



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

Research overview and update

The BOOST study is a Partnership Project funded by The Building on Our Strengths (BOOST) study is a Partnership Project funded by the National Health and Medical Research Council (NHMRC) (September 2017-August 2022). The aim of the project is to work with Aboriginal and Torres Strait Islander Community Controlled Health Organisations to support the goal of establishing Birthing on Country Services and Birth Centres in their local communities.

Key partners include:

- [Aboriginal and Torres Strait Islander Community Health Service \(ATSICHS\) Brisbane,](#)
- [Australian College of Midwives \(ACM\) \(Merck for Mothers Program grant\),](#)
- [Congress of Aboriginal and Torres Strait Islander Nurses and Midwives \(CATSINaM\),](#)
- [Institute of Urban Indigenous Health \(IUIH\),](#)
- [Rhodanthe Lipsett Indigenous Midwifery Charitable Fund,](#)
- [Molly Wardaguga Research Centre, Charles Darwin University](#)
- [University of Queensland,](#)
- [University of Sydney and](#)
- [Waminda South Coast Women's Health and Welfare Aboriginal Corporation.](#)

Project Aims

The project aims to develop, implement and evaluate Birthing on Country services and facilities in geographically diverse sites (urban and rural) with the aim of examining:

- the feasibility of establishing the service;
- the acceptability of the service for women, their communities and health service providers;
- the clinical and cost effectiveness; and,
- sustainability of at each site.

The team are building on the success of the NHMRC funded Indigenous Birthing in an Urban Setting Study (2014-2020) that was conducted in Brisbane and developed the Birthing in Our Community Service model with the Institute of Urban Indigenous Health, the Aboriginal and Torres Strait Islander Community Controlled Health Service, Brisbane and the Mater

Hospital. The IBUS study has shown that significant redesign of maternal and infant health services, driven by First Nations Communities, are not only feasible but deliver terrific results. The IBUS study has reported a profound reduction in preterm birth for First Nation families who received the service compared to those receiving standard care services. The IBUS research results have informed the service model that we are aiming to test in the BOOST trial. We are building on the Birthing in Our Community service model to test modifications and expansion as we move into a rural area, increase the First Nations governance of the service and increase women's access to Birth Centres, owned and governed by First Nations organisations.

Why is this important?

February saw the release of the 12th annual Prime Ministers Closing the Gap Report and **ONLY TWO** of seven government targets, to reduce disparity in health, education and employment outcomes, are on track. Closing the gap in child mortality is one target that is not on track. Although we have seen progress in some maternal and child health indicators, it has not been strong enough to meet the target.

Looking at the data we can see that 82% of child deaths occurred in the first year of life and 49% were due to perinatal conditions such as preterm birth. Reducing preterm birth will not only reduce infant and child mortality but is likely to impact many other targets (e.g. school attendance, year 12 completion, life expectancy).

The Birthing on Country initiative is delivering where other programs have struggled - preterm birth has not reduced for First Nations women since Closing the Gap was announced >10 years ago. This complex intervention is a proven strategy and we need dedicated action to see greater rollout, we cannot afford to wait the usual 17 years for evidence to be translated into practice. The BOOST project is an important strategy to assist in driving these evidence informed strategies into practice while building on the research to test strategies we hypothesise will result in even greater gains.

Waminda South Coast Women's Health and Welfare Aboriginal Corporation Birthing on Country Update

Waminda has been providing a women's health and wellbeing service to the local Aboriginal community in Nowra, NSW, and working towards culturally safe women's birthing for over three decades. The drive for Birthing on Country and a Waminda owned Birth Centre is a strategic priority of the Board.

Privately Practicing Midwives in NSW

In July 2019, we attended the NSW Ministry of Health Consumer Focus Group for Privately Practicing Midwives (PPMs). This was led by Kelley Lennon the Principal Advisor Midwifery from the NSW Health Nursing and Midwifery Office (NaMO). The aim of attending this meeting was to discuss the NSW Health Guideline for Collaborative Agreements between PPMs and NSW Health local health district (LHD) hospitals and strive to achieve solutions to the current barriers that make access agreements with health services difficult. Attendees varied in roles and geographical location however, many of the concerns raised were consistent: e.g. 1. PPMs were not employed by LHDs and have difficulty gaining access (unlike in other jurisdictions in Australia); 2. Some LHDs have Collaborative Agreements between individual doctors and midwives but not with LHDs and midwives or LHDs and organisations such as Waminda with NSW guidelines being less specific than they could be to support this; 3. Women were being admitted to LHD hospitals as private patients under a PPM but this is a barrier for women from low socio-economic backgrounds wanting to access their own PPMs. NaMO continues to work on the next version of this guideline and we look forward to guidelines that support Birthing on Country.

Minga Goodjaga Smoking Ceremony 2019

The Waminda Minga Goodjaga maternity program has held it's 2nd smoking ceremony for new mothers and babies born in 2019. The day was held at Booderee National Park in



Jervis Bay on Wednesday the 27th November.

Waminda's Cultural Committee led the ceremony and welcomed all new Minga's and Goodjaga's to country.

The Shoalhaven Birthing on Country Executive Strategic Committee

This committee was established following community consultations in 2017, that highlighted the need to increase cultural safety in maternity care. This led to high-level discussions between Waminda and ISLHD. They agreed to take a collaborative approach to improving maternity care for Aboriginal women. Waminda, Illawarra Shoalhaven Health District (ISLHD), including the Shoalhaven District Memorial Hospital (SDMH), and CDU are represented on the committee. Three new members have been welcomed, Angela Jones, the SDMH Maternity Service Lead/Operations Manager Women and Children's Services, Penny Haora and Elizabeth Luland (research team members). A memorandum of Understanding (MOU) has been submitted to ISLHD for consideration. The MOU provides an overview of the strategic direction for the Birthing on Country project including the goal of enabling Waminda employed Medicare Eligible midwives to have access agreements to SDMH for seamless integration of services for women and babies; and the acknowledges the Waminda goal of establishing its own Birth Centre for women with no identified risks in labour. Information sharing and access to software programs used in the hospital (eMaternity and PowerChart) is included. Mel Briggs has also been asked to attend regular clinical governance meetings within the SDMH, to building on the working partnership between the two organisations, and as a crucial strategy to increase cultural and clinical safety at the hospital. The meetings include a) Intrauterine Fetal Multidisciplinary Case Discussion b) Obstetric and Perinatal Review Meetings c) Safe Start d) Staff Cultural Education Sessions and are all scheduled to commence in 2020.

Scoping Paper Proposal & Business Case

Waminda has partnered with Burbungana, which is an Aboriginal Consultancy organisation who was contracted to develop the Feasibility and Scoping paper for the Waminda Birthing and Community Hub. The contract was funded by the Department of Premier and Cabinet and partners worked with CDU to ensure the business case was underpinned by a strong evidence base with detailed estimates to support Waminda's requirements for start-up funding for a Birthing on Country Service and Facility. The Facility will provide short term residential accommodation for women and children to assist with family preservation and restoration, alongside a mothers and babies health service and a large training and education centre. Likely to have a tremendous impact on the social determinants of health for families in the region and offer babies the best start in life.

Ministerial & Member Meetings Past & Future

In August 2019, Waminda team Faye Worner, Cleone Wellington, Kristine Falzon and Mel Briggs attended the office of Ken Wyatt at Parliament House in Canberra. The aim of the meeting was to update Minister Wyatt on issues impeding implementation of the Birthing on Country service within the Shoalhaven region. We were also able to meet with Senator Linda Burney and Greg Hunt's Advisor to raise the same concerns. Faye, Cleone and Melanie travelled to Sydney to meet with NSW Opposition Leader MP Jodi McKay to raise the urgency of financial requirements for Birthing on Country in our region. MP McKay was very interested in the model and requested to attend Waminda at a later date to discuss further. Waminda is planning to arrange and host further meetings in 2020 with a variety of Minister's and Senators to continue to raise awareness of our goal for implementing a Birthing on Country model in the Shoalhaven region.

Risk Assessments

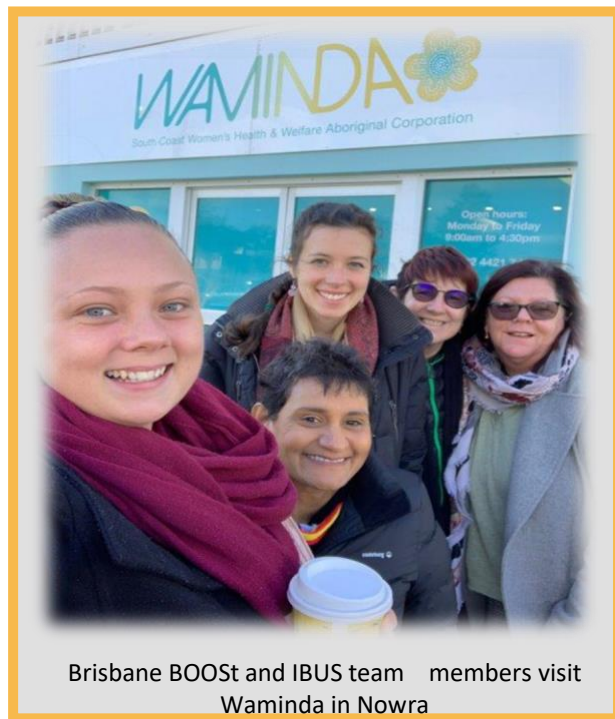
The BOOST partners held workshops in Shoalhaven to develop the cultural and clinical risk assessments for Waminda's Birthing and Community hub. The workshops were coordinated by Mel and facilitated by Associate Professor Donna Hartz. The Waminda Cultural Committee Aboriginal elders, aunties and women gathered to discuss women's business and the cultural appropriateness of services that were being provided to women having Aboriginal and Torres Strait Islander babies (Day 1). They provided crucial input into the cultural risk assessment which was further developed the following day. This is a unique document and will continue to be refined to ensure services meet the clinical, and most importantly, the cultural needs of women accessing the service. The risk assessment document is a live document and will continue to be used as a governance tool where cultural risks are treated as importantly as clinical risks.



Participants at one of the risk assessment workshops held in Nowra, Aug 2019

Research Update

Dr Penny Haora joined the team as the new Waminda BOOST Research Manager based in Nowra. Penny has been joined by Elizabeth Luland who is a community researcher and both are embedded in Waminda.



Brisbane BOOST and IBUS team members visit Waminda in Nowra

Penny and Elizabeth have been refining the data collection tools for the BOOST interviews and surveys. Following consideration of findings from the cultural risk assessment, new fields have been added relevant to the local South Coast context. The BOOST Waminda team have been working with the Waminda Cultural Committee to ensure local Cultural Integrity over the research. Cultural Committee members are pretesting the questionnaires and providing guidance to ensure the appropriateness of the tools and materials.

Human Research Ethics and Governance

The BOOST team have ethical approval and governance for the ISLHD site to enable recruitment of women at Shoalhaven hospital. Angela Jones has been named as the site lead. We will soon be submitting updated documents to the ethics committees as our piloting concludes.

ACM Update

ACM continues to work with the Congress of Aboriginal & Torres Strait Islander Nurses and Midwives (CATSINaM) who are leading in the development of National Midwifery Cultural Safety Training Standards.

Media Highlights

ABC Radio National, the Health Report with Norman Swan

Sue and Kristie Watego were interviewed by Dr Norman Swan on the ABC Health report about the great results of the BiOC Service. We talked about the importance of rolling out this program for all First Nations families across Australia. You can read more or hear the interview [here](#).



Kristie Watego and Sue Kildea at the ABC studios

The good news about the Birthing in Our Community Service reducing preterm birth was also highlighted by the ABC in an [interview](#) with one of our BiOC mums: Rebekah Hauiti pictured below.

Rebekah Hauiti and her three children



Meetings & Conferences

CATSINaM

Melanie Briggs was awarded a scholarship from the Aboriginal Health and Medical Research Council to present at the annual CATSINaM conference alongside Cherisse Buzzacott and

Marni Tuala, where they facilitated a Birthing on Country Q&A panel discussion. The aim of the Birthing on Country Q&A discussion panel was to update members and discuss the implementation and development of a Birthing on Country model in the respective regions. CATSINaM members were invited to participate in solution-focused discussions that provide suggestions on how they could commence Birthing on Country Service models in their respective communities.



Mel Briggs, Cherisse Buzzacott & Marni Tuala at the CATSINaM conference

National Birthing on Country Strategic Committee

The final National Birthing on Country Strategic Committee meeting was held on 6th August in Sydney. The members were saddened to learn the committee would be ceasing, however future plans are under way to form a National Birthing on Country Strategic Committee on a volunteer basis. Cherisse Buzzacott has moved back to Alice Springs and is working on a part-time contractual basis for the Australian College of Midwives and remains involved with Cultural Safety training for non-Indigenous staff at Birthing on Country sites.

Lowitja International Indigenous Health Research Conference (Darwin)

IBUS researchers Mr Ike Fisher and Dr Yvette Roe on behalf of the IBUS Investigators attended the Lowitja conference in Darwin where they delivered a Poster Presentation and other talks on the Tell My Story: Hearing from the Dads in the Indigenous Birthing in an Urban Setting (IBUS) Study. There is little known is known about the experiences of Aboriginal and Torres Strait Islander men supporting their partners through pregnancy and as they become new fathers. Health services often target 'mums and bubs,' sometime at the exclusion of men. The project explored the experiences of Aboriginal and Torres Strait Islander men throughout their partner's pregnancy and early postnatal period, and their strengths as a father and partner. The men interviewed described a mix of

positive and negative life experiences, including loving parents, happy childhoods, supportive extended family, incarceration, domestic violence, substance abuse and homelessness. For these men, being a strong father and partner meant being present, and a protector and provider. Men described growing up with a father either displaying or lacking these qualities. Men who described their father displaying these qualities identified him as role model to follow, while those who described their father lacking these qualities struggled to develop them in their role as a father and partner. To support their journey to becoming a strong father and partner, men wanted more male inclusive antenatal services to feel more connected to their partner's pregnancy and yarning groups to connect with, and create, a supportive network of Indigenous fathers. See the videos of the April 2019 Knowledge Translation

The Institute of Urban Indigenous Health have translated some of these findings into a Men's Health Strategy and are working with the BIOC service to better meet the needs of men.

Birth on country, maternity and infant health, midwifery, community-controlled, strength-based
Dr Yvette Roe and Dr Sophie Hickey on behalf of the IBUS Investigators also presented at the Lowitja conference on the RISE framework as a tool for supporting communities to move towards Birth on Country Services that return birthing services to Indigenous control and communities for the best start in life for mothers and babies.

About Angela Jones

Forum [presentation](#) and [interview](#).



I am a mother of three adult children and grandmother to one crazy grandson. I have been a midwife for 20 years and trained in the United Kingdom. I have worked as a caseload midwife in a midwifery group practice at St George Hospital where I also had the privilege of undertaking home births. I commenced my management career at Shoalhaven Hospital in 2009 and managed the maternity unit for 3-years and initially managed the Aboriginal Maternal Infant Health Strategy for the area before it moved into the Child and Family Health division. I have continued to build my management career and am now the Midwifery Lead for the Shoalhaven Hospital Group and Operations Manager for Women's Health and Paediatrics. It is in this capacity that I will be working with Waminda to support the successful implementation of the Midwifery Group Practice model and ultimately the First Nations Birth Centre.

About Penny Haora

Having been born and bred in beautiful Aotearoa/NZ (Ngati Pukenga), I am loving the mountain views and beauty of Yuin Country on the NSW South Coast, after relocating from Sydney in August 2019. My work experience has involved maternal, newborn, child, and reproductive health services and midwifery education research and evaluation in various contexts. I am a midwife, public health/health services and realist researcher, and am being graciously hosted at South Coast Women's Health and Welfare Aboriginal Corporation (Waminda). I am committed to de-medicalising and decolonizing birth for First Nations women, families, communities and midwives; thereby facilitating opportunities for empowering, enabling, healing and transformative birth experiences. Have been a long-term member of the Australian College of Midwives and am a proud CATSINaM affiliate. I am the Research Manager of the Waminda BOOST site.



About the Molly Wardaguga Research Centre

The Molly Wardaguga Research Centre was launched in April 2019 and sits within the College of Nursing and Midwifery at Charles Darwin University. The BOOST project has been transferred to the Centre and will continue to be led by Prof Sue Kildea and Assoc Prof Yvette Roe. Read more about the Centre over the page.

The Molly Wardaguga Research Centre



The Molly Wardaguga Research Centre will be dedicated, with permission from family, to the late Molly Wardaguga, Burarra Elder, Aboriginal Midwife, Senior Aboriginal Health Worker and Founding Member of the Malabam Health Board in Maningrida, Arnhem Land. Molly had six children and many grandchildren. She practiced as a Health Worker for most of her life and was involved in numerous research projects. She fought to return both birthing and aged care services to Maningrida; recognising the importance of being born, and being able to die, on one's own country, surrounded by family, culture and ceremony. In 2004, she received a Human Rights Award for advancing reconciliation between Indigenous and non-Indigenous Australians. Her work and mentoring in Aboriginal health and research has galvanised many advocates to improve maternity services across Australia. Molly's vision to support women's cultural and birthing aspirations, especially those living in remote locations, will endure through the Molly Wardaguga Research Centre.

Our Vision & Values

To be internationally recognised leaders in innovative and transformative research for the best start in life across the first 2,000 days (conception to age 5).

Our research is underpinned by a social justice framework that actively addresses inequity, discrimination with a focus on the following priority areas:

● Redesigning and evaluating health services

- Birthing on Country services
- Midwifery
- Maternal child health
- Health services research and applying implementation science
- Community-based participatory action research

● Investing in the health and research workforce

- Cultural safety of the workforce
- Building Aboriginal and Torres Strait Islander workforce capacity

● Strengthening family capacity

- Maternal, child and family health and wellbeing
- Aboriginal and Torres Strait Islander health and wellbeing

● Engagement with communities

- Innovative and inclusive models of community engagement and governance through partnerships and research with ACCHOs and communities
- Strength-based, solution focussed research responsive to community priorities
- Co-designing research to incorporate Indigenous ways of knowing and doing.
- Providing research-based health system leadership.



Prof Sue Kildea, Co-Director

Sue is recognised internationally as a midwifery leader, a health services researcher and an advocate for returning birthing services to Aboriginal and Torres Strait Islander control; and rural and remote communities. She is passionate about the year before and after birth and sees these as the best times to positively impact mums, bubs and families. She uses research for social change.

A/Prof Yvette Roe, Co-Director

Associate Professor Yvette Roe is Njiken Jawuru woman from the West Kimberly region, Western Australia who has more than 20 years' experience working in the Indigenous health sector. As an Aboriginal scholar, Yvette's research is co-designed with families, communities and service providers, and aims to improve health for Indigenous Australians.

