity care services.
- Ensure clinical governance of maternity care supports the development and implementation of collaborative woman-centred maternity care models.

Strong partnerships between service providers can support the redesign of existing resources and services, across providers, to better meet the needs of the community. Strengthening existing resources of each community is best considered with an aim to delivering maternity care to women and their families as close to home as possible.

Local level needs assessment is required to identify the tools necessary to support the integration of clinical care into traditional and cultural practices to improve maternity services. This coupled with strong partnerships will ensure collaborative woman-centred maternity care for all Aboriginal and Torres Strait Islander babies, their mothers and community.

1.2 Aboriginal and Torres Strait Islander leadership and collaboration

- Aboriginal and Torres Strait Islander community consultation, leadership and co-design in relation to maternity services occurs using a collaborative governance approach.

Local Aboriginal and Torres Strait Islander people and organisations must all be supported to either lead, or be actively involved in, the decision-making, planning, delivery and governance of maternity services for Aboriginal and Torres Strait Islander Queenslanders. Inclusion of Aboriginal and Torres Strait Islander leadership into governance arrangements for mainstream maternity services is crucial to building accessible and culturally capable care for Aboriginal and Torres Strait Islander people.

Collaborative models provide for a reciprocal transfer of cultural and clinical knowledge between Aboriginal and Torres Strait Islander people, organisations and hospitals. Traditional birthing practices and traditional cultural protocols must be respected and embedded in maternity policy and procedures. Aboriginal and Torres Strait Islander participation will maximise the success of service models and delivery mechanisms. Consideration must also be given to ensuring a welcoming environment is created for Aboriginal and Torres Strait Islander women and their families to feel at ease. This will support improvements in the cultural capability of maternity services.

How will we know if we succeed?

Maternity services are provided in partnership between community, primary, secondary and tertiary services. Aboriginal and Torres Strait Islander leadership is evident in the delivery of maternity services in Queensland Health facilities.

Aboriginal and Torres Strait Islander partnerships and collaborative woman-centred maternity care

- Established partnerships for collaborative woman-centred maternity care between Aboriginal and Torres Strait Islander communities/organisations and HHSs.

Aboriginal and Torres Strait Islander leadership and collaboration

- Aboriginal and Torres Strait Islander women and community involvement in the co-design, development and implementation of maternity services.
- Aboriginal and Torres Strait Islander women and community involvement in the evaluation and improvement of maternity services.

Strategies

Priority 2. We don't want to keep telling our same story to different people

Outcome: All women in Queensland pregnant with Aboriginal and/or Torres Strait Islander babies have access to woman-centred, comprehensive and culturally capable maternity care

Aboriginal and Torres Strait Islander mothers and their families have continuity of carer throughout their antenatal, birthing and postnatal periods, and where possible, co-locating wrap-around social support and allied health services in a culturally safe space.

What will we deliver?

2.1 Continuity of carer

- Facilitate a multidisciplinary approach to maternity care, with women having access to continuity of care with the care provider(s) of their choice - including midwifery continuity of carer.
- Support the maternity workforce to work across organisational boundaries to facilitate continuity of midwifery and maternity care.

Obstetricians, doctors, general practitioners, midwives, Aboriginal and Torres Strait Islander health workers, practitioners and family support workers all play a critical role in providing continuity of care, thus enabling the development of a strong relationship. Through a multidisciplinary team approach, women and families can be referred to appropriate health professionals throughout the maternity journey. When tertiary services are accessed, they must be delivered from culturally capable services across the health system.

While the role of health professionals and social support staff along the maternity journey is important, continuity of carer through pregnancy, birth and the postpartum period is vital. Continuity of care with women's provider(s) of choice, and most specifically midwifery continuity of carer, will enhance satisfaction of care, and ensure optimal birth outcomes. Continuity of midwifery carer can be delivered within a MGP whereby care across the maternity journey is provided by a known primary midwife and a secondary backup midwife. The MGP model of care is ideal for all women, with or without risk factors. Antenatal and postnatal care can be delivered through a MGP in the primary care setting of a hospital, community or home.

Effective models of maternity care require a holistic focus on individual women's needs and preferences, including cultural considerations for extended families and communities. Midwives and Aboriginal and Torres Strait Islander health workers, health practitioners and family support workers also have a crucial role in providing clinical and cultural care as well as support transitioning women and babies across to child health services.

I really loved the midwives here in Palm Island, so I thought that when I go in to hospital and go into labour that they would be my midwives, but it wasn't that. I got two different midwives I didn't know. They didn't know me, or what was going on through my pregnancy except what was in my medical chart. That was a real downside, that I didn't have the midwives I knew there, because they were the ones that had looked after me for the 40 weeks.

Kyneesha, Mother of two,
Palm Island

Strategies

2.2 Integrated health and other support services

- Support the integration, extension or co-location of primary maternity health services with social and emotional wellbeing services, allied health services, and child health and early childhood services in a culturally safe environment.
- Ensure antenatal care has an early and ongoing focus on health promotion, early identification and targeted support for reducing risk factors in pregnancy:
    a) Reducing or ceasing smoking and other substance use
    b) Improving sexual health
    c) Preventing and managing chronic conditions
    d) Addressing social and emotional wellbeing and perinatal mental health
    e) Addressing domestic and family violence and linking women into social support services (for example, housing, financial security and safety) where needed.
- Ensure women have choice to access Aboriginal and Torres Strait Islander health workers, practitioners or family support workers, working alongside midwives, to provide socio-cultural support.

The provision of effective community-based maternity services requires a strong connection between the public health system and the community services sector. A key element of antenatal care is providing access to wrap-around support services that optimise a woman's opportunity for a healthy pregnancy and birth. Aboriginal and Torres Strait Islander health workers and/or practitioners, family support workers, maternal health workers, Indigenous hospital liaison officers and Aboriginal and Torres Strait Islander social workers must be available to support Aboriginal and Torres Strait Islander women and their families. In rural and remote communities where access to wrap-around services is limited, telehealth services should be considered, with the women being supported locally by Aboriginal and Torres Strait Islander health workers or practitioners.

Health promotion, prevention and early identification of risk factors during pregnancy can be targeted using innovative approaches such as social media campaigns that provide information on managing health conditions, including the health benefits for their babies. Support with navigating and accessing social support services such as housing, employment, education, child safety, legal and disability services will help to ensure that the needs of Aboriginal and Torres Strait Islander women, babies and families are met, if managed sensitively and effectively. Unless services are integrated and connected, the impact on a baby's development can result in long term effects that can significantly impact on maternal and child health outcomes.

"During my pregnancy they had to fly me to Townsville to birth and have an emergency caesarean. I was very scared. Obviously, I had to stay in Townsville for a couple of weeks, and I felt very lonely not birthing on country. I was very depressed, thinking that I was doing wrong and that nothing was right. Until I got back home to country and I felt really good. I felt myself again and felt strong for my daughter." - **Kirsten, Advanced Health Worker and Mother, Mount Isa**

2.3 Transferring women for birth

- Amend Queensland Health guidelines to ensure a woman-centred approach, recognising individual risk factors and cultural considerations, when recommending timing of transfer to regional birthing facilities.
- Formalise arrangements with Aboriginal and Torres Strait Islander hostels and accommodation providers to support women and families transferring for birth.
- Ensure telehealth and other technologies are utilised to limit the need to travel for antenatal and postnatal care or utilised to connect the woman and her carer(s) across distances in preparation for when she does need to transfer.

In Queensland, Aboriginal and Torres Strait Islander women living in communities away from birthing services are usually required to transfer to these services to birth at 36 weeks' gestation. This often results in cultural isolation due to leaving families and communities for four or more weeks and not having access to extended family support. This is likely to increase stress on the mother during pregnancy and may have negative impacts on the general health, wellbeing and development of the baby. A woman-centred care approach would guide the timing of transfers for birthing which must be determined on an individual basis.

Women travelling from rural and remote communities require access to culturally safe accommodation in the location of the birthing service. Accommodation should be easily accessible and available for extended family who play a crucial role in supporting the mother and her baby. Returning low risk birthing to regional communities will reduce the need for transferring for birth and improve maternal health outcomes. It may also offer women the opportunity to 'Birth on Country'.

Telehealth services must be made available to women and community for access to antenatal care and other health supports, to ensure better health outcomes for mothers and babies. This service could also be utilised to link women with a midwife from the regional birth centres or HHS prior to transfer to allow time for women to get familiar with their midwife.

Mookai Rosie Bi-Bayan

In the late 1970's, Mrs Rose Richards worked as an Indigenous Liaison Officer at the Cairns Base Hospital. Mrs Richards was the founder of Mookai Rosie Bi-Bayan, meaning Aunty Rosie's place, which offers short and long-term accommodation in Cairns to women and children who are attending outpatient appointments, oncology, haemodialysis or peritoneal dialysis, diagnostic appointments, awaiting confinement and postnatal period.

Today, Mookai Rosie Bi-Bayan is more than just a "place to stay" for women and children who travel to Cairns for medical services. Mookai Rosie Bi-Bayan has expanded services to include social and emotional wellbeing staff, a medical officer, nurse practitioner or nurse, a midwife and a health promotion officer, and has expanded from 12 to 24 beds. Their service also provides transport and support to all appointments, as well as recreational activities and outings.

Mookai Rosie Bi-Bayan is a culturally safe place that supports the Aboriginal and Torres Strait Islander women and children from Cape York Peninsula, Northern Peninsula Area, Torres Strait Islands and Gulf country to access health services within the Cairns and Hinterland HHS.

Mookai Rosie Bi-Bayan's qualified staff provide valuable education for antenatal clients, giving specialised support to their antenatal appointments, healthy nutrition and mother crafting advice. Combining this with the social and emotional wellbeing support, Mookai Rosie Bi-Bayan prides itself on delivering a truly holistic service to its clients, who are statistically among the most vulnerable people in Queensland.

Strategies

2.4 Family wellbeing

- Develop or provide access to community designed and led antenatal and parenting programs to strengthen family, cultural and community connections.
- Develop culturally appropriate tools that measure strengths and wellbeing for parents.

Stressful life events are known to impact on a woman's ability to provide an environment that enables her infant to develop a secure attachment.[11] Strong family, cultural and community connections are important protective factors to addressing the stressors that women and families may encounter during and after pregnancy. This in turn, can have a positive impact on a child's longer term developmental, emotional and behavioural outcomes. [12]

A culturally competent and effective service system should recognise and nurture the strength and resilience of Aboriginal and Torres Strait Islander families, provide individual woman-centred care and understands and responds specifically to the ongoing effects of intergenerational trauma, which continue to impact on maternal and infant health outcomes. Engaging with Elders and community to share wisdom is one way to support Aboriginal and Torres Strait Islander families to foster a positive family environment and build parenting confidence.

Culturally appropriate tools must be developed through a co-design process with Aboriginal and Torres Strait Islander communities input to ensure that traditional, social and cultural supports are considered within a woman's maternity care. Consideration must also be given to women and families accessing maternity services within an HHS region, for example providers in the Cairns and Hinterland HHS region must work closely with providers in the Torres and Cape HHS region, which has the highest number of women transferring for birthing services.

2.5 Information sharing, referral and follow-up

- Enable formal clinical handovers and timely sharing of personal health information (particularly referrals and discharge summaries) for women and their babies across all service providers through pregnancy, birth and the postnatal period to ensure appropriate referral and follow up.
- Include results of psychosocial assessment on discharge summaries to ensure referral and follow-up in the primary health care setting.

The importance of good communication between primary carers, maternity service providers and child health services is central to high quality care. Not only does it reduce the need for women to re-tell their stories, it also provides a comprehensive record of holistic care. Electronic records are not currently available across all service providers, however, personal handheld pregnancy health records provided to the mother offer a practical alternative. Informed consent is required prior to sharing records between service providers.

Timely transfer of women's maternity records as part of the health care pathway from maternity services back to primary health care, is critical in transition between health care providers. This can be challenging where there is a lack of shared information systems. Indigenous hospital liaison officers, Aboriginal and Torres Strait Islander health workers, practitioners and family support workers play a crucial role in the discharge process to support a seamless transition home.

Continuity of care is crucial for vulnerable women, particularly when they are transferring between services providers, to ensure there is appropriate follow up. This is particularly important for women who experience or are at risk of depression and who are required to travel to access care away from home, and for women in the first year after birth.

How will we know if we succeed?

More pregnant women reporting continuity of midwifery carer and having access to integrated wrap-around social support services.

Continuity of carer

- Women pregnant with Aboriginal and/or Torres Strait Islander babies have access to a known midwife and Aboriginal and Torres Strait Islander carer throughout their maternity journey, including at birth and during the postnatal period.

Integrated health and other support services

- Timely culturally appropriate screening for perinatal and postnatal depression.
- Women requiring social support services during pregnancy and the postpartum period are referred to appropriate service providers.
- Aboriginal and Torres Strait Islander primary maternity services are co-located with allied health and early childhood services where appropriate.

Transferring women for birth

- Women from rural and remote areas pregnant with Aboriginal and/or Torres Strait Islander babies have access to a known carer when transferred for birth.
- Women and families have access to culturally safe accommodation.

Family wellbeing

- Antenatal and parenting programs are developed and delivered within the community.
- Information sharing, referral and follow-up.
- Discharge summaries are provided to primary health care providers within an appropriate timeframe when women and babies are discharged from hospital.

Strategies

Priority 3. We want more of our people providing our maternity care

Outcome: A culturally capable workforce means more Aboriginal and Torres Strait Islander people across all disciplines of maternity care

Encouraging more Aboriginal and Torres Strait Islander people to take up careers across all disciplines in health, in particular maternity services, and supporting skills development and training will help to build the Aboriginal and Torres Strait Islander workforce.

Building the cultural capability of non-Indigenous staff will encourage support for more Aboriginal and Torres Strait Islander people to work in the health system.

What will we deliver?

3. A culturally capable workforce

- Develop a statewide Aboriginal and Torres Strait Islander maternity workforce plan and ensure that Aboriginal and Torres Strait Islander maternity workforce is a critical component of the HHS Aboriginal and Torres Strait Islander workforce targets.
- Support Aboriginal and Torres Strait Islander midwifery students, graduates and staff through establishing mentoring programs, a statewide network and a dedicated Aboriginal and Torres Strait Islander maternity workforce position within the Office of the Chief Nurse and Midwifery Officer.
- Grow the Aboriginal and Torres Strait Islander maternity workforce through a statewide scholarship program and nursing and midwifery cadetships, including opportunities for career progression for existing Aboriginal and Torres Strait Islander workforce.
- Develop and incorporate modules for perinatal mental health, trauma informed care, domestic and family violence and child protection into Queensland Health maternal and child health workforce training.
- Develop Aboriginal and Torres Strait Islander maternal and child health guidelines to support cultural capability of staff.
- Ensure Queensland Health child protection liaison services are culturally capable, adhere to the Aboriginal and Torres Strait Islander child placement principles (prevention, partnership, placement, participation and connection) and can work in collaboration with relevant Aboriginal and Torres Strait Islander health contacts and service providers in ensuring cultural safety for the mother and child.

It is critical to focus on investment to develop, support and upskill the Aboriginal and Torres Strait Islander workforce. In doing so, there is strengthened cultural capability across the system, greater ability to reorient services and respond to sector demands, and increased support to meet the targeted needs of Aboriginal and Torres Strait Islander babies, their mothers and families.

Maternity services delivered by Aboriginal and Torres Strait Islander staff result in higher attendance rates by Aboriginal and Torres Strait Islander women and higher satisfaction of care. This in turn leads to improvements in perinatal outcomes.[13] An example of growing the workforce is reflected in the Metro North HHS Deadly Start Program, promoting school-based traineeships for high school students to pursue a career in the health sector, including midwifery.

Building the cultural capability of the workforce requires dedication and ongoing attention and has the potential to improve the recruitment and retention of Aboriginal and Torres Strait Islander people in the maternity workforce.[14] Queensland Health has very clear responsibilities in terms of Aboriginal and Torres Strait Islander health, with cultural capability playing an important role. The health workforce must be supported to develop the skills and knowledge required to plan, support, improve and deliver services in a culturally respectful and capable manner.

Strategies

How will we know if we succeed?

More Aboriginal and Torres Strait Islander people are working across all disciplines in maternity care and more non-Indigenous Queensland Health maternity staff participate in training specifically developed to improve the cultural capability of maternity services.

A culturally capable workforce

- Aboriginal and Torres Strait Islander liaison officers working in maternity services.
- Maternal health workers working in hospitals and community health settings.
- Aboriginal and Torres Strait Islander people employed in the Queensland Health maternal and child health workforce, by workforce stream in line with Queensland Health's Workforce Diversity and Inclusion Strategy 2017-2022.
- Aboriginal and Torres Strait Islander midwifery graduates in Queensland.
- Aboriginal and Torres Strait Islander midwives accepted into a new graduate midwifery program.
- Aboriginal and Torres Strait Islander identified new scholarships and traineeship positions across Queensland.
- Aboriginal and Torres Strait Islander midwives working in Queensland maternity services.
- Maternity staff have undertaken cultural capability training.
- Career pathways for Aboriginal and Torres Strait Islander Health Workers are accessible for maternity services streams.

Conclusion

Significant effort has been made in improving child and maternal health outcomes for Aboriginal and Torres Strait Islander Queenslanders, since the COAG Closing the Gap targets were established over ten years ago. Gains in pregnancy and birth outcomes reflect this increased effort, in particular a reduction in Aboriginal and Torres Strait Islander child mortality rates; more Aboriginal and Torres Strait Islander women attend antenatal care; and fewer Aboriginal and Torres Strait Islander women smoke during pregnancy. Despite these gains, the disparity in maternal and child health outcomes between Aboriginal and Torres Strait Islander people and other Queenslanders remains.

This Strategy highlights the key attributes that underpin the provision of culturally capable maternity care for Aboriginal and Torres Strait Islander babies and their mothers, that in-turn will lead to improved health outcomes. The public health system, community-controlled health sector and Aboriginal and Torres Strait Islander communities must work collaboratively to ensure services are integrated, connected and tailored to the local community setting. Local Aboriginal and Torres Strait Islander people and organisations must be supported to lead, or be actively involved in, the decision-making, planning, delivery and governance of maternity services for Aboriginal and Torres Strait Islander Queenslanders.

Continuity of care with women's provider(s) of choice, including midwifery continuity of carer, is critical to ensure satisfaction of care, as well as improved birth outcomes. A dedicated focus on investment to develop, support and upskill the Aboriginal and Torres Strait Islander workforce, will strengthen cultural capability within maternity care across the health system.

It is envisaged that HHSs will work with strategic partners to develop local implementation plans that aim to address the vision, aim and focus areas of the Strategy.

"Strong Culture, Strong Women, Strong Families, Strong Future..."

Appendix 1.

Case Studies – Queensland Hospital and Health Service initiatives

North Queensland Midwifery Group Practice

The Thursday Island Midwifery Group Practice (MGP) was established in June 2017 and provides continuity of carer to 300 women a year across the outer islands of the Torres Strait and the communities of the Northern Peninsula Area (NPA) of mainland Queensland. Operating from the Thursday Island Maternity Unit, the MGP was established from a redesign and extension of existing outreach services. There was extensive community consultation where women, families and community members were engaged to map out what the future of maternity services in this remote and unique location should look like. Integral to the successful establishment and maintenance of this MGP model is strong collegiate relationships, professional respect and availability of 24-hour a day clinical care offered by the medical team within the Thursday Island Hospital. The priorities of this MGP are in line with the principles of primary maternity care, culturally competent service delivery and a woman-centred philosophy. Objectives for this service are to ensure that every woman accessing maternity care through the Thursday Island Hospital has a named midwife, a commitment to growing our Aboriginal and Torres Strait Islander workforce within maternity and to ensure a sustainable 'gold standard' maternity service into the future.

Ngarrama Antenatal and Birthing Program

The Ngarrama program supports women pregnant with an Aboriginal and/or Torres Strait Islander baby planning to birth at the Royal Brisbane and Women's, Caboolture and Redcliffe hospitals. The program operates within hospital maternity and birthing services, delivering a midwifery continuity of carer model during the antenatal, birthing and early postnatal care periods. Aboriginal and Torres Strait Islander health workers and practitioners partner with midwives for care coordination. The model delivered by Metro North HHS was developed in collaboration with local Elders and communities to respond to the needs of the local community and operates differently at each hospital.

Gumma Gundoo program

The Gumma Gundoo program provides comprehensive, culturally appropriate and responsive antenatal, postnatal and infant care services for women with an Aboriginal and/or Torres Strait Islander baby in the Central Queensland HHS region. Services are provided in the community, hospital or home, with outreach services delivered to Blackwater, Mount Morgan, Duaringa, Capricorn Coast, Biloela, Woorabinda and Gracemere. The program uses a multidisciplinary team approach to ensure care is provided by the most appropriate clinician throughout the antenatal period and supports culturally appropriate intrapartum care in the hospital setting. A MGP operates in Rockhampton and Woorabinda which is an all-risk model of care. All clients have a known midwife, Aboriginal and Torres Strait Islander health worker and, in some areas, a known obstetrician.

KemKem Yanga

KemKem Yanga is Mackay Base Hospital's midwifery group practice which commenced in March 2019. An Aboriginal and Torres Strait Islander health worker supports four midwives in an all-risk midwifery group practice providing continuity of carer to mothers of Aboriginal and/or Torres Strait Islander babies birthing at the hospital. Each midwife is caring for a caseload of 35 women per year.

Palm Island Maternity Service

Women have access to a known midwife for all antenatal care on Palm Island with direct links to the Townsville Hospital. As part of the service a sonographer also travels to Palm Island to perform sonography. The postnatal care is also provided by a midwife and an Aboriginal and Torres Strait Islander health worker who travel to homes in the community.

Doomadgee and Mornington Island Outreach Services

The North West HHS provides a caseload clinical midwifery service to the communities of Doomadgee and Mornington Island. The model, established in 2014, consists of fortnightly midwife visits to each community, telehealth obstetrician appointments and continuity of midwifery care when mothers go to Mount Isa for birthing.

Appendix 2.

Case Studies – Community-controlled initiatives and partnerships

Jajumbora Logan Community Hub Midwifery Service

The Aboriginal and Torres Strait Islander hub provides a continuity of care model staffed by doctors and midwives from Logan Hospital. They see women pregnant with an Aboriginal and/or Torres Strait Islander baby and provide antenatal care, intrapartum care and postnatal care.

Birthing in Our Community

The Birthing in Our Community (BiOC) program was established in Brisbane in 2013 in response to an evaluation of an Aboriginal and Torres Strait Islander antenatal clinic operating at the Mater Mothers' Hospital. Stakeholders recommended a partnership between the Aboriginal and Torres Strait Islander Community Health Service (A&TSICCHS) and the Hospital to improve the cultural competence of antenatal service and birthing outcomes for families. The Institute for Urban Indigenous Health (IUIH), A&TSICCHS Brisbane and the Mater Mothers' Hospital partnered to establish the BiOC program. Partners co-designed the maternal infant health services with community stakeholders to enable greater Aboriginal and Torres Strait Islander governance.

The Mater Mothers Hospital employs the midwives, provides clinical governance, operates the tertiary birthing facility, and provides intrapartum care, with obstetric, medical, allied health and specialist expertise when required. The BiOC program provides continuity of care from a primary midwife through pregnancy, birth and up to six weeks postnatally for women birthing an Aboriginal and/or Torres Strait Islander baby. Every woman participating in the program has access to support to address social and cultural needs from a team of family support workers, a social worker and a psychologist. It operates from a community-based hub, with labour and birthing services being provided in the Mater Mothers' Hospital.[15] In four years, this partnership service has seen an almost 50% reduction in preterm birth for women receiving BiOC care.[16]

The Baby One Program

The Baby One Program® is an Aboriginal and Torres Strait Islander health worker–led home visiting program which supports a holistic, family-centred model of care. The program engages with women and families from pre-pregnancy until the baby is 1000 days old. The program aims to improve the health of families, educate families on good health and making healthy choices, as well as providing pre-conceptual care for subsequent pregnancies.

The program was developed by the Apunipima Cape York Health Council and has been progressively rolled out in nine remote Cape York communities since 2014.[17] The Baby One Program® has seen all eligible women participate, with many women now attending at least five antenatal visits, and at least half reporting to be breastfeeding at six months.[18]

Townsville Aboriginal and Islander Health Services (TAIHS)

The Townsville Aboriginal and Islander Health Services (TAIHS) established the Mums and Bubs shared antenatal care program in 2000. It is delivered through daily maternal and child health clinics at TAIHS by staff from four providers of antenatal care – TAIHS, Queensland Health Child Health, the Aboriginal and Islander Health Program and the Women and Children's Institute at Townsville Hospital.

Maternity care is provided to women by Aboriginal and Torres Strait Islander health workers, practitioners, or outreach health workers, midwives, child health nurses, female doctors and a hospital obstetric team. Care plans are developed for each woman emphasising essential elements of care, and brief interventions for risk factors. This service saw sustainable change and improved outcomes including a reduction in preterm birth.[19]

Australian Nurse Family Partnership Program

The Australian Nurse Family Partnership Program (ANFPP) is an intensive nurse-led non-clinical home visiting education program supporting women with an Aboriginal and/or Torres Strait Islander baby from early pregnancy through to the child's second birthday. This parenting program is additional to routine pregnancy, birth and postnatal maternity care provided by midwives, GP's and obstetricians.[20]

The program, funded by the Australian Government, aims to improve pregnancy outcomes by helping women engage in good preventive health practices, support parents to improve their child's health and development, and help parents develop a vision for their own future, including continuing education and finding work (the program does not provide maternity or birthing services).[21]

Based on an international program, supported by international evidence, the program was adapted for use in Australia to meet the requirements of the Australian health care system. Of the 13 ANFPP sites nationally, three are in Queensland – in Brisbane North and Brisbane South delivered by the IUIH and in Cairns through Wuchopperen Health Service.[22]

Appendix 3.

Queensland and National Government Policies

Queensland Policy

Our Future State: Advancing Queensland's Priorities
The objective to give all children a great start has three priorities: increase the number of babies born healthier, increase childhood immunisation rates, and improve wellbeing prior to school.

Making Tracks towards closing the gap in health outcomes by 2033: policy and accountability framework and Investment Strategy 2018—2021
A healthy start to life as a fundamental platform for influencing child health and adult chronic disease.

Queensland Health Clinical Services Capability Framework
Identifies skills, knowledge and behaviours required to deliver safe clinical health services.

Queensland Government Cultural Capability Framework
Supports the principles of valuing culture; leadership and accountability; building cultural capability; engagement and partnerships; and culturally responsive systems and services.

Our Way: A generational strategy for Aboriginal and Torres Strait Islander children and families 2017—2037
Empowering Aboriginal and Torres Strait Islander families to exercise opportunities to live well, according to Aboriginal and Torres Strait Islander values and beliefs.

Changing Tracks: An action plan for Aboriginal and Torres Strait Islander children and families 2017—2019
Increased participation of the Aboriginal and Torres Strait Islander community-controlled health sector in developing innovative models that will achieve the generational vision.

National Policy

COAG National Indigenous Reform Agreement Closing the Gap target
The maternal and child health target is to halve the gap in child mortality rates by 2018.

National Aboriginal and Torres Strait Islander Health Plan 2013 — 2023 and the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023
Mothers and babies are a priority target population under this plan, which articulates the themes of culture, Aboriginal and Torres Strait Islander community control, and working in partnership.

National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families
Highlights the importance of maternal and early childhood health services and promotes primary prevention strategies to support families to have stable, secure and healthy home environments.

Woman-centred Care: Strategic Directions for Australian Maternity Services 2019
Provides overarching National strategic directions to support Australia's high-quality maternity care system and enable improvements in line with contemporary practice, evidence and international developments.

National Safety and Quality Health Services Standards 2017
Aboriginal and Torres Strait Islander specific actions include working in partnership, building a culturally capable workforce and environment, addressing specific health needs, and improved identification of Aboriginal and Torres Strait Islander people.

The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2016-2023)
Guides national Aboriginal and Torres Strategy Islander health workforce policy and planning, focusing on prioritisation, target setting and monitoring progress.

The Characteristics of Culturally Competent Maternity Care for Aboriginal and Torres Strait Islander Women
Identifies 14 characteristics to consider in establishing or delivering maternity care to Aboriginal and Torres Strait Islander women.

Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) Birthing on Country Position Statement
Supports the principle of developing Birthing on Country models, respecting individual choice.

National Policy

Cultural Respect Framework 2016 - 2026
The Cultural Respect Framework was developed for the Australian Health Minister's Advisory Council (AHMAC) by the National Aboriginal and Torres Strait Islander Health Standing Committee (NATSIHSC).

Aboriginal and Torres Strait Islander Health Curriculum Framework
Aims to provide a model for higher education providers to successfully implement Aboriginal and Torres Strait Islander curricula, with clear learning outcomes and associated capabilities that could be applied widely across tertiary learning contexts.

Pregnancy Care Guidelines
Includes a chapter on pregnancy care for Aboriginal and Torres Strait Islander women.

Appendix 4.

Innovative models of maternity services

Integrated maternity services hubs require a sustainable partnership between service providers. In Queensland, A&TSICCHSs and HHSs would partner to provide an integrated approach to maternal and infant care supported by an Aboriginal and Torres Strait Islander workforce. A&TSICCHSs and HHSs may establish hubs to suit the local context and in collaboration with the community. All partners commit resources and work towards redesigning maternity services using a collaborative woman-centred approach. Key characteristics of maternity services hubs include:

Partnerships and Aboriginal and Torres Strait Islander leadership: Partnerships between mainstream services and A&TSICCHSs, with a clearly articulated agreement about shared goals and commitment. Strong Aboriginal and Torres Strait Islander leadership in the design, development, implementation and management of the service.

Community-based care: A comfortable, culturally safe environment, where women connect, interact, share and learn from each other and from Elders. Transport services should be available.

Aboriginal and Torres Strait Islander workers: Aboriginal and Torres Strait Islander family support workers, health workers, health practitioners or hospital liaison officers are essential in establishing and monitoring engagement of women in the service and are an integral part of a culturally capable maternity team. Their role includes understanding and assessing women's holistic wellbeing; providing advocacy and support across the health system; and working in partnership with midwives to facilitate understanding of the social support service impacts of women, families and their communities.

Continuity of (midwifery) carer: Women have access to a known midwife during pregnancy, birth and early parenting for up to six weeks or as required. Midwives provide 24-hour support with back up from a secondary midwife and are supported by an Aboriginal and Torres Strait Islander health worker or health practitioner. Midwives caseload is negotiated through a local industrial agreement between the HHS and Queensland Nursing and Midwifery Union. The midwives and other team members should work between the hub (for antenatal and postnatal care, education and yarning groups), the hospital (for birth and specialist care) and the woman's home (for antenatal booking-in and routine care for postnatal and family follow up care). Non-Indigenous midwives and care providers need specific training in cultural capability.

Flexible service delivery model: Antenatal and postnatal care is provided in locations determined by the woman, either at home, the A&TSICCHS, general practitioner clinic, hospital or the community-based hub.

Comprehensive integrated primary health care: Maternity-specific services are centred around the woman and her family, offering a one-stop shop approach with multidisciplinary providers delivering a full range of primary maternity, infant health and related services, either located on-site or providing regular visits to the hub. The hub facilitates transition of care beyond the postnatal period and early transition to parenting to primary providers and specialised child health services as needed.

Perinatal mental health and wellbeing: Specific resources and activities directed to prevention, early identification and targeted support for perinatal mental health wellbeing. Yarning groups bring together pregnant women, new mums, infants, grandmothers, aunties and others to provide an informal opportunity for gathering, yarning, sharing stories, learning from each other and strengthening cultural and community connections. All staff participate in education, training and ongoing support to promote a strengths-based approach, enhance trauma-informed practice, and build skills in supporting strong carer/infant attachment. Where possible, a social worker and perinatal mental health psychologist work onsite at the hub to provide specialised mental health care and practical support. Clinical supervision for frontline workers is an important strategy to improve care and reduce burnout.

Aboriginal and Torres Strait Islander workforce: Support for Aboriginal and Torres Strait Islander midwifery trainees, including cadetships, mentoring and providing access to a supportive network of Aboriginal and Torres Strait Islander health professionals including family support workers, health workers, health practitioners or liaison officers. Aboriginal and Torres Strait Islander health workers are supported to advance skills and achieve health practitioner qualifications. Co-location or outreach of specialist and generalist providers also provides opportunities for inter-professional learning.

Birth centres

Birth centres operate on the assumption that, for many women, pregnancy and birth is a normal life event requiring little intervention from health professionals. Birth centres provide midwifery-led care for women experiencing low-risk pregnancies who are anticipating a normal birth.

If medical intervention is required, women are transferred to a maternity hospital during labour. Birth centres can be either co-located with existing maternity hospitals, or as Primary Maternity Units, which are geographically separate centres.

Glossary of terms

Aboriginal and Torres Strait Islander Community Controlled Health Service (A&TSICCHS) is an incorporated Aboriginal or Torres Strait Islander organisation, initiated by and governed by an Aboriginal or Torres Strait Islander body, which is elected by the local community to deliver holistic and culturally appropriate primary health care to the Aboriginal and Torres Strait Islander community that controls it.

Aboriginal and Torres Strait Islander health workers, health practitioners and family support workers refer to a range of Aboriginal and Torres Strait Islander health professionals who provide clinical or social care within their scope of practice for Aboriginal and Torres Strait Islander families.

Antenatal refers to the period before the baby is born.

Chronic disease is a disease of long duration and generally slow progression which often does not resolve spontaneously and is rarely cured completely. Chronic diseases, such as heart disease, stroke, cancer, chronic respiratory disease and diabetes contribute significantly to premature mortality for Aboriginal and Torres Strait Islander people.

Continuity of (maternity) care is defined as 'a team of caregivers working within the same philosophy and framework and sharing information, but there is an absence of a designated named carer'.

Continuity of (maternity) carer is defined as 'relational continuity' or 'one-to-one care' is provided by the same named caregiver being involved throughout the period of care even when the other caregivers are required. A defining requirement of 'continuity of carer' is that the care is provided or led over the full length of the episode of care by the same named carer in a model of care.

Continuity of (midwifery) carer in the public system is also known as caseload care and is usually delivered by a midwife working in a small group of 2–3 midwives known as a Midwifery Group Practice (MGP). This model can also be provided in the private sector for example through an A&TSICCHS or through private midwives who have collaborative arrangements with referral services (see Appendix 4).

Cultural capability is defined as the skills, knowledge and behaviours that are required to plan, support, improve and deliver services in a culturally respectful and appropriate manner.

Foetal is a stage of development from conception to birth.

Mainstream health service or program refers to health and health-related services that are available for, and accessed by, the general population.

Maternal death refers to the death of a woman while pregnant or within 42 days of the end of the pregnancy, from any cause related to or aggravated by the pregnancy or its management. Late maternal death refers to the death of a woman between 42 and 365 days after the end of the pregnancy.

Maternity care collaboration has been defined in the National Health and Medical Research Council national guidance on collaborative maternity care as a dynamic process of facilitating communication, trust and pathways that enable health professionals to provide safe, woman-centred care. Collaborative maternity care enables women to be active participants in their care. Collaboration includes clearly defined roles and responsibilities for everyone involved in the woman's care, especially for the person the woman sees as her maternity care coordinator.[23]

Mortality rate refers to the number of deaths registered in a given calendar year expressed as a proportion of the estimated resident population at June 30 of that year. Age-specific mortality rates are the number of deaths at a specified age as a proportion of the resident population of the same age. Higher age-specific death rates in younger age groups indicate excess of unnecessary early deaths.

Neonatal an infant aged between birth and 28 days.

Perinatal refers to the time from pregnancy up until 28 days after birth.

Preterm birth refers to the birth of a child at less than 37 weeks' gestation.

Postpartum refers to the period immediately following childbirth up until six weeks after birth.

Primary health care is usually the first point of contact with the health system. Primary health care in Queensland is provided through: general practitioners, government operated community health services, the Royal Flying Doctor Service, public and private dental health services and A&TSICCHS. Primary health care also includes outpatient services provided in a general hospital. Primary health care services provide clinical and preventive health care and facilitate access to specialist services.

Primary maternity unit Internationally, there are a variety of terms used to describe and define maternity services which offer birthing services but are geographically separated from obstetric, neonatal and anaesthetic services (Primary Maternity Units/ Services, Freestanding Midwifery Units, Stand Alone Birthing Units/Centres). These terms reflect varying models of care and physical infrastructure in which services are provided. However, all offer antenatal, planned birthing services and postnatal care. The birthing services are for women without identified obstetric risk in pregnancy and have no onsite emergency caesarean section capability. Further, they all have limited obstetric, anaesthetic, laboratory and paediatric support available on site. In many settings they will also provide antenatal and postnatal care for women with identified risks in pregnancy, often supported by outreach services from secondary and tertiary settings. They may provide additional health and social support services such as women's health, child health, paediatric and allied health outreach services.

Social support is provided through a multidisciplinary team focussing on supporting individuals and families to cope with stressors in life and to build resilience and maximise social and emotional wellbeing.

Targeted health services refer to services and programs that are designed and provided for Aboriginal and Torres Strait Islander people.

Trauma-informed practice refers to health care that is informed by an understanding of trauma and its impact on individuals, families and communities. Given the impact of intergenerational trauma in many Aboriginal and Torres Strait Islander families and communities, it is crucial that health care providers are trained in trauma-informed practice. For the purposes of this Strategy, trauma-informed practice refers to a program, organisation or system that realises the widespread impact of trauma and understands potential paths for recovery; recognises the signs and symptoms of trauma in clients, families, staff and others involved with the system and responds by fully integrating knowledge about trauma into policies, procedures and practices and seeks to actively resist re-traumatisation.

Women-centred care recognises the woman's baby or babies, partner, family, and community, and respects cultural and religious diversity as defined by the woman herself. Woman-centred care considers the woman's individual circumstances, and aims to meet the woman's physical, emotional, psychosocial, spiritual and cultural needs. This care is built on a reciprocal partnership through effective communication. It enables individual decision-making and self-determination for the woman to care for herself and her family. Woman-centred care respects the woman's ownership of her health information, rights and preferences while protecting her dignity and empowering her choices.[24]

References

[1] Council of Australian Governments Health Council 2019, *Woman-centred care: Strategic directions for Australian maternity services*, Commonwealth of Australia, ACT.

[2] Commonwealth of Australia 2011, *National Maternity Services Plan*, Commonwealth of Australia, ACT.

[3] Kruske, S 2012, *Characteristics of culturally competent maternity care for Aboriginal and Torres Strait Islander women*, prepared on behalf of the Maternity Services Inter-Jurisdictional Committee for the Australian Health Ministers' Advisory Council, Commonwealth of Australia, Canberra.

[4] Kildea, S & Van Wagner, V 2013, *'Birthing on Country' maternity service delivery models: An Evidence Check*, rapid review brokered by the Sax Institute on behalf of the Maternity Services Inter-Jurisdictional Committee, Australian Health Ministers' Advisory Council, Sydney.

[5] Kildea, S, Magic-Dennis, F & Stapleton, H 2013, *Birthing on Country Workshop Report*, Australian Catholic University and Mater Medical Research Unit on behalf of the Maternity Services Inter-Jurisdictional Committee for the Australian Health Minister's Advisory Council, Commonwealth of Australia, Canberra.

[6] Kildea, S, Lockey, R, Roberts, J & Magick-Dennis, F 2016, *Guiding Principles for Developing a Birthing on Country Service Model and Evaluation Framework, Phase 1*, Mater Medical Research Unit and the University of Queensland on behalf of the Maternity Services Inter-Jurisdictional Committee for the Australian Health Ministers' Advisory Council, Commonwealth of Australia, Canberra.

[7] Queensland Government 2019, *Perinatal Data Collection*, Queensland Government, viewed 20 July 2019, ‹https://www.health.qld.gov.au/hsu/collections/pdc›.

[8] ibid.

[9] ibid.

[10] Queensland Health 2018, *Queensland Mothers and Babies 2014 and 2015: Report of the Queensland Maternal and Perinatal Quality Council 2017*, Queensland Health, Queensland.

[11] Atkinson, J 2013, *Trauma-informed services and trauma-specific care for Indigenous Australian children*, resource sheet no 21, produced for the Closing the Gap Clearinghouse, Australian Institute of Health and Welfare, Canberra.

[12] Campbell, S, McCalman, J, Redman-MacLaren, M, Canuto, K, Vine, K, Sewter, J & McDonald, M 2018, 'Implementing the Baby One Program: a qualitative evaluation of family-centred child health promotion in remote Australian Aboriginal communities', *BMC Pregnancy and Childbirth*, vol. 18, no. 1, pp. 1-12.

[13] Kelly, J, West, R, Gamble, J, Sidebothan, M, Carson, V & Duffy, E 2014, ''She knows how we feel': Australian Aboriginal and Torres Strait Islander childbearing women's experiences of Continuity of Care with an Australian Aboriginal and Torres Strait Islander midwifery student', *Women and Birth*, vol. 27, no. 3, pp. 157–162.

[14] Fleming, T, Creedy, DK, & West, R 2018, 'Evaluating Awareness of Cultural Safety in the Australian Midwifery Workforce: A Snapshot', *Women and Birth*, in press, viewed 14 June 2018, ‹https://www.womenandbirth.org/article/S1871-5192(18)30423-2/abstract/›.

[15] Kildea, S, Hickey, S, Barclay, S, Kruske, S, Nelson, C, Sherwood, J, Allen, J, Gao, Y, Blackman, R & Roe, YL 2019, 'Implementing Birthing on Country services for Aboriginal and Torres Strait Islander families: RISE Framework', *Women and Birth*, vol 32, no. 5, pp. 466-475.

[16] Kildea, S, Gao, Y, Hickey, S, Kruske, S, Nelson, C, Blackman, R, Tracy, S, Hurst, C, Williamson, D & Roe, Y 2019, 'Reducing preterm birth amongst Aboriginal and Torres Strait Islander babies: A prospective cohort study, Brisbane, Australia', *EClinicalMedicine*, vol. 12, no. 9, pp. 43-51.

[17] Apunipima Cape York Health Council 2018, *Baby One Program delivering results for the first 1000 days 2017*, viewed 14 June 2018, ‹http://www.apunipima.org.au/news-events/item/670-baby-one-program-delivering-results-for-the-first-1000-days/›.

[18] ibid.

[19] Panaretto, K, Mitchell, M, Anderson, L, Larkins, S, Manessis, V, Buettner, P & Watson, D 2007, 'Sustainable antenatal care services in an urban Indigenous community: the Townsville experience', *Medical Journal of Australia*, vol. 187, no. 1, pp. 18-22.

[20] Australian Nurse Family Partnership Program 2019, *About the ANFPP*, Australian Nurse Family Partnership Program, viewed 20 July 2019, ‹https://www.anfpp.com.au/about›.

[21] ibid.

[22] ibid.

[23] National Health and Medical Research Council (NHMRC) 2010, *National Guidance on Collaborative Maternity Care*, NHMRC, Canberra.

[24] Nursing and Midwifery Board of Australia 2018, *Midwife standards for practice*, Nursing and Midwifery Board of Australia, VIC, viewed 20 July 2019 ‹ https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/Midwife-standards-for-practice.aspx›.

Growing Deadly Families

Aboriginal and Torres Strait Islander Maternity Services Strategy 2019 - 2025

Queensland Government