

W6 Stronger Bubba Born - Healthy Yarning Guide

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Aboriginal and Torres Strait Islander (Indigenous) women in Australia have up to double, sometimes almost triple the rates of stillbirth compared to non-Indigenous women, with limited progress in reducing this disparity over decades. Prevention of stillbirth in Indigenous communities is therefore a priority of the NHMRC Centre for Research Excellence in Stillbirth (Stillbirth CRE)

The culturally adapted Stronger Bubba Born (SBB) resources were developed to raise awareness of stillbirth and stillbirth prevention among Indigenous women and communities to; support clinicians to introduce the sensitive topic; and discuss ways women can reduce their risk. The resources were co-designed following consultation with Indigenous women and families, Indigenous and non-Indigenous healthcare professionals (including Aboriginal Health Workers, midwives and nurses) from community-controlled and mainstream health services.

The co-design process identified that the SBB resources would be even more effective if supported by a learning package for maternity healthcare professionals that gave context to Indigenous maternal health, whilst also changing the historically deficit driven narrative about Indigenous women and families to a strength based one.

The Stillbirth CRE has developed a learning package that includes content presented in both eLearning and face to face yarning circles, to encourage and promote discussion and understanding from both Indigenous and non-Indigenous viewpoints. The learning package aims to support non-Indigenous health care professionals to develop culturally secure, responsive and sensitive practice when discussing stillbirth and stillbirth prevention with Indigenous women and their families.

The learning focuses on exploring the following topics:

- Impact of colonisation, specifically on Indigenous women, pregnancy, birthing and parenting.
- Journey through the historical relationship between Indigenous peoples and health care systems. Explore how many of the traditional ways of knowing, being and doing around pregnancy and birth were impacted by the western-dominant, biomedical way of health leading to culturally unsafe and inequitable maternity care.
- Understanding the context around the health of Indigenous women leads to a better awareness of the intergenerational impacts on maternal health, including stillbirth.
- Improve confidence to discuss the subject of stillbirth and stillbirth prevention in a culturally sensitive manner.
- Explain the Stronger Bubba Born resources and how they can be used in routine care.

This workshop will discuss the Stronger Bubba Born resources, include case studies and reflection activities to facilitate discussion and interactive engagement. This workshop will be delivered by a panel of clinicians from the Stillbirth CRE who are not only content experts in the field, but also understand the challenges of working in a busy clinical setting and the drive to provide best-practice, culturally sensitive, woman-centred care.

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W7 Moving Preventive Health in Midwifery Forward: Starting the stopping talk

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Smoking is the most significant preventable risk factor for adverse pregnancy outcomes. Vaping is an emerging global health issue with rates increasing among women of reproductive age.

As trusted care providers, midwives are uniquely placed to provide smoking and vaping cessation support in pregnancy. The Clinical Practice Guidelines: Pregnancy Care and policies such as NSW Health Policy Directive: Reducing the Effects of Smoking and Vaping on Pregnancy and Newborn Outcomes, recommend brief interventions for smoking and vaping cessation early in pregnancy, and at each antenatal visit. Despite policy and guideline endorsement, and preventive health interactions being in their scope of practice, midwives report challenges moving conversations forward with women about quitting.

Facilitated by experts in smoking and vaping cessation and behaviour change communication using Healthy Conversation Skills©(1), in partnership with NSW Centre for Population Health, this 45-minute workshop will equip midwives with tangible skills on starting effective brief conversations while maintaining trust, and empowering women on their behaviour change journey. The skills learnt can be used throughout the “Ask, Advise and Help” model recommended for brief interventions.

This activity will use an interactive, experiential style of learning and apply the skills and philosophy of Healthy Conversation Skills (1). Healthy Conversation Skills training is highly acceptable to clinicians and increases competence and confidence in behaviour change conversations with people in their care (1) and is shown to reduce key barriers to having such conversations, including a lack of skills, belief about their capabilities and having a goal for how to have behaviour change conversations in practice (2).

Objectives: Identify the role of the wider social determinants of health in influencing women’s smoking and/or vaping behaviours.

Explore ways of “responding” to women about smoking and vaping, using open enquiry, empathy and reflection.

Discover how to facilitate “opening-up” and enabling self-efficacy and agency.

Provide prompts to support clinicians to self-reflect on professional practice.

Outcomes: Knowledge: Information discovery, inquiry-based learning, and sharing thoughts to build context, discussion, and self-reflection.

Skills: Group activities, case studies and role plays, personalising learning while collaborating between learners to develop and improve skills needed to build experience through “doing”.

Delivery: World Café Model. In small facilitated groups participants will explore ways they can respond to pregnant women when talking about smoking and vaping. Participants will be guided to categorise and analyse their responses, and learn from each other. Participants will take away resources to inspire personal discovery and growth, using new skills in day-to-day professional practice, promoting the translation of skills and knowledge to start conversations with women who smoke and vape.

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