

Building On Our Strengths

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

The BOOST Study

Welcome to the first BOOST Newsletter

January 2018

Happy New Year! We hope you had a refreshing and restful break. We have had a busy time and we are excited to share our first newsletter with you. This newsletter provides an overview of the project activities to date and future opportunities surrounding the project.

Partnership Project

The BOOST study is a National Health and Medical Research Council (NHMRC) funded Partnership Project which was awarded towards the end of 2017 and will continue for 5-years. Key partners include: the Aboriginal and Torres Strait Islander Community Health Service (ATSICHS) Brisbane, the Australian College of Midwives (ACM) (Merck for Mothers Program grant), the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), the Institute of Urban Indigenous Health (IUIH), the Rhodanthe Lipsett Indigenous Midwifery Charitable Fund, the University of Queensland (UQ), the University of Sydney (USYD) and the Waminda South Coast Women's Health and Welfare Aboriginal Corporation. The complementary skills and talents of the partners and investigators will be pivotal to our success. The lead investigators are: Prof Sue Kildea, Prof Sally Tracy, Prof Juanita Sherwood, Prof Lesley Barclay, Prof Sue Kruske, Dr Yvette Roe, Dr Donna Hartz, Dr Carmel Nelson, and Dr Mark Tracy. The associate investigators are: Mr Adrian Carson, Ms Jody Currie, Ms Faye Worner, Ms Ann Kinneer, Ms Janine Mohamed, Ms Tanya Martin, Ms Leona McGrath and Prof Pat Brodie.



Photo from the Aboriginal Birth Centre in Toronto, Canada

Project Aims

The project aims to develop, implement and evaluate a Birthing on Country service model and facility in geographically diverse sites. We will examine the:

- *Feasibility of establishing the Model*
- *Acceptability of the Model for women, their communities and health service providers*
- *Clinical and cost effectiveness of the Model*
- *Sustainability of a Model at each site.*

What is Birthing on Country?

Aboriginal women across Australia (urban, rural and remote) have requested the return of Birthing Services to their lands, their communities and their control for many years. The National Maternity Services Plan¹ outlined the importance of developing and evaluating Birthing on Country Service Models. Key documents established the groundwork and include an international literature review,² which explored the evidence base and identified the key components. This was followed by a national workshop hosted by Central Australian Aboriginal Congress in collaboration with the Maternity Services Inter-jurisdictional Committee (Alice Springs, 2012), where participants discussed and endorsed the critical components of Birthing on Country.

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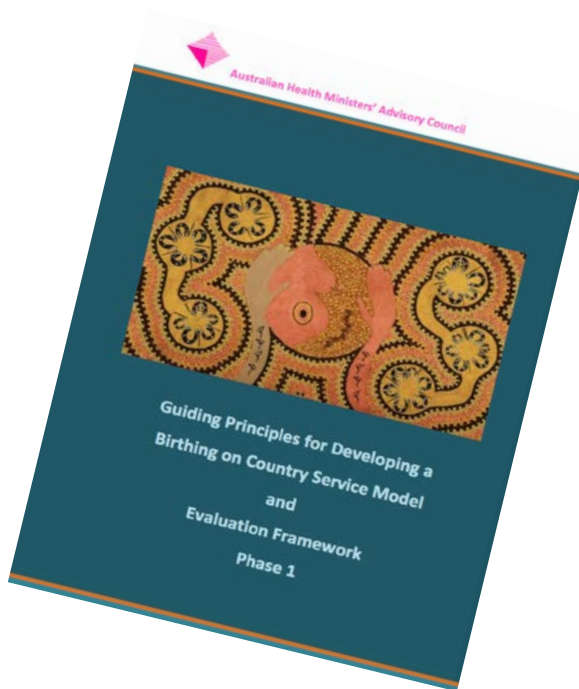
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Workshop participants agreed that Birthing on Country should be understood as a metaphor for the best start in life for Aboriginal and Torres Strait Islander babies and their families because it provides an integrated, holistic and culturally appropriate model of care; *“not only bio-physical outcomes ... it’s much, much broader than just the labour and delivery ... [it] deals with socio-cultural and spiritual risk that is not dealt with in the current systems”*. They agreed that it was important for Birthing on Country to move from being aspirational to actual. The Birthing on Country agenda relates to system-wide reform and is perceived as an important opportunity in ‘closing the gap’ between Indigenous and non-Indigenous health and quality of life outcomes.³ This work led to the development of a third key document endorsed by the Australian Health Ministers Advisory Council: *Guiding Principles for Developing a Birthing on Country Service Model and Evaluation Framework, Phase 1*.⁴ These documents are informing the service development of the new models.

DJAPIRRI MUNUNGGIRITI, YOLNGU ELDER, ARNHEM LAND, NORTHERN TERRITORY @ NATIONAL BIRTHING ON COUNTRY WORKSHOP (JULY 2012, ALICE SPRINGS)

“Birthing is the most powerful thing that happens to a mother and child ... our generation needs to know the route and identity of where they came from; to ensure pride, passion, dignity and leadership to carry us through to the future; Birthing on Country connects Indigenous Australians to the land... Birthing on Country brings spiritual meaning to the modern world... because it stretches from the ancient to the future, and it is for our generation to continue singing ... the identity of the Indigenous people of this world. ... In the fifties when I was born ... I was born birthing in the country... mission wasn’t established then ... I look back and cherish those moments... Birthing on Country connects Indigenous Australians. Either way you look at it from the moment you see the sun for the first time ... the time you breathe for the first time and see the universe around you ... that’s important. ... What is it that we need to put together, a strong voice, and one of us can report this in Canberra, outside parliament house and put recommendations of what we think is the best, and the best of the very best. If Indigenous people and non-indigenous people come together there is power ... We need to create that connection... connection that comes from the grass roots....”



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**Figure 1 Key components of successful Birthing on Country Models:
identified in the literature and endorsed at the workshop**

Birthing on Country

Maternity services designed by & delivered for Aboriginal & Torres Strait Islander women & families

Governance

Indigenous control, community development approach, shared vision cultural guidance & oversight

Philosophy & Overarching Principles

Respect for & incorporation of Indigenous knowledge & traditional practice / respect for family & mens' involvement / partnership approach / women's business / continuity of carer / connection with country/land / capacity building approach - particularly with training & education/ holistic definition of health / choice / evidenced based clinical practice / social model of health & wellbeing

Skill Acquisition, Training & Education

Partnership approach/ 2 way learning; appropriately trained & supported; competency based; delivered on-site; career pathway from maternity workers to midwifery, health literacy for women & families

Service Characteristics

Culturally competent service & staff;
Community based; specific location;
Designated ongoing funding; welcoming flexible service focusing on relationships & trust; outreach, transport, child friendly & group sessions; social, cultural, biomedical & community risk assessment criteria; clinical & cultural governance, interdisciplinary perinatal committee; effective IT; integrated services

Monitoring & Evaluation

Designated funding for monitoring & evaluation; continuous quality assurance; audit activities & recall register

Results

Community healing as evidenced by: reduced family separation at critical times, restoration of skills & pride; capacity building in the community; supporting community & family relationships; reduced family violence; increased communication & liaison with other health professionals & service providers; comprehensive, holistic, tailored care; improved maternal & infant health outcomes.

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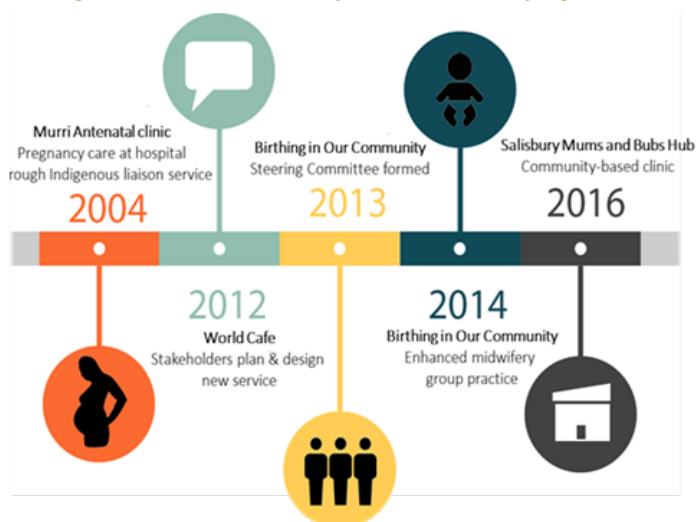
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The Birthing in Our Community Program

Birthing in Our Community (known as BiOC), is an urban Birthing on Country model that was established in 2013 in Brisbane. A Partnership between two Aboriginal Community Controlled Health Organisations (IUIH and ATSICHS) and a tertiary maternity service (Mater Health Service), was formed. Co-design of the new model by service users, elders, health providers, policy makers and industry representatives led to a joint investment in the workforce, improved integration of services and mechanisms to embed Aboriginal governance through a Steering Committee. This work is supported by a NHMRC Grant and is called the Indigenous Birthing in an Urban Setting (IBUS) Study. The IBUS study has laid the groundwork for the BOOST Project. The IBUS team have identified four interventional components of Birthing on Country Services (Figure 2). Work within these components helps move services from standard care towards Birthing on Country Services; delivering benefits for mothers and babies. Figure 3 shows the progression from a specialised 'Murri' antenatal clinic in a tertiary hospital to a BiOC program embedded in an Aboriginal-controlled Mums and Bubs Hub in 2016.

Figure 3 Timeline for development of the BiOC program



The first four years of the Birthing in Our Community Program has resulted in reductions in babies being born too soon (preterm birth) and too small (low birth weight) with more women having normal births, less caesarean operations and better breastfeeding rates. The program is very popular and many more Aboriginal and Torres Strait Islander workers are employed in the service than previously. The new model has improved clinical and cultural safety.

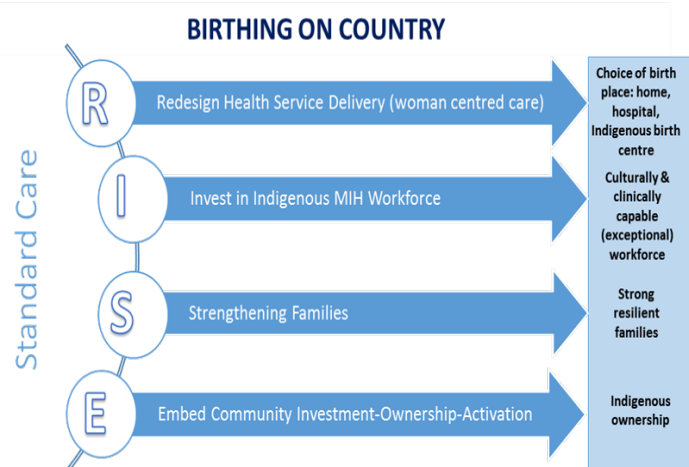


Figure 2 RISE Framework of Birthing on Country

Some of the BiOC team members



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The Birthing in Our Community Service

Birthing in Our Community is a complex intervention where multiple components are working together to deliver culturally and clinically safe care and improve outcomes.

- Partnership between Aboriginal Community Controlled Health Service/s and the Health and Hospital Service
- Mechanism to support Indigenous Governance (Steering Committee)
- Continuity of midwifery carer including a known midwife during pregnancy, birth, postnatal (up to 6 weeks as determined by the women) linked to the tertiary service with specialist support when needed (e.g. obstetrician, diabetic physician, maternal fetal medicine etc.)
- Frontline Indigenous Family Support Workers and onsite social worker and perinatal psychologist providing perinatal, parenting and wellbeing specialist care
- Workforce support through clinical and cultural supervision
- Location of services within a Community Based Hub
- Integration with the Aboriginal Community Controlled Health Service/s
- Investment in the Indigenous Workforce including support for Indigenous student midwives through cadetships
- A Team Coordinator to facilitate wrap around and outreach services (e.g. general practitioners, audiology, paediatrician, paediatric speech and occupational therapy)
- Transport provided as required
- Community activation through peer support activities, elders support, Deadly Family Cultural Yarning Days and other cultural activities.



BOOST Study activities to date

- Meeting with the **Birthing on Country Strategic Steering Committee** (October 2017) to determine how BOOST works with and alongside the Australian College of Midwives Birthing on Country Project funded by a Merck for Mothers MSD grant
- **Strategic mapping** for potential sites
- **Community consultation** in Nowra, NSW
- Research **protocol and survey** development
- Mapping the private health facility **licensing and legislation requirements** for freestanding birth centres in Queensland and New South Wales
- Investigating **insurance barriers and potential solutions** in conjunction with MIGA insurance and international brokers
- Developing **briefing** documents and attending meetings in 2017 with
 - the Deputy Director General – Clinical Excellence Division, Queensland Health
 - the Health Minister and the Chief Nurse and Midwife, Northern Territory
 - the Queensland Nurses and Midwives union
- **Grant application** for \$5 million capital works funding for Queensland site (unsuccessful).

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Community Consultation Waminda

Work towards Birthing on Country has been a longstanding part of the Waminda's strategic direction. In their 2016-2019 Strategic Plan, the Board and community have agreed that their focus for new services will be on the establishment of an Aboriginal Birthing Centre. As a local Aboriginal Community Controlled Organisation, Waminda exists to ensure Aboriginal and Torres Strait Islander women have a voice and are respected and are treated with dignity by all of community. Birthing on Country would continue to build on the existing Waminda services that provide tailored strength based care to provide quality health and wellbeing support.

Waminda are a member of the BOOST Partnership and led community engagement strategies in their region in late 2017. They coordinated the logistics and provided the guidance to the BOOST Working Group on the local cultural protocols. Two rounds of community yarns were conducted from September to November 2017.



The yarning circles were designed to be inclusive, interactive and transparent. They were conducted in accordance to Aboriginal protocol of the sovereign lands of the Yuin Nation on which they were conducted. Community yarns were convened in Nowra, Albion Park, Balang Healing House (Orient Point), Wreck Bay, Ulladulla and Batemans Bay. The yarns were conducted in comfortable settings with the aim of capturing community insights into what Birthing on Country could look like for families in the region. Further details can be sourced from the report.⁵

Waminda Birthing on Country Committee

Waminda have established a Birthing on Country Committee (BoC) that will guide and enable local voices and ideas to be incorporated into the design of the Waminda Community Hub and Birth Centre. The Waminda BoC Committee Representatives are: Sharon Trindall, Natalie McLeod, Carly David, Faye Worner, Patricia Deaves, Maiki Blakeney, Loretta Longbottom and Melanie Briggs.

Roadshows

The Waminda BoC aims to facilitate BoC roadshow presentations to local organisations to increase knowledge and understanding of the project and possibly develop an external working group.

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Waminda Community Hub and Birth Centre

Waminda are working with a local philanthropic property developer around the establishment of a new purpose built Birth Centre and Community Hub in Bomaderry, New South Wales. The outline (below) shows the ground floor concept drawing (not to scale). The space will allow easy flow between birthing space to consulting areas. The Waminda BoC committee are working closely with the local philanthropist developer to ensure culture is embedded into the plans and that the centre is a family purpose centre that feels safe and comfortable.



Further information on the BOOST Project

Professor Sue Kildea

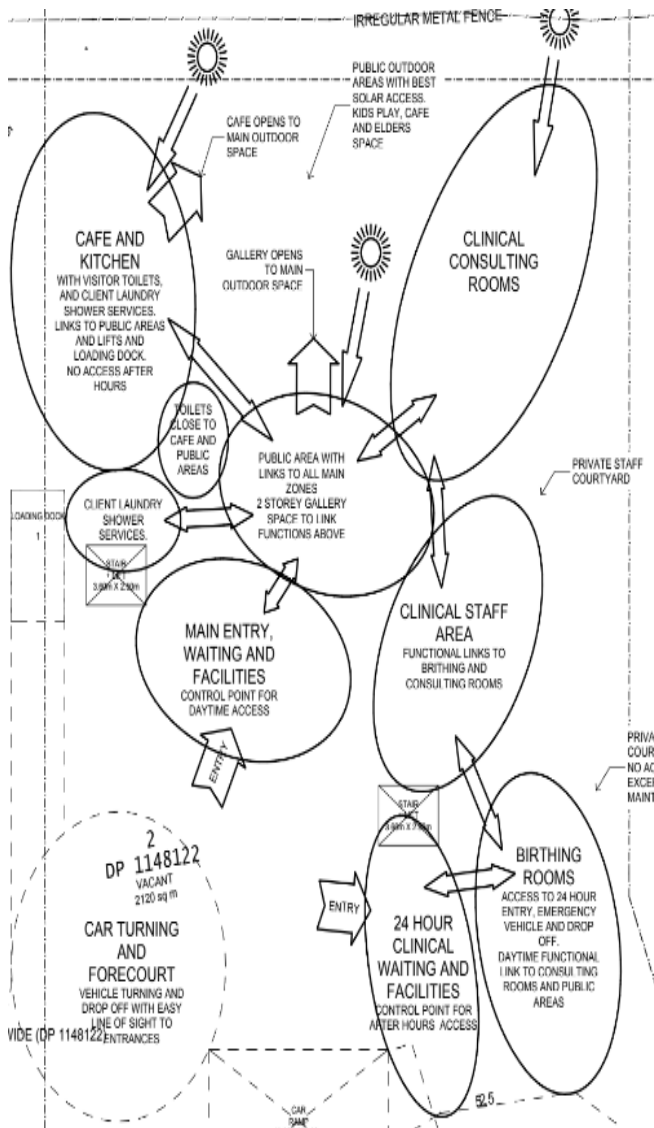
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