



Developing and Evaluating Birthing On Country with Community Hubs and Freestanding Birth Centres

A message from Sue Kildea, Chief Investigator

The BOOST study is a National Health and Medical Research Council (NHMRC) funded Partnership Project, awarded in 2017 (5-yrs).

2018 was a busy year for the BOOST collaborators, working in partnership with Aboriginal and Torres Strait Islander Community Controlled Health Organisations to support their goals of establishing Birthing on Country Services and Birth Centres in their local communities:

- the Aboriginal and Torres Strait Islander Community Health Service (ATSICHS), Brisbane
- the Institute of Urban Indigenous Health, (IUIH) Brisbane,
- the Waminda South Coast Women's Health and Welfare Aboriginal Corporation, Nowra.

We are working with Waminda to develop their new Midwifery Group Practice and Service Model (see [page 3](#)). We have identified the barriers to implementation in Queensland and New South Wales and are working with key stakeholders to address them (see [page 4](#)). We are lobbying both state and federal politicians and senior policy people to ensure there is a greater understanding of what Birthing on Country means and how important it is that we see national implementation of Birthing on Country Services (as per the National Maternity Services Plan).

BOOST builds on the success of the Indigenous Birthing in and Urban Setting study (NHMRC) that has seen the development and evaluation of the Birthing in Our Community Service through a partnership between IUIH, ATSICHS and Mater Health. In <5yrs we have redesigned the maternity service and seen a significant reduction in preterm birth for Indigenous babies, increased Indigenous employment and have seen our first Indigenous midwifery graduate (Congratulations to Kyleigh Brown-Lolohea!!)

In November 2018, Professor Sue Kildea was awarded the Health Services Research Award at the 16th Research Australia Health and Medical Research Awards.



Photo above (L-R): Dr Yvette Roe and Prof Sue Kildea.

What is the research about?

Study aim

To implement and evaluate a Birthing on Country service and facility (including standalone birth centre) in urban Queensland and rural New South Wales.

Study design

The project will use Aboriginal and Torres Strait Islander Research methodologies and Participatory Action Research to undertake a mixed methods study.

Clinical and cost outcomes

We will analyse unidentifiable routinely collected data from the Aboriginal Community Controlled Health partners and the Health Services associated with each Birthing on Country service and facility. Outcomes before, and after, will be compared.

Cultural safety, wellbeing, and satisfaction

We will recruit and survey women pregnant with an Aboriginal and/or Torres Strait Islander baby during pregnancy, 2-months and 6-months after birth. Interviews will also be offered.

Frequently asked questions

Do all women have their own midwife?

- Highest level international evidence involving nearly 20,000 women shows women and babies of any risk do better when they have care during pregnancy, birth and postpartum from a known and trusted midwife.
- Midwives use the National Midwifery Guidelines for Consultation and Referral to determine which women are appropriate for midwife-led care, which women should be offered medical consultation, and which women should be offered obstetric-led care.

How can we ensure culturally safe care?

- The local Indigenous communities have been central to the design of a safe service.
- Cultural safety training will be provided at both sites alongside cultural supervision.
- The service has the ability to incorporate cultural birthing and parenting practices informed by the local Indigenous community.
- Women will have the opportunity to feedback about their experiences of care, the results will directly impact service provision.

Are freestanding birth centres safe?

- Yes, strong international evidence shows they provide safe birth care for women who are low risk.
- The service will be integrated with the local higher level maternity facility to allow medical consultation, transfer and referral when required.
- Midwives working in the facility will have additional training and skills including intravenous cannulation, perineal suturing and advanced neonatal resuscitation.

South Coast Women's Health and Welfare Aboriginal Corporation (Waminda) Update



Photo: Welcome to Country smoking ceremony, Mel Briggs centre

Waminda has been providing a women's health and wellbeing service to the local Aboriginal community in Nowra, NSW and working toward a culturally safe women's birthing space for over three decades. With the help and support of the project partners we have been able to gather evidence to support our long-term vision in establishing a culturally appropriate maternity model of care for Aboriginal women in our area.

Waminda and UQ research partners conducted community consultations within 7 discrete Aboriginal communities of the Yuin nation and service providers. In late 2018, Waminda and project partners met with the NSW Ministry of Health to address barriers to implementation embedded in NSW policy and legislation.



Executive Birthing on Country Committee

Waminda have established an Executive Committee to collaborate and support the implementation of a new model of care in Nowra. The Executive Committee, which meets bi-annually, is chaired by Waminda CEO Faye Worner and its members include the Illawarra Shoalhaven Local Health District (ISLHD) CEO Margot Mains, Director of Nursing and Midwifery, Group General Manager, the Midwifery Unit Manager, a Staff Specialist Obstetrician and other key stakeholders.

Aboriginal Midwifery Group Practice 'Minga Goodjaga' - Woman and Child

Waminda and BoC partners will continue to lobby government for operational funding to support implementation of an **Aboriginal Community Controlled Midwifery Group Practice (MGP)**. We aim to launch the new MGP in 2019. It will provide continuity of midwifery carer during pregnancy, birth (at Shoalhaven District Memorial Hospital) and home-visiting up to 6 weeks postpartum. As part of including culture into practice for Minga Goodjaga, Waminda held a **Welcome to Country smoking ceremony** for our new babies:

<https://vimeo.com/301533003/daf7f4f53d>

Birthing and Community Centre

We continue to work towards obtaining funding to build the "Birthing and Community Centre". This new building (see 3D model) will facilitate culture and family during labour and birth. Women with uncomplicated pregnancies will have the option to birth in the centre. For the few who develop complications during labour, ambulance transfer will be provided to Shoalhaven District Memorial Hospital (SDMH). Women with risk factors will have a known midwife during labour and birth in SDMH.

Research Update

Community consultation and negotiation

In February 2018, researchers Jyai Allen and Yvette Roe (UQ) met with the Waminda Birthing on Country committee to seek advice and guidance about the research project and the participant surveys.

Human Research Ethics and Governance Approval

The BOOST Study has ethical approval in QLD (Mater Misericordiae Limited) and NSW (Aboriginal Health and Medical Research Council, Waminda, University of Wollongong and Illawarra Shoalhaven Local Health District). The next step is Governance approval.

Enabling the context - making it happen!

Despite high-level policy support for the implementation of Birthing On Country; no funding has been dedicated to make this happen. We are working with project partners and stakeholders to scope the barriers embedded in policy and legislation, do everything possible for sustainable service re-design.

Milestone: Project Kick-Off Workshop

The Investigators and key stakeholders for the BOOST Study came together for a 2-day project kick-off workshop in Brisbane in August 2018.

The format enabled innovative and collaborative small group work to:

reflect on lessons learned from other projects
develop project vision, timeline and resources
determine how success will be measured.

The outputs of the workshop included a communication plan and strategy for working together across large distances, and engaging stakeholders at all levels.



Photo above: Investigators from every partner organisation met for two-days to reflect, collaborate, and plan

Barriers in New South Wales

Midwives - NSW Health Credentialling Framework

This guideline precludes Endorsed midwives employed by the Aboriginal Community Controlled Health Organisation in NSW:

1. to collaborate directly with a public health service; or
2. to have a joint appointment in both a public hospital and as a (private) Medicare-billing Endorsed Midwife. It stipulates that a named obstetrician must agree to collaborate. This means unless specific staff specialist obstetricians or visiting medical officers want to collaborate (using their right-to-private-practice), ACCHO midwives will not be able to gain access to the hospital to provide clinical care for their clients. **This should be aligned with Commonwealth Legislation which allows collaboration between Endorsed midwives and health services.**

Private Health Facilities Regulation 2017 (NSW)

Part 10 Maternity requires that standalone birth centres for women with uncomplicated pregnancies must have a medical practitioner on-site at all times. There is no evidence base to support this, and on-site medical practitioners are not required for Level 2 Maternity Facilities in Queensland. **Without change, an ACCHO controlled birth centre is not feasible.**

Barriers in Queensland

Clinical Services Capability Framework (Neonatal)

A Level 2 Maternity Service requires 24-hour access to a registered medical practitioner able to attend (an unwell baby) within 30 minutes.

This should be worded similarly to the CSCF (Maternity Module) which refers to 24-hour 'access' to a medical practitioner through timely and co-ordinated transfer to the referral hospital.

Private Health Facilities (Standards) Notice 2016

The *Minimum Patient Throughput Standard (version 5)* requires private maternity facilities to conduct 240 births at the facility each year as a minimum. This hinders freestanding birth centres in rural and remote settings. **Without change, a rural or remote Aboriginal Community Controlled Birth Centre is not possible.**

ACM Update



Photo from L-R: Ann Kinnear, Mel Briggs, Leona McGrath, Cherisse Buzzacott

The ACM Birthing on Country Project (BoC) has had a good year in promoting the establishment of BoC at two demonstration sites. A large part of this work has been the support for the Aboriginal Community Controlled Health Services (ACCHOs), supporting community consultations and work on the ground in Waminda. With a large part of the work being driven by the Nowra Aboriginal community alongside Waminda. ACM gave a small one-off grant to Waminda to employ Mel Briggs as the BoC Project Officer, as she is leading the way for her community.

Other strategic work has taken place with state and federal government lobbying for legislative changes, insurance for midwives and funding to assist ACCHOs in implementing Birthing on Country.

ACM is funding initial cultural safety training at the two sites, Brisbane (QLD) and Nowra (NSW). Furthermore, they are enlisting the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) to develop National Midwifery Cultural Safety Training Standards as the leaders in this space.

Media Highlights

ABC Radio National Life Matters

Indigenous babies are more likely to be born preterm and Indigenous mothers suffer almost twice the rate of stillbirth:

<https://www.abc.net.au/radionational/programs/lifematters/project-aims-to-improve-outcomes-for-indigenous-families-with-b/10515152>

The Point, NITV

An interview with Cherisse Buzzacott, Project Officer for ACM Birthing on Country Project. The Point takes the pulse of Women's health and looks at how we can improve the health outcomes for Indigenous women:

<https://www.sbs.com.au/ondemand/video/1325262915732/the-point-4-october>

3CR Community Radio's segment "Women on the Line"

As part of NAIDOC Week and in line with this year's theme "Because of Her We Can", Cherisse Buzzacott, Project Officer for the Birthing on Country Project:

<http://www.3cr.org.au/womenontheline/episode-201807160830/birthing-country>

Meetings & Conferences

- Labour's First Nations Caucus Committee
- CRANaPlus conference - abstract accepted
- NAIDOC Women's Conference
- NACCHO Conference
- CATSINaM Conference
- Tresillian Conference
- ACM Biennial National Conference
- Parliamentary Friends of Close the Gap (*photo below*)



Key Thinker's Forum, Poche Centre, University of Sydney

Cherisse Buzzacott (ACM), Janine Mohamed (CATSINaM), Renee Blackman (ATSICHS Brisbane), & Dr Donna Hartz (University of Sydney):

<https://view.streaming.sydney.edu.au:8443/ess/echo/presentation/2c613c23-03b4-461a-8fb2-b14582382a33/media.m4v>

About Cherisse Buzzacott



I am an Arrernte woman and midwife from Central Australia and I have grown up in Alice Springs. I am the ACM Birthing On Country Project Officer. I am passionate about providing Aboriginal women with access to clinically safe and culturally safe care, especially those living in remote communities. Currently I am advocating for the activation of Birthing on Country services to provide Aboriginal and Torres Strait Islander women with access, choice and cultural considerations in their maternity care that are required to improve the disparities between them and non-Indigenous women.

About Melanie Briggs

I am a Dharawal and Gambangirr descendant and live on Wandandian country within the Yuin nation on the south east coast of New South Wales. I am a mother of two and work as a Midwife and Project Officer at the South Coast Women's Health and Welfare Aboriginal Corporation Waminda. I am the Co-Chair of the National Strategic Committee for Birthing on Country and an active member of the Australian College of Midwives Aboriginal and Torres Strait Islander committee. My purpose is to work with Aboriginal women using a strengths based approach that creates a safe space to thrive and have the best start to life.



About Jyai Allen



I am a mother to a young son and Research Manager of the BOOST Partnership Project. I had 10 years midwifery experience, including working in midwifery group practice and birth centre settings, prior to my 2015 PhD: a mixed methods evaluation of an innovative model of care for young mothers. I have 11 peer-reviewed publications including a randomised trial of caseload midwifery in The Lancet; a book chapter 'Midwifery continuity of care for specific groups' in a required textbook for midwifery students; and helped edit an implementation guide for health services to deliver midwifery continuity of care. I will contribute expertise in caseload midwifery, birth centres, mixed methods and implementation research.