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Returning birthing services to communities and Aboriginal control: Aboriginal women of Shoalhaven Illawarra region describe how Birthing on Country is linked to healing

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Abstract

Background: For almost three decades, Waminda South Coast Women's Health and Welfare Aboriginal Corporation has provided culturally safe and holistic wellbeing services to the Illawarra Shoalhaven region, New South Wales. Work towards "Birthing on Country" has been a longstanding part of the Waminda's strategic direction. **Method:** Aboriginal ways of knowing and doing informed the multiple methods used. A desktop review of the grey literature and online public databases, then six community yarning circles were conducted in the region. Participants were mothers, grandmothers, community-controlled service providers, and government health providers. A thematic analysis was conducted by two researchers and a Waminda staff member. **Results:** Five broad themes were identified and informed the recommendations: (a) redesign maternity and child services, (b) establish a specific wellbeing and birthing place, (c) invest in a clinically and culturally exceptional workforce, (d) strengthen family capacity as pivotal to long-term health and

wellness for mother and baby, and (e) community ownership is fundamental. **Discussion:** This service model reflects Aboriginal women's aspiration to have a choice for more culturally safe care during pregnancy and birth. The new model privileges Aboriginal knowledge of pregnancy, childbirth, and early parenting; which is contrary to the current biomedical model of maternity services available for Australian women. **Conclusion:** Waminda is best placed to work strategically to implement and evaluate the aspirations of the women and in doing so, has the potential to change the life trajectory of Aboriginal babies born in the Illawarra Shoalhaven region.

Keywords: Birthing on Country, Aboriginal Australia, birthing outcomes, community engagement, midwifery, maternity service, birth centre.

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He Mihi – Acknowledgements: As a local Aboriginal community-controlled organisation, Waminda exists to ensure Aboriginal and Torres Strait Islander women have a voice, are respected, and are treated with dignity by all of the community. Waminda Board Members, community members, Chief Executive Officer, Cultural Committee, and maternal and infant health staff communicated very clearly that Birthing on Country was a key priority for the women in the community as a means of improving birthing experiences and outcomes in the Region. Birthing on Country would continue to build on the existing Waminda services that provide tailored strength-based care that aimed to provide quality health and wellbeing support.

Waminda led community engagement strategies, coordinated logistics, and provided guidance to the Working Group on the local cultural protocols when working for the Aboriginal community. This leadership was critical in engaging women, stakes holders, and analysis of data. The Working Group was very mindful to accurately record and reflect the concerns and aspirations of the women while also proposing recommendations that could be actioned.

Background: What is Birthing on Country?

Women's Definition

Aboriginal women across Australia (urban, rural, and remote) have led the drive to have "Birthing on Country" for decades. The aspirations and urgency of Birthing on Country becoming a reality is best captured in the following statements made by Djapirri Mununggirriti at the National Birthing on Country Workshop in 2012:

> [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 (Kildea, Magick Dennis, & Stapleton, 2013, p.25).
>
> 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 (Kildea, Magick Dennis, & Stapleton, 2013, p.7).

Workshop participants agreed it was important that Birthing on Country 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.

Aboriginal women have not only defined what Birthing on Country is (Kildea et al., 2013) but more importantly, provided strategic and operational recommendations how it could be delivered in communities. In 2012, over fifty participants came from across Australia to attend the first Birthing on Country workshop in Alice Springs. The objectives of the workshop, under the auspices of the Australian Health Ministers' Advisory Council through the Maternity Services Inter-jurisdictional Committee, were to

1. "obtain agreement regarding progressing Australia's commitment to Birthing on Country programs" (Kildea et al., 2013, p. 10),
2. "establish jurisdictional steering groups to support the implementation of Birthing on Country programs in Australia" (Kildea et al., 2013, p. 11),
3. "develop an implementation and evaluation framework for the Birthing on Country program" (Kildea et al., 2013, p. 11), and
4. "identify potential sites for the Birthing on Country program to be trialled" (Kildea et al., 2013, p. 14).

Literature Definition

The latest Birthing on Country work grew out of the National Maternity Services Plan (Australian Health Ministers Advisory Council, 2011) endorsed by all Australian Health Ministers in 2010. The Plan highlighted the challenges faced by Aboriginal and Torres Strait Islander women and families with regards to both access to, and acceptability of, maternity services. It recommended specific actions towards developing and expanding culturally competent maternity care, which included the establishment of Birthing on Country Models. In order to achieve this reform in maternity services, several steps were carried out under the oversight of the Maternity Services Inter-Jurisdictional Committee. One was a review of the international Birthing on Country literature, conducted in 2012. The Maternity Services Inter-Jurisdictional Committee defined Birthing on Country for this review as:

> Maternity services designed and delivered for Indigenous women that encompass some or all of the following elements: are community based and governed; allow for incorporation of traditional practice; involve a connection with land and country; incorporate a holistic definition of health; value Indigenous and non-Indigenous ways of knowing and learning; risk assessment and service delivery; are culturally competent; and developed by, or with, Indigenous people (Kildea & Van Wagner, 2012, p. 5).

Local Aboriginal Women Leadership - Waminda South Coast Women's Health and Welfare Aboriginal Corporation

The South Coast Women's Health and Welfare Aboriginal Corporation provides culturally safe and holistic health services to the women of the Illawarra Shoalhaven region. They began operations as an Aboriginal Women's Health Centre in 1984, and Waminda was established in 1990. Their focus is on tailored strength-based care that addresses the social determinants of health. Waminda is a centre of excellence for Aboriginal and Torres Strait Islander women's health, and a leader in linking culture with education, health, and wellbeing (Waminda, 2018). The service catchment area extends from Kiama to Ulladulla, and includes the discrete Aboriginal communities of Wreck Bay (Australian Capital Territory), Jerrinja (Orient Point) and South Nowra. They offer 21 health service programs, including an established Mums and Bubs program which offers antenatal and postnatal care as well as parenting support, and infant healthcare. The suite of services include sexual health clinics, pamper days, grief and loss support groups, over 40s physical activity group, and promotion and education awareness-raising sessions in schools and the wider community.

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 (Waminda, 2018). To this end, Waminda has become a key partner in a National Health and Medical Research Council Partnership Project aiming to develop and evaluate Birthing on Country service models in Australia – *Building On*

Our Strengths (BOOSt): Developing and Evaluating Birthing On Country Primary Maternity Units.

To ensure that the local birthing centre reflects community aspirations, Waminda undertook community consultation that had two distinct aims:

1. Ascertain the level support by Aboriginal women for returning maternity and birthing services to the Aboriginal communities in the Illawarra Shoalhaven region, and
2. Design a system of care that reflects the Aboriginal community aspirations to birth on their community and have the capacity to deliver high-quality maternal newborn infant health care to Indigenous women and infants in a culturally safe and responsive manner.

This paper will describe the pregnancy, birthing, and parenting aspirations of Aboriginal women of the Illawarra Shoalhaven region. It will outline Waminda's operational framework to redesign services to align with the women's cultural framework for Birthing on Country.

Methods

Multiple methods were used to inform the consultation process and Aboriginal ways of knowing and doing centre-piece to the approach. The Waminda Birthing on Country committee provided guidance to the Working Group, which comprised of four collaborating research agencies (Mater Research, Waminda, Australian College of Midwives, University of Sydney)[1]. The Working Group has extensive experience in midwifery and infant health and health care service, with four of the five women being Aboriginal.

A desktop review of key documents that were supplied by different stakeholders and found on the Internet was conducted. Footnotes and references provided information on the data sources used for this report. In particular

- 2011 and 2016 Census data (Australian Bureau of Statistics, n.d.),
- *New South Wales Mothers and Babies 2015* Report (Centre for Epidemiology and Evidence, 2016), and
- the *Working together building health futures: Illawarra Shoalhaven Local Health District health care services plan 2012-2022* report (New South Wales [NSW] Government, 2012).

The desktop review was pivotal to inform the six community yarning circles that were completed. Yarning was used as a methodology and method, which aligns to the rich oral history used by Aboriginal people. Three methods of yarning utilised were social (establishing a connection and trust), research topic (gathering information on returning birthing to the community), and collaborative yarning (sharing information, leading to new understandings; Bessarab & Ng'andu, 2010). The participants were diverse in age, community and life experience. Health Services providers from NSW Health, including Aboriginal Maternal Infant and Child Health, the Aboriginal Community Controlled Health Organisations (ACCHOs), and specialised program providers also attended the meeting. The Working Group also received a written submission from a community member who was not able to attend the yarning circles.

A thematic analysis (Braun and Clarke, 2014) was conducted by the Working Group and led by the first author (Yvette Roe) and checking done by the final author (Sue Kildea). The findings were presented back to the Waminda Cultural Committee overseeing the project for consideration and endorsement.

This project was the first phase to engage the community and health service providers in a conversation about Birthing on Country in the region. As an initial scoping project, ethics approval was not sought. More importantly, the Waminda Cultural Committee provided oversight for the project, which was important, as the committee members are Aboriginal women from the local community.

[1] The Working Group comprised of the following authors Yvette Roe, Melanie Briggs, Cherisse Buzzcott, Donna Hartz, and Sue Kildea.

Findings

Findings from the Desktop Review

Illawarra Shoalhaven Region and District Health Plan. The Illawarra Shoalhaven Local Health District "provides services to a diverse range of communities with three main population centres: Wollongong in the Northern Illawarra, Shellharbour in the Southern Illawarra, and Nowra in the Shoalhaven" (NSW Government, 2012, p. 6) and a multitude of services to diverse communities. The estimated "current population of 368,822 is projected to reach over 425,000 [by 2022], with the [quickest] growth rate to be experienced in the Shoalhaven" (NSW Government, 2012, p.6). The data suggests that the "communities have distinct health care needs, with a higher than state average level of socioeconomic disadvantage" (NSW Government, 2012, p.6) compared to other regional areas in New South Wales. In the next decade the Local Health District needs provide services that accommodate cultural diversity, embrace isolated communities, respond to increasing levels of clincal and socially complexity.

The population profile for the Illawarra Shoalhaven residents provides some insight into the social complexity of the Aboriginal population. In 2011, Aboriginal people compromised almost 3%(10,763) of the total population, of which almost two thirds "reside in the Illawarra (6,445) and 40% reside in the Shoalhaven (4,318)" (NSW Government, 2012, p. 10). Shoalhaven has "the highest density of Aboriginal people" (NSW Government, 2012, p. 33), comprising 5% of the Shoalhaven population (twice the percentage of Indigenous Australians for the rest of NSW) and 10% of the children (double the proportion for NSW; NSW Government, 2012). Between 2012-2014, 1,165 Aboriginal and Torres Strait Islander babies were born in the region (Centre for Epidemiology and Evidence, 2018). A NSW Government (2012) report describes Shoalhaven residents "are the most socio-economically disadvantaged, especially in the Nowra area"(p. 33) in comparison to all District residents. This is compounded by the the "highest level of premature mortality, and the lowest level of private health insurance"(NSW Government, 2012, p. 33).

Maternal and Child Health Profile. Only a few key maternal and infant health statistics were available from the NSW Health website (Centre for Epidemiology and Evidence, 2016). The proportion of women receiving antenatal care in the first trimester of pregnancy appears to have declined from 2011 onwards to rates that are less than the average NSW rates for both Aboriginal and non-Aboriginal mothers, with Aboriginal mothers being less than non-Aboriginal mothers at almost all time points (Centre for Epidemiology and Evidence, 2017; *see* Figure 1).

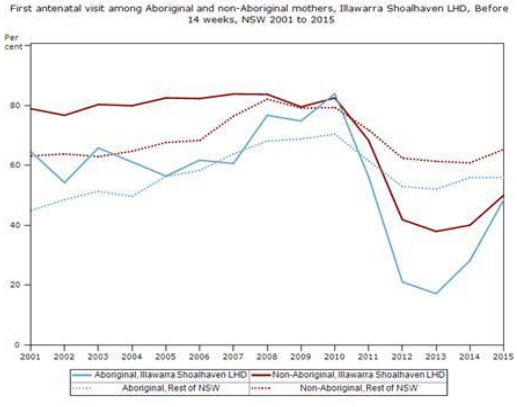

Figure 1. First antenatal visit among Aboriginal and non-Aboriginal mothers, Illawarra Shoalhaven LHD, before 14 weeks, NSW 2001 to 2015 (HealthStats NSW).

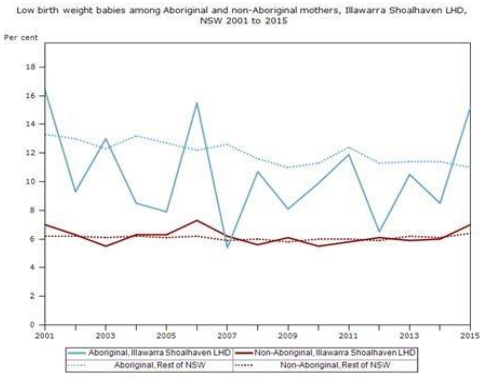

Figure 2. Low birth weight babies among Aboriginal and non-Aboriginal mothers, Illawarra Shoalhaven LHD, NSW 2001 to 2015 (HealthStats NSW).

Figures 1 and Figure 2 are from "Babies in NSW" by the Centre for Epidemiology and Evidence, 2017 (http://www.healthstats.nsw.gov.au/Indicator/mab_bbth/mab_bbth_ses_trend). Copyright 2019 by State of New South Wales NSW Ministry of Health. CC BY 4.0.

Further investigation is required to determine if the sudden drop around 2011 reflects a data capture issue or the actual care women are receiving however the figure for Aboriginal mothers is much lower than the national figure of 54% in 2014 (Australian Government, 2017). The proportion of low birth weight babies for Aboriginal mothers fluctuates from ~7-16% compared to the non-Aboriginal mothers of 6-7% (Centre for Epidemiology and Evidence, 2017; *see* Figure 2).

The proportion of Aboriginal women having a normal vaginal birth in the Illawarra Shoalhaven region was not available. However, the NSW data shows a slow decline over the years 2001 to 2015 from around 73% to 69%; around 8-10% higher than the proportion of non-Aboriginal women (Centre for Epidemiology and Evidence, 2017). The proportion of Aboriginal women fully breastfeeding at hospital discharge is ~65%, approximately 10-15% lower than the non-Aboriginal rate of ~79% (Centre for Epidemiology and Evidence, 2017).

Findings from the Yarning Circles

All contributions added richness to the yarn. The themes arising from the yarning are illustrated in Figure 3. All participants made a valuable contribution to the discussion and important insights to understanding Birthing on Country from Koori[2] women's community perspective as well as a model for providing mother and child-centred care[3].

Priority: Voice and Choice. Sovereignty of person and place was expressed by the women in the form of having a choice. A lack of choice and control of their birthing experience was iterated at each of the yarning circle. Women shared how they were not provided with any choices in birthing. Participants shared how they wanted their family to be involved in the birthing process but informed that it could not happen. For example:

> "[we want] whole of family involvement. Hospital currently restricted to three support people, dependent on staff." (Shelly)

> "[birthing should be] less bureaucratic, less paternalistic, and less judgement. The women Birthing on Country drive the process it is not clinically driven." (Vivan)

> "control [is] usually the health professional telling you what you have to do" (Jai)

Figure 3. Yarning circles themes supporting "the best start to life" for mothers and babies.

[2] Koori is an demonym for Aboriginal Australians from the approximate region of New South Wales and Victoria.
[3] Participant names are pseudonyms and permission has been granted to use quotes and photos.

Elders shared their traumatic stories of attending hospitals when they were having children, which include being provided with no care or poor care, feeling unsafe, experiencing racism, and not being respected. An Elder shared:

> "Still an outstanding fear of Government and hospitals taking [our] babies." (Sally)

Birthing on Country was viewed as an opportunity for women to have choices and an important part of the community's future. One participant said:

> "Birthing on Country provides women with choices and uniqueness of their experience to be able to mix and match a suite of programs to ensure a culturally safe and healthy birth." (Della)

Several participants discussed how Birthing on Country was an important opportunity for healing from previous state-enforced trauma, having support for grief and loss where women are not afraid, but instead feel they are in a safe place:

> "[Birthing on Country would be] great healing for the community from past experiences." (Ella)

Midwifery care aims to provide women-centred care, which involves ensuring that women are informed of options available (social, emotional, physical, and cultural needs). This includes having agency, being supported by the midwife, and feeling culturally and clinically safe. Having a trusting and continuity of care relationship with a midwife is pivotal to ensure women are aware of the choices available to them.

Essentially, community members wanted to birth in a place that the mother, and family, are familiar and comfortable with. One participant suggested:

> "A house, home, or place that means something to them….a place where the family [can] sleepover and around them, kids playing, cooking, and eating." (Vivan)

Recommendations

1. **Redesign the health system**
   a. To improve the pregnancy and birthing outcomes for Australia's First Nation people, it is essential that key stakeholders actively participate and invest in redesigning the health system. The system redesign should be a transformative and collaborative process with each stakeholder contributing to a pool of resources and providing their unique skills and knowledge. Potential collaborators include Waminda, NSW

Figure 4. Yarning circle participants engaging discussions about Aboriginal community controlled birthing services.

Health [4], ACCHOs, and Public Health Network.

b. All maternal and infant health and wellbeing service providers in the Illawarra Shoalhaven region to review and, where necessary, re-orientate services to ensure that services are *mother and child-centred* which also accounts for the social and cultural determinants of health and wellness, and international best practice.
c. Waminda take the lead on the redesign by approaching potential collaborators to join a Multiagency Steering Committee (*see* Embed community activation-investment-ownership section) to work in partnership to provide an integrated and comprehensive model of care that includes a *Midwifery Group Practice (MGP) for Indigenous families* in the region.
d. Waminda to be the lead organisation in the delivery of an *integrated 24/7 Indigenous MGP*.
e. Illawarra Shoalhaven Local Health District to negotiate a collaborative agreement with Waminda that enables midwives employed in the MGP to provide birthing services at the hospital or home and will also be extended to include *Koori Wellbeing Birthing Place (Facility),* when it is operational.
f. The Australian College of Midwives to take the lead in urgently finding a solution to the insurance issues that restrict access and insurance cover for midwives employed in an ACCHO to provide care in the hospital, the birthing centre, and the home.

Safe Place

All participants agreed with the importance of having a safe place to birth. Safety was inclusive of cultural, spiritual, clinical, and physical safety. A spiritual and cultural space would embrace cultural birthing practices, including ceremony (birth is one's first ceremony). Clinical safety is receiving quality care by all staff, i.e. clinicians, support staff, and administrative staff. A physically safe place would provide security and assurance to the mother, especially in the situation of interpersonal violence. Elders shared:

> "knowing traditions, nuances, family dynamics. Sometimes it's the grandmother and other significant women who are supporting and the male partner takes a back seat during the birth and may be supported by other males." (June)

> "[Knowing] women's and men's business and knowing how this plays out during the birth, e.g. father of [the] child is not allowed at the foot of bed during birthing, silence may be requested." (Jen)

> "mixing western medicine with Aboriginal medicines, [for] example muttonfish, geebungs, gum, clay, darmas, oysters (soul food)." (Vivan)

> "[women] being accepted for who they are. Sometimes Aboriginal cultural protocols and ways of greeting and community can be seen by non-Indigenous people as unacceptable or unprofessional, e.g., patient and family kiss the nurse on arrival or swear, which is seen as unacceptable." (Amy)

The women also spoke about the significance of birthing on their "country" or as close to community as possible. A participant shared:

> "[I felt] isolated and lonely by birthing away from country and family." (Dena)

> "I want the option of having women Elders doing ceremony with me during my birth, song, dance, plants, and bathing in 'right' water." (Tia)

> "'Protection by family to speak up on women's behalf as a woman may lose her voice in labour." (Ali)

> "mothers want to continue [to] play a caring role for other children, especially if the siblings are under five, the mother is a single [mother], or she is the primary carer. This reduces stress on the mother and allows for the siblings to be part of the birthing experience [on] country." (Suz)

Recommendations

2. Wellbeing and Birthing Place

a. Design and build a multi-purpose *Koori Wellbeing Birthing Place (Facility)*, which will deliver comprehensive, holistic maternity care for all women and

[4] NSW Health is used in its broadest term to include for example the Aboriginal Maternal Infant Health Strategy Program and the Illawarra Shoalhaven Local Health District etc.

birthing services for women with no identified risk in pregnancy (*see* Figure 2). The service and facility is mother and child-centred as well as allowing for family involvement as determined by the mother herself. *Aboriginal cultural integrity* provides the governing ethos for the services and facility. The facility design is to incorporate a safe space for women who may be experiencing trauma or distress, e.g. interpersonal violence and require short to medium term recovery and accommodation. This may include crisis accommodation for stays up to about one month when clients will then move on to transitional housing off-site.

b. Family wellbeing workers[5] and midwives in the MGP to work collaboratively in ensuring a woman-focused service. Midwives are a key advocate of the mother's choice for her birthing experience, which also includes advising women of the birthing process that is, birthing practice, and places.
c. NSW Health to work with Waminda and other stakeholders, through the Multiagency Steering Committee, to assist in developing the risk management strategy for the development of the Koori Wellbeing Birthing Place. This should be based on previous work conducted prior to opening the Ryde and Belmont Level 2 birthing services in NSW (Tracy and Hartz (2006)). Key people could include Prof Michael Nicholl, the Senior Clinical Advisor Obstetrics to NSW Health; Dr Jane Raymond, Midwifery Advisory NSW Health; Prof Sally Tracy; and Dr Donna Hartz who were key to the development and implementation of the Ryde service.

All participants agreed on the importance of a clinically and culturally safe workforce. Women shared experiences where the tension between clinical staff (e.g., a midwife and a specialist arguing about the care to be provided to the mother). The women expressed that they felt judged negatively and did not feel they had a trusting relationship with the hospital staff or their midwife. Several women described the relationship with the midwife as being "under surveillance". Participants share the following experiences:

> "Racism!! Huge, a huge problem in the area when accessing hospital." (Deann)

> "[I felt I was a bad mum] I wanted to breastfeed baby without being told how to hold baby and [the midwife] recording every interaction within the day. This information can be recorded from a simple conversation to an observation or conversation with family members." (Vivan)

Figure 6. Yarning circle participants discussed the importance of embedding cultural practices into the proposed Koori Wellbeing Birthing Place.

[5] A family wellbeing worker would be an Aboriginal person from the local community.

One suggestion was for an in-hospital advocate to be there for the women when they needed them. Service providers discussed how they were reflective of their clinical practice and worked hard to ensure that they provided women-centred care:

> "[The Service should be about] strengthening the relationship with midwives." (Carmel)

Community members and providers agreed that increasing the Koori maternal and child health workforce was a priority. During the yarning circles, women expressed interest in pursuing a career as a midwife and were deterred because they would have to live/travel to Sydney or Wollongong.

> "Aboriginal women will open up to Aboriginal staff in hospital." (Lynn)

Recommendations

1. **Invest in the workforce**
   a. A *clinically and culturally safe* maternal and child health workforce in the Illawarra Shoalhaven region is a priority. NSW Health staff employed in the Illawarra Shoalhaven region to undertake mandatory annual cultural safety training, which is to be delivered in partnership with an ACCHO.
   b. Cultural safety training to be an integral component of the collaborative agreement between Waminda and NSW Health.
   c. NSW Health to allow MGP midwives to participate in the maternity specific *mandatory training* and upskilling of which will be part of the collaborative agreement with Waminda.
   d. NSW Health *continues to invest* in increasing the size and capability of the Aboriginal maternal and infant health workforce. There should be an emphasis on recruiting, retaining, and graduating Aboriginal students and clinicians from the Illawarra Shoalhaven region.
   e. Universities are encouraged to
      i. implement a systematic "pipeline" that is designed for the increased recruitment and graduation of Aboriginal midwifery and child health students;
      ii. provide off-base training to enable Aboriginal students to conduct the majority of their studies within the region; and
      iii. develop a collaborative education agreement that enables Indigenous students to gain clinical experience in the hospital and primary health care setting.

All participants expressed frustration on how maternal and infant services were often fragmented and hard to access. For example, some services only provided antenatal care; some only provided antenatal care if women were under 25-years; some only provide postnatal or women's health care; some provide postnatal and infant health services; some provide home visiting, but others did not provide transport or care in the home. No services provided birthing care from a midwife whom the women had an opportunity to meet in pregnancy. Women felt

Figure 7. Waminda Program manager Hayley Longbottom's goal is to become a Koori midwife.

they had to navigate a health and social support system that was designed to exclude them rather than include them, with some service providers also unsure of what services were available locally.

Service providers shared examples of the difficulty in providing integrated and timely services for women, especially women with complex needs. Comments were made how funding decisions were made in Sydney, which did not reflect the needs in the region, thereby limiting the services they could provide in the community. Participants unanimously agreed that services need to be comprehensive and integrated into a system of care and services. Pregnancy and birthing was only one part of the journey for Aboriginal children to get the best start in life, and women need to be able to access a suite of clinical and support services. The discussion was solution-focused, and several options were proposed. One participant suggested that:

> "Continuity of care for whole of life and all aspects." (Marion)

There was a discussion on local leadership to urgently redesign services in order to implement a different model of care. The importance of senior management and organisations working in partnership was considered very important to change the current situation. As one participant said:

> "[We need] community leadership [and] advocacy is not enough there needs to be more control, local governance. Representing the needs of community, responding to demand, and diverse mix of Aboriginal communities, [we] should modify as things take shape." (Irenie)

Ensuring the Birthing on Country was done appropriately and informed by Aboriginal ways of knowing and doing a participant proposed:

> "[leaders and service providers to] form a cultural taskforce to review policies to ensure there is a cultural lens over everything that is done implemented for Koori women." (Vivan)

Recommendations

1. **Strengthen Family Capacity**
   a. *Strengthening the capacity of families* is critical to the long-term health and wellness of the mother and baby and should be seamlessly integrated with maternal and infant health services. The Aboriginal community should be involved with the design and delivery of the activities and services. A localised "strengthening family capacity" strategy could be developed to cover the life course of the mother and child; e.g. cultural revival, trauma and attachment informed care, resilience, family wellbeing, skills development, and employment opportunities etc.
   b. Families are critical in the pregnancy, birthing, and parenting journey. Service providers to employ active strategies as informed by the mother, to engage the family in the longer term. Family support and wellness workers to provide seamless integration of comprehensive services that continue to strengthen the capacity of the mother and family.
   c. Integrated and comprehensive women and child wellbeing and health services.
      i. Continued investment in, and collaboration with, Waminda to provide *comprehensive and integrate*d mother and children centred services throughout the Illawarra Shoalhaven region. Women and children would be able to access a suite of services including
         - maternal and infant health services, including caseload midwifery to be available for women of any risk status, midwives to work within an MGP;
         - outreach or onsite services may include obstetrician, ultra-sonographer, diabetic education, dietician, women's health and paediatric services including reproductive, contraceptive, sexual health services, smoking cessation, dental, immunisation, growth assessment, and monitoring for well babies and allied health services (i.e., psychologist, perinatal mental health workers,

social worker, occupational and speech therapist);
- family wellbeing workers to support the women throughout their pregnancy, birthing, and postnatal journey which may include coordinating wellbeing services, advocacy, and engagement with health and human services as agreed to by the client;
- legal and advocacy advice and support;
- one-stop-shop for accessing capacity building programs, welfare support, and shop front for Commonwealth or state agencies (e.g., Centrelink, housing etc).

Participants talked about the need for intensive support, especially when things went wrong. They suggested that women have plans in place that include the ability to "dial an aunty" or "dial an uncle" when dads need additional support. Grandmothers Against removals were also mentioned as a potential source of support. Community engagement activities that included going out On Country, to special places such as the traditional birthing pools were suggestions for strengthening wellbeing.

Recommendations

1. **Embed community activation-investment-ownership**
   a. *Elders and cultural knowledge holders* are invaluable resources that can contribute positively to the birthing and parenting experience. Waminda to seek input from their Cultural Committee and local Elders Committees (groups) on how Elders and knowledge holders can be included in the Birth on Country program design and delivery, and the birthing facility design.
   b. A *model of governance* that is informed by the Aboriginal community which will provide the foundation (ways of knowing, doing, seeing, and being) for development and delivery of mothers and children centred services. That is services delivery by the community for the community.
   c. Waminda to Chair a *Multi-agency/stakeholder Steering Committee* to work collaboratively to deliver culturally safe evidence-based and high-quality maternity and child health services.

Discussion

There was unanimous agreement that current maternity services were not meeting community expectations; and furthermore, that Waminda could work with Aboriginal women and researchers to design more appropriate services. Our results provide evidence to inform an innovative service model that is driven by Aboriginal people. This service model reflects Aboriginal women's aspiration to have a choice for more culturally safe care during pregnancy and birth. Cultural integrity, cultural practices, and family preservation underpin the healing process and informed the strategic recommendations. Further, the results align with the national and international movement to Birth on Country; to return birthing services to communities and Aboriginal control. Birthing on Country will provide mother and baby with the best start in life and heal trauma associated with colonisation. The new model privileges Aboriginal knowledges of pregnancy, childbirth, and early parenting which is contrary to the current biomedical model of maternity services available for Australian women.

The Working Group applied a methodology and methods that aligned with Aboriginal ways of knowing, thereby privileging the voices of the Aboriginal women when discussing Birthing on Country and how it could occur in their community. Our approach identified the existing barriers experienced by mothers and families, and proposed several recommendations that are mother-child centred, community-based, involves inter-agency collaboration, and more importantly, strength-based. The recommendations were informed by an examination of available literature, engaging with service providers, and capturing the concerns and aspirations of the women in the Illawarra Shoalhaven region.

Conclusion

The success of implementing all the Birthing on Country recommendations is highly dependent on the local context, and the Working Group is optimistic that there are a number of opportunities for this to occur. The leadership and commitment demonstrated by Waminda Board for all staff to improve the birthing outcomes and community engagement has been exceptional. Discussions with service providers in the region suggest that they are willing to enter arrangements to work collaborative, thereby improving services to the women in the Region.

All key stakeholders will need to demonstrate leadership ranging from the executive level to policymakers, and frontline services providers, with the key being mother-child centred care. Each agency can contribute specialist skills and services to Birthing on Country, which needs to implement an innovative and efficient model that reflects the needs of Aboriginal mothers and babies. A research framework will monitor progress throughout as it documents the journey for this community.

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Ms Melanie Briggs is a proud Aboriginal women from the Gumbangirr and Yuin nations. Ms Briggs is an Endorsed midwife and project officer at Waminda South Coast Women's Health & Welfare Aboriginal Corporation. Mel engages with Aboriginal families to encourage healthy living for better maternal and neonatal outcomes. Ms Briggs has been instrumental in advocating and redesigning local midwifery services to ensure that they are clinically and culturally safe for mothers, babies, and families. Ms Briggs is also co-Chair of the national Birthing on Country Strategic Committee which is focused on returning birthing services back to Aboriginal communities.

Ms Cherisse Buzzcott is an Arrernte woman from Alice Springs and a midwife. Ms Buzzcotts' experience varies from working in a large inner-city tertiary hospital to working as an outreach midwife travelling to a remote community. Her experience includes working in the areas of birthing, antenatal and postnatal care, and has completed her women's health training. Cherisse is employed at the Australian College of Midwives working on Birthing on Country as the Project Officer and co-Chairs the Birthing on Country Strategic Committee. Her work targets improving maternity care delivery to Aboriginal and Torres Strait Islander mothers and babies, working in collaboration with Aboriginal women to ensure the provision of culturally safe care to their women and families

Dr Donna Hartz (RN, RM, M Mid Studies, PhD, FACM) is an Academic Leader Knowledges (Health) at the University of Sydney's, National Centre for Cultural Competence. Donna is a descendent of her grandmother's people, Kamillaroi. She is a midwife and nurse with 33 years' experience as a clinician, educator, lecturer, manager, consultant, and researcher. Donna works in partnership with Waminda Aboriginal Health and Welfare Service on a variety of projects including Waminda's Birth on Country model and service, Balaang Cultural Healing Model Evaluation, and Nabu Family Preservation and Restoration Framework.

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Professor Sue Kildea is an internationally renowned midwifery researcher with collaborative projects across Australia, Canada, Sweden, and the United Kingdom. Sue has spent much of her career working in remote Australia and with Aboriginal communities and organisations. Her PhD resulted in a UTS Human Rights Award in 2004. She is a strong advocate for returning birthing services to Indigenous communities and is working with Waminda South Coast Women's Health and Welfare Aboriginal Corporation towards the establishment of an Aboriginal owned Birth Centre. She is the lead investigator on a National Health and Medical Research Council grant to drive this work and assisted in the community consultations.