



A beautiful bush space on Country: Indigenous women's perspectives on the cultural significance of a placenta garden

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ABSTRACT

Background: Australian Aboriginal and Torres Strait Islanders, hereafter respectfully referred to as First Nations women, often experience maternity care incongruent with their cultural needs. To date, there is limited research on First Nations women's perceptions of the role that placental burial and a placenta garden may play in promoting connection to culture for women and their babies.

Aim: This study aimed to understand First Nations women's perceptions of placenta burial and a dedicated placenta garden in supporting connection to their culture.

Methods: In this qualitative descriptive study, decolonising methods were used to recruit eight First Nations women using message stick sampling via First Nations mentors. Stories were told through yarns using a semi-structured yarning guide. Reflexive thematic analysis led to theme generation. Member-checking of preliminary themes by participants and endorsement by First Nations mentors occurred before finalisation of themes.

Findings: Four themes captured the women's perspectives on the significance of placental burial and gardens. *Recognising the Barriers* explores factors impacting on culture and maternity care experiences. *Enabling Continuity of Care* describes a desire to work with a midwife towards a continuum throughout the perinatal period. *Promoting Connection for Mum and Baby* explores how the placenta garden can act as a conduit for connection. Finally, *Creating Opportunity for Healing* describes the essential healing that can be initiated through engaging in cultural placental burial.

Conclusion: First Nations women described placental burial as essential to strengthening their connection to culture and perceived that continuity of care with a culturally knowledgeable midwife facilitated connection.

Statement of Significance

Issue

Australian First Nations women can experience maternity care which is not reflective of their cultural needs. There is limited research on First Nations women's perceptions of placental burial in promoting connection to their culture.

What is Already Known

For centuries, First Nations women have practiced birthing ceremonies to celebrate the placenta. Traditional birthing practices have the potential to connect women to their culture.

What this Paper Adds

Opportunities for connection to their culture through traditional practices (such as placental burial) are perceived as meaningful for First Nations women and the community. Women felt that

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culturally knowledgeable midwives offering continuity of care were key to facilitating this connection.

Note to readers

The terms *Aboriginal and Torres Strait Islander* and *First Nations* are used interchangeably to identify the women within the Placenta Garden Project and beyond. These terms were selected following consultation with the First Nations mentors and study participants to respect their diversity.

Readers are advised that this paper contains sensitive women's business and references to literature from First Nations women who have passed away. This publication refers to the Stolen Generations, contains coarse language and refers to sexual abuse, which some readers may find triggering. Please consider this before reading.

Introduction

Since colonisation, First Nations women have increasingly been disconnected from women's business and birthing on Country traditions [1], and slipping through the gaps of intended woman-centred care [2, 3]. *Women's business* includes sacred customs and beliefs that extend across a First Nations woman's life span encompassing all aspects of her social and physical health, including cultural birthing practices [4]. Engaging in cultural birthing practices, such as placental burial, is important to keeping culture and birthing practices alive [5].

For centuries First Nations women have been practicing birthing ceremonies to celebrate the importance of the placenta [5]. "The placenta is a beautiful organ", a lifeblood which must be preserved [5]. Preservation ensures that for First Nations women, their wellbeing and connection to Country remains strong [5]. However, some First Nations women who birth within current maternity services may not have the opportunity to experience this deep link, and instead experience challenges in their ability to foster a connection to women's business, family, culture and Country [6,7]. The ability to foster a connection for First Nations peoples has been significantly dismantled as a direct product of the enactment of government laws and practices resulting in the forced removal of First Nations children from their families (known as The Stolen Generations) [8]. The enduring effects of the Stolen Generations on First Nations peoples within Australia impacted First Nations culture, language, family history and the continuation of cultural practices, such as birthing on Country and women's business traditions [8].

The placenta, membranes and blood have significant spiritual meaning to the woman, baby, and land by creating a spiritual link [9]. Traditionally, First Nations Elders assisted in the birth of the placenta, which was then buried on Country following the birth. As stated by Grandmothers Law, "the afterbirth (yakwethe) is buried" on Country [10]. While on-Country placental burial practice still occurs, some First Nations women have access to a placenta garden for burial. A placenta garden is a purpose-built dedicated, secure garden space with native plants in which women can ceremonially bury their placenta with other First Nations women from the community and their Koori Maternity Service Providers [5]. Koori Maternity Service Providers are specific to Victoria and offer individualised, person-centred care maternity care underpinned by Aboriginal culture whilst promoting a trusting relationship between the provider and the woman [11].

The placenta and the practice of burying the placenta is considered vital within some cultures for protection, healing and health [12,13]. Within the Ijaw region of Niger, the placenta is considered to be a conduit which supports the new human from one world to the next when buried under a plantain tree [12]. Similarly, in the Marakwet community of Kenya, high spiritual significance is placed on the correct

management and disposal of the placenta as an indication for newborn and maternal wellbeing. [13,14]. Among the people of Tonga, the placenta is buried on the left or right of the home of the woman - depending on the gender of the baby - as a connection to future marriage, virtue and family heritage [13].

To date, little research has been undertaken to understand the perceptions of First Nations women about the role that placental burial, and specifically a placenta garden, may play in maintaining connection to their culture following birth. This study was designed to address the question: *What are Aboriginal and Torres Strait Islander women's perceptions of the role a Placenta Garden may play in promoting connection to culture?* The project strongly focused on personal engagement between researcher and participant to discuss placental burial and the link that this creates for First Nations women [15]. Specifically, a qualitative descriptive approach was selected within the qualitative research paradigm. A qualitative descriptive approach was appropriate as the aim was to describe the experiences of the women through their life and connection to their culture [16,17]. Additionally, Indigenous methodology was used to create a culturally secure research process [18]. The methodology included community consultation, mentoring from First Nations women and a yarning approach for data collection.

Participants, ethics and methods

Recruitment of participants

The researchers worked with First Nations mentors to develop and maintain a respectful decolonised research process [19]. This began with the engagement of two First Nations Koori Maternity Service Providers who provided guidance and cultural oversight [18]. The First Nations mentors assisted with recruitment of eligible women. They acted as "message sticks" by sharing information with women about the project, enabling women to express interest in participation [20]. The First Nations mentors provided a trusting and culturally appropriate way for the women to be approached due to involvement within Koori Maternity Services. The mentors were not involved with the data collection and were only used for initial contact with the women. The First Nations mentors, with consent, introduced interested First Nations women to the non-Indigenous researcher. The research team acknowledges the potential for recruitment bias as the First Nations mentors approached women who were known to them from burying their placenta. However, we believe this limitation is outweighed due to comfort they received by being approached by First Nations women rather than non-Indigenous researchers.

Ethical considerations

The research was approved by the Human Research Ethics Committees of the respective health service and affiliated university. Human Research Ethics Committee approval number RES-22-0000-027A.

Data collection

Written informed consent was obtained prior to the yarns. Yarning method involves a two-way culturally appropriate method of conversation between people and facilitates the sharing of one's own personal stories, experience and the sharing of new ideas [21-23]. Yarning was selected as a data collection process because it privileges First Nations knowledge systems, encourages sharing of lived experience and storytelling and facilitates culturally appropriate data collection [24]. Data were collected via recorded one-on-one yarns, between the non-Indigenous primary researcher and participant using a yarning guide. The yarning guide was reviewed and endorsed by the First Nations mentors. The guide reflected the four stages of yarning: social, research topic, therapeutic, and collaborate yarning to facilitate building a relationship of trust and connection between the First Nations

woman and the researcher [23]. Data were collected between June 2022 and September 2022. Audio-recorded data were transcribed by the primary researcher and checked for accuracy by author two. A question within the yarning guide included: *What does the idea or experience of placental burial mean to you and your family?* The full yarning guide is available in Appendix 1.

Ten First Nations women were recruited using the Placenta Garden Project message sticks. Of these, eight women participated in yarns; six women who had engaged with an established placenta garden and two women who birthed at a Melbourne maternity hospital and had no access to a placenta garden.

Data analysis

Data were coded using NVivo [25]. By the eighth yarn, data coding patterns were consistent. A six-step reflexive thematic analysis process was followed to make meaning from the data [26]. Steps one and two involved the first author (XX) reading the interview transcripts and making initial line-by-line codes. Step three involved the researchers (XX and XX) discussing themes from the initial codes specific to the research question. Steps four and five involved all of the researchers reviewing themes and naming the themes and sub-themes as illustrated in Figs. 1 and 2. Figs. 1 and 2 were sent to the participants and First Nations mentors. The participants were asked if the themes, sub themes and description reflected their perceptions, and were given an opportunity to provide feedback. The four women who responded agreed on the titles, descriptions and themes and made no suggestions for change. The First Nations mentors similarly agreed. Step six of the thematic analysis involved writing up and finalisation of the themes and the sub-themes reported in this paper.

Findings

The women’s average age was 34 years and they had between one and four children. The average yarn length was 42-minutes. The women identified as being from one of seven First Nations Countries: Wadawurrung (VIC), Gulidjan (VIC), Arrernte (NT), Ben Lomand (TAS), Palawa (TAS), Wamba-Wamba (NSW/VIC) and Dharug (NSW). Representation among the participants of different Indigenous Countries

carries potential for a variety of views and experiences of culture as Australian First Nations cultures are diverse and spread across the nation [27]. However, when interviewed the women only resided in one of two Indigenous Countries - Wadawurrung and Wurundjeri. The Country of respective participants is specified after their quotes.

Four clear themes were evident in the data, reflecting the role of a placenta garden and the positive impact this had: *Recognising the Barriers, Enabling Continuity of Care, Promoting Connection for Mum and Baby* and *Creating Opportunity for Healing* (Figs. 1 and 2).

Recognising the barriers

This theme describes the barriers to facilitating connection within the maternity system for First Nations women. The sub-themes identified were *Encountering Racism, Experiencing Inappropriate Care, and Suffering Intergenerational Trauma*.

Encountering racism

Although racism was not the focus of the yarns, all of the women provided context about what was important regarding their cultural connection, and equally, what contributed to dismantling it. Women described experiencing racism during the perinatal period, with one woman reporting multiple exposures over different health services:

We’ve had poor outcomes in three different birth centres. So, like, it’s not something that...oh, this is happening at [Maternity Hospital] or this was happening at [Rural Maternity Hospital] ...It’s absolutely riddled with racism... incredibly culturally unsafe. (Participant 6 Wadawurrung)

Women expressed mixed views about identifying their background; it was felt that identifying would lead to increased stigma and racism:

I’d certainly didn’t feel comfortable... in identifying...I didn’t know whether I was gonna be judged if I did identify, or if they would think, you know, differently of me. (Participant 2 Wadawurrung)

Experiencing inappropriate care

Women also reported that there were certain interactions during their care that caused disconnection from their culture, creating a

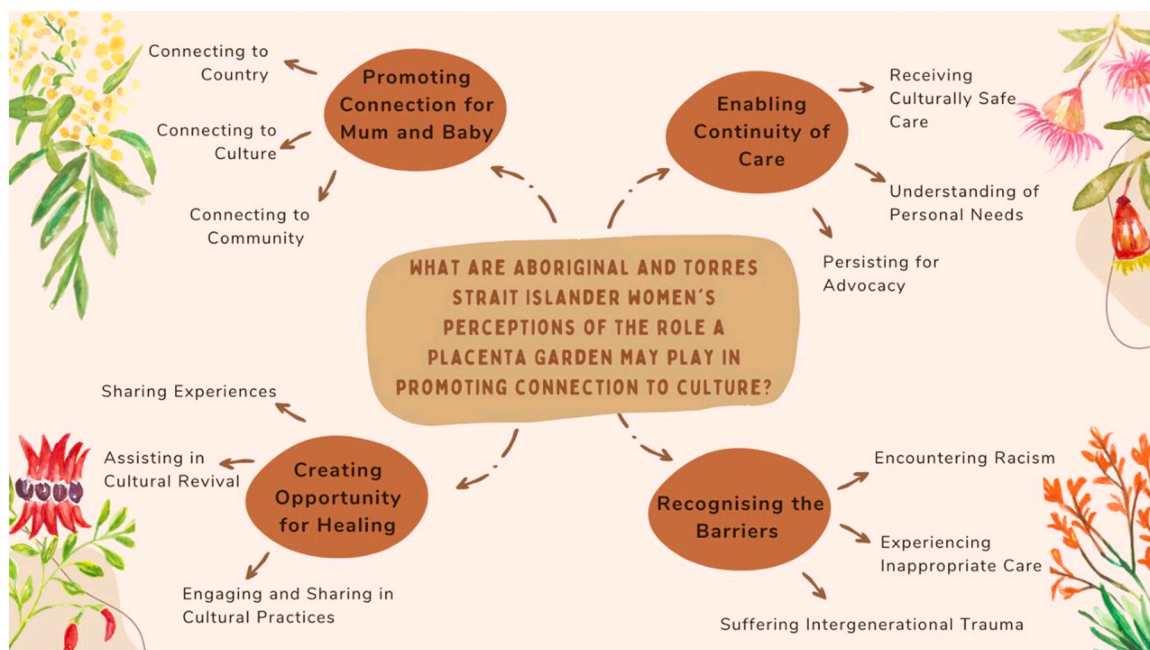


Fig. 1. Themes Mind Map.

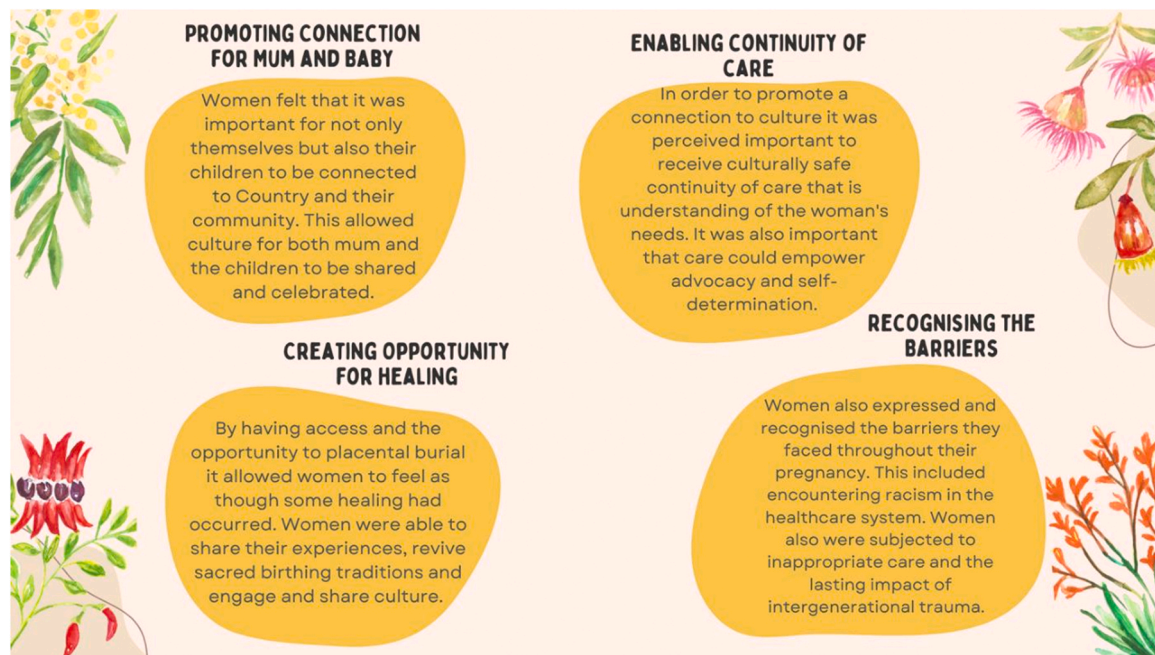


Fig. 2. Themes description.

further barrier to care. Culturally safe care was something women considered essential to pregnancy, yet it was often missing:

I said if this is culturally appropriate care like I'm best off just throw me to the wolves...it's just not gonna work. (Participant 3 Wadawurrung)

One woman explained that she felt comments and poor care from health care professionals were based specifically on her Aboriginality:

She basically said that she would be surprised if I didn't have diabetes because I'm Aboriginal...and it's all Aboriginal women end up with gestational diabetes...just like really pissed me off. (Participant 1 Wurundjeri)

Women also reported that during the post-natal period, health care professionals did not understand or recognise the women's culture or needs, one woman stating that:

Maternal Child Health actually reported me to Child Protection for um having an overcrowded house. I [only] had my brothers living with me at that stage... (Participant 3 Wadawurrung)

Likewise, women felt they were not heard or respected during their care. This was especially felt by women who had experienced other traumas throughout their life.

I'm there on my back, legs up...he [Doctor] walked in with another young fella...didn't introduce himself... it was scary, and he wasn't listening to me and when I said no, stop, he didn't stop and being from a background of sexual um stuff was really hard for me and my family ... the minute I stepped in there, I lost all control. No one fxxking listened to me. No one. (Participant 6 Wadawurrung)

Suffering intergenerational trauma

Women described experiencing trauma from the enduring impacts of the Stolen Generation within their family and culture. Half of the women revealed that someone in their family had been removed from their family's care:

I don't really have a lot of knowledge like about my culture... we never, like, really talked about or anything like that because my um pop was part of the Stolen Generation. (Participant 3 Wurundjeri)

Lack of identity and the removal of culture was a concern expressed by other women during the yarns stating that:

It's like little bits of you being lost along the way, you know... taking women off Country to birthing hospitals. Then taking their babies and separating families and slowly removing culture... (Participant 6 Wadawurrung)

Women discussed actions by midwives, nurses and doctors in the hospital that were triggering emotions related to the impact that the Stolen Generation had on their families past and highlighted the lack of understanding about how this could result in feeling culturally unsafe:

She said oh, I'm just taking your baby and you need to sleep... as my mum was part of the Stolen Generation and I was just like you're not...she said we're gonna have him out here, and I just that disconnection... We're taking your baby. I just I freaked out... you need to bring him back. (Participant 2 Wadawurrung)

Enabling continuity of care

Continuity of care and knowing the caregiver were described as critical to feeling supported to engage in cultural practices. The sub-themes identified were *Receiving Culturally Safe Care*, *Understanding of Personal Needs*, and *Persisting for Advocacy*.

Receiving culturally safe care

Having a dedicated midwife was seen by all participating women as a requirement for feeling encouraged to engage in cultural practices:

A familiar setting, familiar faces, and just um they did like, take time to do other stuff. (Participant 4 Wadawurrung)

Another woman stated:

I mean, she knows me personally anyway, so it just was a lot more comfortable ...like safer space for me to express any concerns and stuff without being kind of questioned. (Participant 1 Wurundjeri)

Having an understanding of a woman's mob was considered important during their pregnancy care. One woman stated: "[T]hey understand they know they know my mob" (Participant 1 Wadawurrung)

Country). If women did not feel a strong connection to their midwife, it could mean the experience of what was considered respectful, 'safe', or the woman's willingness to receive care, could be inhibited:

I wouldn't have gone if I didn't have the relationship with someone... I would not have felt comfortable. (Participant 5 Wadawurrung)

Understanding of personal needs

Women wanted access to committed midwives and maternity service providers such as doctors who were non-judgemental of their lives. When dedicated, one-on-one support was received, women perceived care as compassionate and supportive. Women felt strongly about needing care from a midwife who was accepting of them:

I was in a fairly shitty position...I needed support. I didn't need punishment and I think that [Midwife] was able to provide the support that was required. (Participant 3 Wadawurrung).

Similarly speaking of the Koori Maternity Service midwives, one woman stated: "They were so supportive" (Participant 1 Wadawurrung).

Persisting for advocacy

During significant personal experiences women described needing support from midwives: "she had my back, they knew...they knew all the stuff" (Participant 1 Wadawurrung). Feeling listened to by their midwife and maternity service providers was also important to their self-advocacy and trust of the health service:

It just made me feel a lot more advocated for and like people were gonna actually listen to what I was saying and take me seriously because [Aboriginal Midwife] was there to kind of advocate for me. (Participant 3 Wurundjeri)

Some women firmly believed that if not for the continuous support of their midwife, their outcomes could have been very different:

I honestly believe that if I didn't have [Midwife] that my son would probably have been removed at birth from my care. (Participant 3 Wadawurrung)

One woman described a situation in which the sustained effects of racism and intergenerational trauma impacted her support post birth, dismantling her connection to care and family. Whilst her baby was in the Special Care Nursery, she relied on the unwavering support of the midwife because her family firmly believed their Aboriginality would negatively impact the care offered:

My family sort of just disappeared, um which was really odd because it was the first grandchild... and NONE of my family came to visit...I was really cross and angry ... I couldn't understand it... then I found out that my grandfather had actually rang everyone and said don't go into that hospital; if they see a bunch of black fellas hanging around that baby's good as gone... but [Midwife] was just there the whole time. Didn't bat an eyelid. (Participant 3 Wadawurrung)

Promoting connection for mum and baby

The women emphasised the value and importance of a multifaceted connection for the woman and baby. Placental burial offered the women a deep level of connection, which was represented in the following three sub-themes: *Connecting to Country*, *Connecting to Culture*, and *Connecting to Community*. Culture, community, connection, Country, and care do not occur in isolation; they were perceived by the women to be interwoven:

When we put our placentas back, we're caring for Country. This whole thing is about caring for women, who's caring for Country,

caring for Country is caring for families, putting bub, bubs back, connecting to community. (Participant 6 Wadawurrung)

Connecting to Country

The strong connection to Country that placental burial gave women was evidenced by the number of women who discussed how a relationship with Country was fostered for their baby due to burial. Placental burial was an act which demonstrated caring for the Country they were on:

It's going back into the land and I'm connecting to the land...part of the children then kind of stays grounded and connected. (Participant 4 Wadawurrung)

Conversely, those who had not had the opportunity to access a placenta garden reported that connection to Country would be a future aspect of their child's identity, family and culture:

It nourished us and bub for 9-10 months...you know be able to return that back and let that like cycle continue...sustaining life... gives them a nice connection to the lands... it's a part of them as much as it was a part of me... gives him a connection to the land as well. (Participant 1 Wurundjeri)

The feeling of connection to Country was described as crucial by the women who were not from the Country they birthed on. Women wanted their children to be connected to the Country they now called home and feel safe while there:

This is not our traditional lands. I think it's even more important because it's giving that recognition to the traditional owners of the land that we're living on... even though they're not his ancestral lands and it's getting him, you know, a safe passage to grow and live on the lands that we're on at the moment. (Participant 1 Wurundjeri)

While connection to Country was highly regarded, women felt that connection to their culture was equally as important and could thrive with access to a placenta garden.

Connecting to culture

Women discussed the idea of women's business and understood that placental burial allowed for continued connection to women's culture:

Obviously, it's just the women. So, they had supported me through the birth of [Daughter], so it was really nice to have their support... burying the placenta in the garden with them as a support. (Participant 2 Wadawurrung)

One woman suggested that burial in the garden created a strong and lasting connection between women of different generations within the community, she stated:

It's become a linking connection between all of us. And I had two other women who are beautiful Wadawurrung Country Traditional Owners and their mum [at the burial] they come with me. (Participant 6 Wadawurrung)

Women who had not buried their placenta firmly believed the practice of placental burial could maintain a connection to their culture for both the present and future:

If he does [bury his placenta] he will always have that connection to his culture...his placenta is in a garden with other you know, Aboriginal babies. (Participant 3 Wurundjeri)

Women stated that their connection to Country and culture was improved and supported by having and fostering a strong sense of connection to community for themselves and their children.

Connecting to community

Women from Wadawurrung Country believed that being able to bury

their placentas together with other women in ceremony reinforced their connection to the community:

To be part of like it was part of the community project and having the garden and that special space for women and stuff. There were just some and I just like how, like, nurtures and grows life like from the like it was inside. (Participant 4 Wadawurrung)

Even those not originally from Wadawurrung Country still believed in a strong connection to land and other women was strengthened by group burial within the placenta garden:

I'm not from here, but...I feel a strong connection to the Wadawurrung Community here and I know that there's so many other women's placentas in there that you know their countries from all over as well. (Participant 2 Wadawurrung)

Some women perceived that having access to a placenta garden meant their children had a haven in the community to return to and connect with the earth now and in the future:

She's now got her safe place...If [Daughter] needs to go to her placenta and sit there and talk to her placenta or just talk to earth and re earth herself she's got a place to go. (Participant 1 Wadawurrung)

Creating opportunity for healing

A purpose-built placenta garden and the practice of placental burial was understood to promote a sense of closure and healing. Sub-themes of *Sharing Experiences*, *Engaging and Sharing of Cultural Practices*, and *Assisting in Cultural Revival* were identified.

Sharing experiences

Sharing experiences through a placental burial ceremony was perceived to be valuable for the women:

The healing happens through the talking. And when you give women a space and a purpose to come back to somewhere that feels like home and you are connected. (Participant 6 Wadawurrung)

However, one woman shared how the burial for her was more a sense of obligation due to family pressure and to feel "worthy to be part of the Aboriginal community that we lived on" (Participant 3 Wadawurrung). She expressed her realisation, with hindsight, that burial on her own Country was something she valued more, while noting the garden gave her purpose to keep connecting with the space, long after the burial:

Maybe I made the wrong choice, by forcing a connection to Country that isn't ours ... but at the time, it was good for us...gave me a purpose to keep coming back. (Participant 3 Wadawurrung)

Engaging and sharing of cultural practices

The women who could not access placental burial or a specific garden indicated they would wait until a garden was built within their community or area to engage in the cultural practice of burial explaining that, when asked stated:

Yeah, definitely... like in the Southeast, like we have so many like communities down the peninsula and out this way... would be good to have something kind of central. (Participant 1 Wurundjeri)

Some women discussed the importance of being able to share the cultural practice with their children as an aspect of engaging and passing down First Nations Birthing on Country culture:

I'd be honoured to tell her the story behind the placental burial and why we do it... and you know she will love it...I'll explain that you know, this is you connecting back to earth...this is your, the land that you were born on and yeah, we're giving back to you know earth. (Participant 2 Wadawurrung)

Assisting in cultural revival

Women who had access to placental burial described being able to revive and restore the birthing practice. Women explained how it assisted them in feeling connected to birthing culture: "I'm the first person in my family that's ever done it ...it's a good opportunity for us to learn a little bit more like about my culture" (Participant 3 Wurundjeri).

Some women's explanations spoke to a perception of bonding through the burial and connection of soil and placenta:

I remember when we did [son's] first burial and it was so special, and I just like I felt like the two worlds, like my two homes combining... at the end of the day the land connects...and there is plenty of different countries between Wadawurrung and Arrernte, but I think the earth talks to each other...it's very, very special.(Participant 5 Wadawurrung)

Women were able to connect back to cultural practices of Birthing on Country through the act of placental burial. The garden meant that women would feel there was some restoration occurring for themselves, their family and their culture:

The placenta garden acted like a beautiful bush space on Country ...I think the burying of the placenta... after the birth process, it's like a balm on the wound...it's something to smooth over... It's still something that we can hold dear and we can rebuild some of our culture. (Participant 6 Wadawurrung)

Discussion

We used yarning to create an opportunity for the First Nations women to talk about their pregnancies, life, and placental burial. While the focus of this study was the placenta garden, the yarns and findings uncovered complex and much broader issues related to First Nations women's experiences of cultural care throughout the perinatal period.

Significantly, most women described the damaging impact that racism and intergenerational trauma had on their pregnancy care, empowerment, and self-advocacy. Racism against First Nations women extends well beyond the women involved in this study, a recent publication reported 48.3 % of pregnant First Nations research participants described racism towards themselves during their pregnancy [28]. Experiences of racism and discrimination described in this study are also supported in current literature depicting barriers to engaging with health services and providers [29,30]. Previous Australian research suggests that culturally unsafe care can greatly affect a woman's sense of trust and decision making relating to her health and pregnancy [30,31] and is congruent with the reflections of First Nations women in our study [32].

Findings relating to the impact of the Stolen Generation in diminishing women's trust in health services are consistent with assertions made by Aboriginal and Torres Strait Islander academics [33], who have led an urgent call for transformational change in perinatal care systems [34]. Half of the women in our study spoke about having a family member removed as an outcome of previous government policy, resulting in disruption of cultural connections, such as birthing traditions and cultural knowledge. This finding is similar to existing evidence suggesting the experience of Stolen Generations has had a lasting detrimental impact on First Nations communities [8].

To improve the health and wellbeing of First Nations mothers and babies, it has been argued that maternity providers need to ensure they create experiences that lead women to feel supported rather than feeling abandoned [35]. The importance of having access to a culturally safe midwife and continuity of care models described by the women here share similarities with the themes identified by Kildea [35]. Kildea [35] found that health outcomes drastically improved when Birthing on Country polices and dedicated continuity of care models were implemented, increasing antenatal attendance among First Nations women. Our findings support Kildea's [35] claim that continuity of care can

enhance participation, access to health services, create positive relationships, and is conducive to feeling empowered to engage with health services. Further, our study's findings strengthen the work of McLachlan and colleagues [36], who found the implementation of culturally safe continuity of care for First Nations women across three maternity providers increased feelings of satisfaction with dedicated care [36].

First Nations women who participated in this study felt empowered to participate in their care when they trusted their midwife, with some women believing they would not have attended antenatal appointments, nor planted their placenta, if it was not for their midwife. Similarly, McCalman [30] found that 97 % of their participants felt it was critical to have a feeling of trust in care providers during pregnancy.

First Nations women's birthing traditions historically and still today connect women to the land on which they birth [37]. Birthing on Country models of care, and improving access to birthing culture, are ideal for integrating into maternity services for First Nations women [37–39]. Women within this study felt similarly, explaining that their ability to connect to Country and culture depended on multiple intertwined factors, including their ability to engage in cultural expression. When women in this study felt supported by the health services, their midwife, and the community, they were able to strengthen caring for Country and cultural expression. Previous research by Adams [37] identified that Caring for Country in relation to birthing traditions, ceremony, and tools are important considerations for First Nations women birthing in the current maternity system. Findings from our study concur, highlighting that sites can act as culturally safe spaces to foster a connection to culture.

Our findings reflect the importance of a sense of community and connection with other First Nations women, and is similarly reflected in an evaluation of First Nations models of maternity care by Hartz [40]. Both studies speak to the experience of passing on and sharing of culture and highlight the importance of First Nations women having access to birthing cultural practices as a way to restore and create a spiritual link, and re-engage with traditional rituals [9].

In this study, participants attributed the garden to the reintroduction of cultural expression and having the ability to reconnect with forgotten birthing practices, ceremony and community. This was highly valued by the women and similarly noted by Owen and Miller [5], who reported that a placenta garden represents a protected safe space for the revival of cultural expression. These findings suggest placenta gardens may offer First Nations women a renewed sense of empowerment, resilience, strength, and cultural continuity into the future.

Findings from this study provide critical information to inform recommendations for policy, practice and education. We recommend that maternity health services nationally review their policies on promoting First Nations birthing culture. A purpose-built placenta garden can offer the revival of birthing culture within First Nations communities and is something health services can design and implement in sustainable, culturally safe ways.

To improve perinatal care and choices, we recommended pregnant First Nations women are asked "Do you have any plans for your placenta?" Not asking the question poses a risk to realising women's preferences, while asking the question offers choice regarding First Nations women's cultural preferences, practices and considerations during pregnancy.

Undergraduate midwives are the future of maternity care and the delivery of culturally safe care. It is therefore critical that practices encouraging connection to culture be shared within the Australian University curriculum. Midwifery education about culturally safe care is essential to ensuring midwives are culturally aware, respectful, and knowledgeable about Birthing on Country practices and traditions for First Nations women.

Limitations and strengths

A key strength of this study was the involvement of, and oversight provided by First Nations mentors to offer expert guidance and ensure adherence to culturally safe practices, as well as inform the reflexive thematic analysis [41]. This appears to be the first qualitative study exploring and giving voice to First Nations women about the importance of placental burial and placenta gardens in relation to cultural connection. This study has contributed to oral history for First Nations Peoples by capturing and sharing women's perceptions about birthing culture and customs [20,42].

Recruiting a small sample of First Nations women from only two sites were limitations of this study. As a result, the findings are neither transferrable to all First Nations women post birth, nor can the recommendations be extended to all maternity health service providers.

Conclusion

Placental burial and having access to a purpose-built garden was important to the women in this study. Past experiences of racism, culturally unsafe care and trauma had a major role in disrupting a women's ability to connect to culture. When midwifery care was continuous, safe and empowering for women to embrace their culture, placental burial was nurtured and celebrated by these women. Remarkably, when First Nations women were able to connect to Country through placental burial, there was a silver lining in their care, healing some of the pain and suffering. The findings of this study highlight the need to campaign for suitable purpose-built placenta gardens so First Nations women are offered the opportunity and choice to bury their placenta.

Ethics committee

Human Research Ethics Committee (HREC)

Author contributions

The project "A beautiful Bush Space on Country: Indigenous women's perspectives on the cultural significance of a placenta garden" is the original work of Nicola McMullen, Renee Fiolet, Bernice Redley and Alison M. Hutchinson. This paper has not been published elsewhere. Further, it has not been submitted, nor is it under consideration for publication elsewhere. All authors have reviewed and approved the final version of the manuscript. The authors of the submitted manuscript abide by the copyright terms and conditions of Elsevier and the Australian College of Midwives.

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Data Statement

The research data is confidential and cannot be shared.

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Ethical Statement

The research was approved by the Human Research Ethics Committees of the respective health service and Deakin University (HREA: 79706)

Conflict of interest

No conflict of interest to declare.

Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at [doi:10.1016/j.wombi.2024.101630](https://doi.org/10.1016/j.wombi.2024.101630).

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