

Birthing on Noongar Boodjar

(Cultural Security & Aboriginal Birthing Women)

Project Recommendations





Acknowledgment of Country

We acknowledge the Whadjuk people of the Noongar Nation as the traditional custodians of this land on which we work, walk and live.

We acknowledge and pay respect to all of our Elders past, present, and future and recognize the long history of Aboriginal and Torres Strait Islander peoples on this entire land. In doing this, we acknowledge that the past is not just the past but continues to impact on the present and the future.

Through our Birthing on Noongar Boodjar research, we have an opportunity to influence the future and we seek the guidance of the Spirits of our Elders in this task.

We would like to acknowledge Valerie Ah Chee, Pinjarup/Palyku midwife and artist, as the artist and designer of the Birthing on Noongar Boodjar Logo. We thank her for the rights to use this wonderful design within our productions.



There were so many Aboriginal women involved in bringing the Birthing on Noongar Boodjar project to completion. Rather than name individuals in this report, we thank:

All the Aboriginal women who participated in yarns, yarning circles and community events. And, the Aboriginal women and Elders who generously offered their cultural knowledge and expertise to our various governance and project committees.

We have aimed to genuinely represent your voices, the concerns you expressed and the strengths and wisdom you have shared with us.

About the Birthing on Noongar Boodjar Project Recommendations Report

This Report sets out the recommendations developed by the Investigators and Partners of the Birthing on Noongar Boodjar (Cultural Security & Aboriginal Birthing Women) Project.

While recommendations are normally presented as part of a project report, the Birthing on Noongar Boodjar Recommendations are published to provide a succinct perspective of the problems and solutions present in the accumulated evidence; and the recommendations developed in response to these.

The recommendations are aimed at enabling health services to maximise their effectiveness in providing services to Aboriginal and Torres Strait Islander women, babies and their families during pregnancy and childbirth.

An electronic version of this report and the full Birthing on Noongar Boodjar Project Report can be found using the following link:

<https://goto.murdoch.edu.au/ngangkyira>





Birthing on Noongar Boodjar Executive Statement

Our children are our future. Healthy children are born of healthy mothers. Healthy mothers are supported by their families and communities. Healthy families and communities are supported by well-designed systems. Healthy systems are co-designed with all stakeholders.

Australian maternity care systems have not adequately considered the foundations required to nourish healthy futures for Aboriginal families. These systems have not been designed in the right way, by the right people, to provide the best start in life for Aboriginal children. This has resulted in well documented unequal life course health outcomes experienced by Aboriginal people.

Across the life course, starting from life in the womb, disadvantage exists in a complex web of personal capacity, family circumstances, community cohesion and life events, shaped by interconnected social, economic, health and educational influences. A child's earliest years undeniably shape their life chances and opportunities. Gaps between the least and most disadvantaged become apparent in a child's first years of life and have a cumulative effect. From birth, Aboriginal and Torres Strait Islander people are the most disadvantaged people in Australia.

Historical and contemporary causes over which Aboriginal and Torres Strait Islander people have had little influence have created this situation; leading to perceptions of intractability about how to address the wicked problem of Indigenous disadvantage. This is the environment in which our research has been conducted.

Birthing on Noongar Boodjar (Cultural Security & Aboriginal Birthing Women) has collected evidence which provides a deep understanding of the multiple factors which contribute to problems associated with providing culturally secure maternity care for Aboriginal women. This includes addressing racism in health settings and strengthening the Aboriginal workforce; and the cultural competence of the whole health system.

This evidence has the potential to contribute to multidimensional, dynamic and sustained solutions. Expert stakeholders (including community members, researchers, policy makers, clinicians, and service providers) have been collaboratively examining the problems and pinpointing the suite of solutions necessary to resolve this fundamental aspect of Indigenous disadvantage.

If we do not listen to the evidence and provide a place for the knowledge and voices expressed during the course of the Birthing on Noongar Boodjar project – as a society we will continue to fail the future health of Aboriginal children in Western Australia.

Birthing on Noongar Boodjar has taken place while changes have also been occurring across the WA health system. Unfortunately, much of this change has not translated to culturally secure maternity care for Aboriginal women in any significant way. We have too often witnessed the loss of maternity care services designed for Aboriginal women. The reasons are related to a lack of commitment to evaluation or cost-benefit analyses combined with a lack of forward thinking as to how time-limited program or seed funding will be maintained for enduring service delivery.

Working Together

To fully understand the impact of fragmented maternity care, we wanted to know from Aboriginal women who had given birth on Noongar Boodjar what their maternity experiences were; and from midwives, their experiences of providing care to Aboriginal women. In the collection and interpretation of the evidence, we worked closely with Aboriginal and non-Aboriginal partners from across community and the health and higher education sectors because we knew that substantial and informative work was and is being done by others to improve health service delivery. Much of this crucial work is aimed at creating a more efficient and effective health care system within existing resources. The Birthing on Noongar Boodjar project, however, has focussed on proposing a more efficient, effective, integrated and culturally secure maternity care system capable of responding to Aboriginal women and their families.



Birthing on Noongar Boodjar did not set out to reinvent the work of others. Instead, through five years of accumulating evidence, we identified many service gaps, issues and barriers within the Western Australian maternity care system. We have worked collaboratively and authentically with the Aboriginal community and our partners to identify and frame achievable and necessary solutions. These solutions build on successes, and draw on existing frameworks, plans, and service standards which articulate multidimensional and dynamic approaches to creating a culturally respectful health system.

Solutions

The overarching recommendation is for a Culturally Secure Maternity Services Pathway for Aboriginal Women. This is a bold vision, aimed at challenging previous approaches which have not translated to significant improvements in Aboriginal maternal and child health outcomes. The Pathway will articulate components to be embedded and measured over the long term. It will be co-designed by experts, inclusive of Aboriginal women and Elders and those with substantial Aboriginal maternal health expertise, working in partnership with representatives from across the health system. The Pathway will incorporate economic modelling aimed at assessing cost efficiencies associated with targeted, culturally secure maternity care.

The Pathway will formulate solutions able to be achieved within existing resources in the short and medium term as well as identifying directions for future investment to create long term sustainability. This approach aligns with those being developed in the Sustainable Health Review process. The aim of the Sustainable Health Review is to identify higher level changes which will more efficiently and effectively sustain the whole health system in a fiscally conservative environment.

A Culturally Secure Maternity Services Pathway for Aboriginal Women requires the Minister for Health and Mental Health, and Deputy Premier, Roger Cook MLA to include development, implementation, monitoring and evaluation of the Pathway as a component of health budget forward estimates; and once developed, the Health System Manager to direct Health Service Provider Boards to incorporate the Pathway framework in forward strategic and baseline budget planning.

Changing Expectations

The expert knowledge of the Birthing on Noongar Boodjar Investigator Group and Partners asserts that the development of a Culturally Secure Maternity Services Pathway for Aboriginal Women will provide the right circumstances to evaluate and measure maternal and child health and wellbeing improvements across the state. This can be achieved by linking WA Health data sets to produce longitudinal profiles of agreed clinical and social and emotional wellbeing outcomes relevant to Aboriginal health.

The time for change is now! We need a change of ethos in approaches to maternity care and for the Western Australian Government to commit to changing how maternity services are offered to Aboriginal women across the health system. The recommendations proposed here are a response to the persistent calls for improvements to Aboriginal maternal and child health outcomes so these equal the broader population.

Enduring, culturally secure maternity services which Aboriginal women can rely on and which meet their expectations are urgently needed. The Birthing on Noongar Boodjar recommendations, when acted on, will demonstrate to Aboriginal women, families and communities that maternity care can be responsive to their individual and cultural needs and their voices are being heard.

The Birthing on Noongar Boodjar Project Recommendations are aimed at changing the ethos of:

1. Government approaches to maternity care
2. The Western Australian maternity health workforce
3. Education pathways supporting maternity care in Western Australia

Birthing on Noongar Boodjar Principles



Birthing on Noongar Boodjar Project Recommendations are guided by principles which include:

Aboriginal women require equitable access to widespread availability of culturally secure models of maternity care provided by a culturally competent health system. This care should hold as its focus woman-centred principles that include continuity of care and carer, commitment to the employment of Aboriginal personnel in a range of health practitioner, diagnostic and support and administrative roles; and be integrated with culturally safe mainstream services.

The recommendations detailed in this document require an overarching Culturally Secure Maternity Services Pathway for Aboriginal Women. This will be co-designed with all relevant stakeholders and aim for sustainable, consistent, evidence based, culturally informed and responsive maternity care tailored for local conditions. The Pathway will include methods to secure the collection of culturally meaningful longitudinal evidence to demonstrate translation of culturally secure maternity care to health outcomes. It will incorporate economic modelling to measure the cost benefit of targeted maternity care.

Western Australia is in a position to provide leadership to other Australian States and Territories and demonstrate that closing the gap in Aboriginal maternal and child health outcomes is within reach when commitments are made to long term, ongoing, evidence based planning and care provision; and, this can be achieved within existing health budgets when a different ethos drives the process.



Birthing on Noongar Boodjar Project Recommendations draw on/refer to documents with a direct influence on addressing the delivery of maternity care. These are set out in the Guiding Documents reference table below which shows the document reference number (Doc Ref #); Document Title (colour coded to assist easy identification); and, Recommendation Reference number (Ref #).

Doc Ref #	Document title	Recommendation Ref #		
		1	2	3
A.	WA Aboriginal Health and Wellbeing Framework and Implementation Guide 2015-2030	*	*	
B.	WA Health Aboriginal Workforce Strategy 2014-2024	*	*	*
C.	National Aboriginal and Torres Strait Islander Health Pathway 2013-2023	*		
D.	National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2023	*		*
E.	National Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander People	*		
F.	National Health and Safety Quality Standards User Guide for Aboriginal and Torres Strait Islander Health (2017)	*		
G.	Sustainable Health Review Interim Report (2018)	*		
H.	Nursing and Midwifery Board of Australia Code of Conduct for Midwives (2018)	*	*	*
I.	Nursing and Midwifery Board of Australia Professional Standards: Midwife Standards for Practice (2018)	*	*	*
J.	Culturally Competent Maternity Care for Aboriginal and Torres Strait Islander Women (2012)	*		
K.	National Maternity Services Capability Framework (2012)	*		
L.	Guiding Principles for Developing a Birthing on Country Service Model and Evaluation Framework (2016)	*		

Guiding Documents Reference Key



Each Birthing on Noongar Boodjar Project Recommendation is set out as:

Recommendation Title

The Problem

Refers to an existing problem for which a change in thinking is required to identify solutions.

Relevant Birthing on Noongar Boodjar Evidence Summaries

Names the evidence summaries (which act as the summary descriptors for each primary theme) for each of the Birthing on Noongar Boodjar data groups, described as: Aboriginal Birthing Women; Aboriginal Senior Women; Aboriginal Elder Women; Midwives Individual; Midwives Focus Groups; Midwifery Educators.

Attachment A incorporates a Summary of Findings detailing the overall evidence, summarised for each data group. This includes an Evidence Summary Table which shows the data groups and associated evidence summaries descriptors, and the primary themes included in each evidence summary.

The Solutions

Frames the solutions which address the problem and incorporates a colour coded key to indicate which of the listed documents guide the solutions.

Recommendation

The recommended action to drive change.

Recommendation 1: Changing the ethos of government approaches to maternity care

The Problem

A history of culturally incompetent maternity services, fragmented care and inconsistent service delivery, resulting from time limited program funding, in conjunction with inadequate consultation with Aboriginal women, families and communities, has resulted in broad disengagement by Aboriginal women from mainstream maternity care.

This long history has reinforced a deeply embedded perception held by Aboriginal people that health services are not culturally safe to access and when access occurs, do not meet their needs.

A lack of cultural security and cultural competence is demonstrated at individual, organisational and systems levels across the majority of maternity services in Western Australia. Additionally, there are limited examples of evidence based, culturally secure maternity care for Aboriginal women being implemented, measured, reported on or sustained.

Relevant Birthing on Noongar Boodjar Evidence Summaries (see Attachment A for detail)

Aboriginal Birthing Women: Experiences of Care, Perceptions of Maternity Services, Cultural Practices and Concepts which Inform Cultural Security

Aboriginal Senior Women: Perceptions of Care Experiences, Perceptions of Maternity Services, Cultural Security and Cultural Practices

Aboriginal Elder Women: Stories of Old Ways, Stories of Self and Changes, Racism and Segregation

Midwives – Individual: Midwives Perceptions of Caring for Aboriginal Women, Midwives Knowledge of Aboriginal Culture, Midwives Understanding of Systems Issues

Midwives Focus Groups: Professional Dimensions of Providing Care to Aboriginal Women, Knowledge and Understanding of Aboriginal Women's Needs, Racial Assumptions

Midwifery Educators: Education and Practice, Racial Assumptions, Cultural Security in Education and Practice

The Solutions

A Culturally Secure Maternity Services Pathway for Aboriginal Women incorporated into the State's health system planning will provide a clearly articulated long term direction for the delivery of maternity services. This approach will be integrated with all relevant services and agencies, including the Aboriginal Community Controlled Health Sector. The Pathway requires the Premier and Minister for Health of the Government of Western Australia to include the Pathway in forward estimates; and the Health System Manager to fully integrate the Pathway across the health sector, via Health Service Provider Boards.

Actions and strategies which embed a range of mechanisms into the health system designed to support more effective health care for Aboriginal people generally are clearly articulated in many existing planning and framework documents. Collectively, these emphasise that culturally secure health service delivery begins with the Cultural Determinants of Health and includes: cultural safety; cultural competence; cultural governance; and culturally informed professionals. These elements are essential to the effective delivery of maternity services.

We acknowledge that work has commenced to embed the WA Aboriginal Health and Wellbeing Framework across the WA Health System using the directions documented in the Implementation Guide. We endorse this as an important initiative to improve the cultural competency of the health system as a whole. Using these substantial documents will also be highly beneficial to focussing on the changes required to improve the delivery of maternity services to Aboriginal women.

Guiding document reference key for Recommendation 1



Recommendation 1

A commitment by the Government of Western Australia to support the development of a Culturally Secure Maternity Services Pathway for Aboriginal Women co-designed with key relevant stakeholders and Aboriginal community experts.

No empathy, sympathy that it was my first born, that I was Aboriginal, you know, they just didn't care. Because they see women pregnant every day. That's what they said, because they see women pregnant every day.

- Aboriginal Birthing Woman

A couple of our Aboriginal grad midwives have been very uncomfortable and one resigned. One was going to resign, we need them so badly too, and this hospital doesn't have Aboriginal clinical support. They have normal midwifery support but they don't have Aboriginal people that are in here that are clinical, that can support the midwives

- Aboriginal Senior Woman

That constant liaison officer is needed, someone I can build a relationship with. Who understands me and how my family works. So they can cater their advice of how the family functions and they just lacked that completely. No one took into consideration what the family situation was, it was just always you need to do this; you need to do that. It doesn't really work like that [for me].

- Aboriginal Birthing Woman



Recommendation 2: Changing the ethos of the WA maternity health workforce

The Problem

A lack of Aboriginal people in all roles across all maternity services impacts on Aboriginal women's confidence to access maternity care. When available, there is a heavy reliance on the small number of Aboriginal staff already working in maternity services to 'do the cultural work'. This removes responsibility from non-Aboriginal personnel to be culturally informed and culturally competent in their clinical and caring interactions with Aboriginal women and their families.

There are limited cultural safety education learning opportunities that promote culturally secure maternity care or which challenge non-Aboriginal personnel to improve their knowledge of Aboriginal people and cultural practices. This situation leads to culturally unsafe environments, and often contributes to poor service engagement by Aboriginal women.

Those working in direct contact with pregnant Aboriginal women and their families need have a commitment to, know and understand how to effectively work with Aboriginal women and their families.

The presence of discriminatory care is exacerbated by a scarcity of health professionals capable of providing culturally secure care, and short term program funding leading to cessation of services when further funding is not available. This cycle has led to fragmented service delivery and disillusioned health professionals, and resulted in Aboriginal women being reluctant to seek antenatal care.

The multiple lost opportunities to sustainably integrate maternity care with other health and support services results in Aboriginal women, their families, and communities not trusting the capacity of health services to meet their maternity care needs which in turn contributes to the health gap and inequities in Aboriginal maternal and infant health outcomes.

Relevant Birthing on Noongar Boodjar Evidence Summaries (see Attachment A for detail)

Aboriginal Birthing Women: Experiences of Care, Perceptions of Maternity Services

Aboriginal Senior Women: Perceptions of Care Experiences, Perceptions of Maternity Services

Aboriginal Elder Women: Stories of Old Ways, Stories of Self and Changes, Experiences of Racism

Midwives Individual: Midwives Perceptions of Caring for Aboriginal Women, Midwives Understanding of System Issues

Midwives Focus Groups: Professional Dimensions of Providing Care to Aboriginal Women, Knowledge and Understanding of Aboriginal Women's Needs, Racial Assumptions

Midwifery Educators: Cultural Security in Education and Practice

Like we actually did see out of our own eyes how they spoke to other girls, [compared to] how they spoke to me and my sister. Not only me, my sister sitting there too. They were talking arrogant to her too. And she's just sitting on the side of me, you know, asking what's happening on my behalf... they were just talking down to her too, and it's sickening really.

- Aboriginal Birthing Woman

I suppose like the ultimate model I think that works, that I've seen work...would be to have an Aboriginal midwife, or a grandmother or even an Aboriginal liaison officer or someone that is Aboriginal...that identifies as Aboriginal part of the team...[and] midwives at every Aboriginal medical service, that could be, you know like eligible midwives or whatever, provide that whole care for them.

- Midwife



The Solutions

In addition to improving the overall number of Aboriginal people in the maternity care workforce, in all roles, Birthing on Noongar Boodjar has identified an urgent need to improve the cultural competence of non-Aboriginal people providing care to pregnant Aboriginal women.

Existing mandatory online training is an entry point to commence cultural awareness. The next step for personnel providing services to pregnant Aboriginal women is face-to-face cultural learning opportunities. These should be provided by Aboriginal staff to improve knowledge and understanding of Aboriginal women's individual needs and cultural practices, particularly in relation to the centrality of family being present during childbirth.

A range of consistently available professional development opportunities are needed, including user friendly tools which promote the development of good carer/patient relationships and culturally safe environments. One best practice example is the development of the Cultural Champions program at Fiona Stanley Hospital. The Director, Aboriginal Health Strategy, Clinical Service Planning & Population Health created the program using existing resources. It provides intensive cultural training to senior non-Aboriginal people who themselves demonstrate culturally secure clinical and patient practices, and advocate these to other staff. In this way Cultural Champions provide leadership and promote maintenance of a culturally respectful environment, in which Aboriginal patients are welcomed and supported. Initiatives like these are being developed in other HSPs by Directors of Aboriginal Health.

Another tool and systems integrated platform of engagement for perinatal mental health assessment is being developed through the Baby Coming - You Ready (BCYR) Project at the Ngangk Yira Research Centre. Commencing in pregnancy, BCYR aims to promote holistic approaches to culturally secure relationships between practitioners, Aboriginal women and their partners.

BCYR has been co-designed with Aboriginal Elders, community members, health care practitioners and researchers. It is a highly innovate social and emotional wellbeing screening tool, digitised to seamlessly and securely integrate with WA Health information systems. BCYR is designed as an interactive, web-based rubric that encourages Aboriginal mothers' ownership over their birthing journey and both mother's and father's transition to parenting..

Both the Cultural Champions and BCYR rubric complement the WA Aboriginal Health and Wellbeing Framework, specifically Strategic Direction 3 of the Implementation Guide, which calls for a culturally respectful and non-discriminatory health system, improved access to cultural education and training for non-Aboriginal staff and opportunities for ongoing professional development

Guiding document reference key for Recommendation 2



Recommendation 2

The Department of Health maintain and further develop mandatory Aboriginal cultural eLearning programs for the health system. Health Service Providers be required to deliver complementary face-to-face cultural safety education training programs at the local level for all staff involved with service delivery to Aboriginal women and families during their maternity journey.

Recommendation 3: Changing the ethos of education relevant to maternity care in Western Australia

The Problem

Whether a maternity care service is culturally safe is obvious to an Aboriginal woman when she first seeks maternity care: from when she enters the facility's main entrance, through to encounters in antenatal clinics, labour and post-natal wards and child health clinics. The first encounter an Aboriginal woman has with a health professional (midwife, doctor, nurse) may be the prism through which she experiences the rest of her maternity care. Not seeing other Aboriginal people working in a range of roles within health services is a further barrier to accessing maternity care.

There are currently limited opportunities for Aboriginal people to engage in post-secondary and tertiary educational skills attainment relevant to maternity care or undertake incremental pathways from certificate based (e.g., maternal and infant care), through diploma (e.g., enrolled nursing) to under graduate and graduate qualifications (e.g., midwifery, nursing, medicine, pathology, radiology).

A lack of educational pathways to support the entry of Aboriginal people into a culturally secure maternity care environment negatively impacts on participation in the workforce.

Relevant Birthing on Noongar Boodjar Evidence Summaries (see Attachment A for detail)

Aboriginal Birthing Women: Perceptions of Maternity Services

Aboriginal Senior Women: Cultural Security and Cultural Practices

Midwives Individual: Midwives Knowledge of Aboriginal Culture

Midwives Focus Groups: Professional Dimensions of Providing Care to Aboriginal Women

Midwifery Educators: Education and Practice

The Solutions

To improve the cultural security of maternity services requires an inclusive workforce with more Aboriginal people working in all roles in all health services. Aboriginal people require opportunities to step into a range of educational pathways and step out to culturally secure maternity care working environments.

This includes staged learning opportunities, commencing with certificate or diploma education (for example, Aboriginal Maternal and Infant Care workers) before proceeding to undergraduate and postgraduate education. Education pathways which transition, for example, Aboriginal Health Workers to skill specific Aboriginal Maternal Infant Care Health Workers (via on the job training) and then potentially to midwifery (with supported study leave options) is one solution. An overall maternity workforce strategy requires a collaborative approach developed by education institutions (i.e., TAFE, universities, registered training organisations) including the resumption of a Western Australian undergraduate midwifery education pathway and development of a certificate/diploma based Aboriginal Maternal and Infant Carer qualification.

Guiding document reference key for Recommendation 3



Recommendation 3

The Department of Health establish a Principal Aboriginal Nurse and Midwifery Advisor position to provide leadership in growing the Aboriginal nursing and midwifery workforce including the Aboriginal maternity health care workforce.

I think they should allow more family in the room to start with. Because you know, I come from a big family...I was only allowed my partner and my mum, that was it. But I mean my sisters were there too you know, and we're a pretty close family...just to have them there with you as a support thing, that would be nice to allow them, to let more people in the room, that would be good.

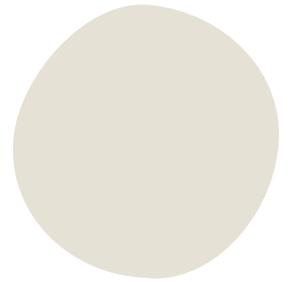
- Aboriginal Birthing Woman

I don't feel like I have had a lot of training to help me work with Aboriginal women but we do have an Aboriginal Liaison Officer who works at my hospital and I do, you know, ask her things and get her to see my Aboriginal women and if there is anything that she can deal with to understand our culture more. And we used to have two Aboriginal health workers as well that I found really helpful...but I do feel like we need a bit more training into the cultures of these women and how we can actually help with the care that we give to them here.

- Midwife

My other two boys was born there too... (So that was the hospital) Yep the sleep out thing. (You had to sleep outside?) Yep it wasn't in the proper ward. (Noongar women weren't allowed in the hospital to have their babies?) No, no...took them a long time.

- Elder Woman



Birthing on Noongar Boodjar ACG Members and Partners

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[^]indicates the named person is Aboriginal





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Government of **Western Australia**
 Department of **Health**
 South Metropolitan Health Service



Government of **Western Australia**
 Department of **Health**
 Public and Aboriginal Health Division



Government of **Western Australia**
 Department of **Health**
 North Metropolitan Health Service



TELETHON
KIDS
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Government of **Western Australia**
 Department of **Health**
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Kent