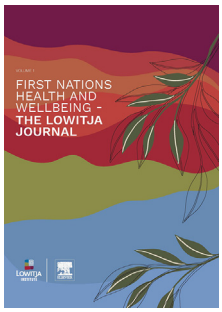

Original Research

Antenatal care assessing and addressing alcohol consumption during pregnancy: A qualitative study of Aboriginal women's experiences and strategies for culturally appropriate care in an Australian local health district

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Abstract

Purpose Pregnancy care guidelines in many countries recommend that alcohol consumption is addressed for all women as part of routine antenatal care. Considerations should be given to providing culturally appropriate care for First Nations women. Limited studies have explored the perceptions of Aboriginal and Torres Strait Islander women in Australia regarding such care. This study aimed to explore Aboriginal and Torres Strait Islander women's experiences and acceptance of receiving antenatal care addressing alcohol consumption from maternity services, as well as their suggestions for culturally appropriate strategies for positive care experiences.

Methods Nine yarning groups were conducted across a large local health district in New South Wales, Australia, between November 2017 and October 2018. Aboriginal and Torres Strait Islander women who had attended a maternity service within the last two years were purposively recruited through existing

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networks. An Aboriginal-led Indigenist and community-based participatory action research approach and yarning were used to explore the women's experiences and suggestions for culturally appropriate care. Three Aboriginal researchers facilitated the yarning groups. Yarning groups were transcribed and analysed using thematic analysis.

Main findings Thirty-nine Aboriginal and Torres Strait Islander women participated in the yarning groups. The women reported mixed experiences of antenatal care regarding alcohol consumption during pregnancy; however, they were largely accepting of receiving such care from their antenatal providers. Two main themes that centred around empowerment and safety were identified. The women suggested that these could be addressed with the following approaches: i) all pregnant women should be asked and informed about the risks of alcohol; ii) continuity of care models should be used; iii) holistic approaches should be used; and iv) support should be given without judgement and fear of reporting.

Principal conclusions Aboriginal and Torres Strait Islander women want and expect to receive antenatal care around alcohol consumption during pregnancy. To inform their receipt of culturally appropriate care, Aboriginal and Torres Strait Islander women need to be engaged in decision-making about the implementation of pregnancy guidelines in maternity services.

Keywords: First Nations; Aboriginal and Torres Strait Islander women; Antenatal care; Pregnancy; Alcohol consumption

Highlights

- This paper identified themes around empowerment and safety regarding antenatal care and alcohol use for Aboriginal women.
- The Aboriginal women made suggestions that:
  - all pregnant women are asked and informed about the risks of alcohol.
  - continuity of care models are used.
  - holistic approaches are implemented.
  - support is given without judgement and fear of reporting.
- This research provides in-depth ways that antenatal care providers and services can be more culturally appropriate regarding antenatal care around alcohol use for Aboriginal women.

Introduction

Alcohol consumption during pregnancy

Alcohol consumption during pregnancy can cause harm to women and babies, including: miscarriage, premature birth, low birth weight and foetal alcohol spectrum disorder (Henderson et al., 2007, Patra et al., 2011, Flak et al., 2014). Due to such harms, health authorities in many countries have issued guidelines recommending that women do not consume alcohol during pregnancy (National Health Medical Research Council, 2020). A 2017 systematic review estimated that 10% of women worldwide consume alcohol while

pregnant (Popova et al., 2018). Whilst there is no global First Nations prevalence estimate available, a 2016 systematic review found that alcohol consumption during pregnancy in the First Nations populations of Canada and the United States were three to four times higher compared with the general population (37% vs. 10%; 43% vs. 15% respectively), with one in five engaging in high-risk drinking during pregnancy (Popova et al., 2017). The proportion of Aboriginal and Torres Strait Islander women in Australia who consume alcohol in pregnancy is reported to be lower than that of the non-Aboriginal population (10% vs. 35%, respectively); however, those who do consume are more likely to do so at higher risk levels (Australian Bureau of Statistics, 2016). Such risk needs to be considered within a broader historical, social and economic context of disadvantage resulting from ongoing impacts of colonisation, transgenerational trauma and reduced or reluctant access to health or support services due to overt, covert and systematic racism (Osborne et al., 2013, Stearne et al., 2021).

Addressing alcohol consumption in antenatal care

Improved maternal and infant health outcomes are identified priorities for First Nations populations worldwide. Supporting women to have healthy pregnancies, which includes no alcohol consumption, has been identified as one of these priorities (Hayes et al., 2014). Antenatal care, which is a planned visit between a woman and a health professional to assess risks and provide effective health interventions during pregnancy, plays a critical role in providing this support (Australian Institute of Health and Welfare AIHW, 2023). In Australia, antenatal care can be provided through a variety of services, including general practices, Aboriginal community-controlled health services and public maternity services. Public maternity services see approximately 60% of the 13,500 Aboriginal and Torres Strait Islander women who give birth annually in Australia and include general medical and midwifery clinics as well as Aboriginal and Torres Strait Islander specific programs (Australian Institute of Health and Welfare AIHW, 2022, Australian Institute of Health and Welfare AIHW, 2020).

The Australian pregnancy care guidelines recommend that antenatal care providers in maternity services routinely address alcohol consumption with all pregnant women at initial and subsequent antenatal visits (Australian Government and Department of Health, 2020). It is recommended that such care includes: i) assessment of alcohol consumption using a validated tool; ii) advice being given to not consume any alcohol during pregnancy and the risks discussed; and iii) referral to specialist services for further support if required. The guidelines also recommend that considerations be given to providing culturally appropriate care for Aboriginal and Torres Strait Islander women. Despite these recommendations, cross-sectional surveys suggest that not all pregnant women routinely and consistently receive such care in pregnancy (Waller et al., 2016, Doherty et al., 2019). One Australian study conducted in 2018 with 1,363 pregnant women attending maternity services in one health district of New South Wales (NSW) found that just under two-thirds (64%) received an assessment of their alcohol consumption at the initial antenatal visit and just over one-third (35%) received advice and referral (Doherty et al., 2019); < 10% received any such care at their subsequent antenatal visits. Aboriginal and Torres Strait Islander women had three times the odds of reporting receipt of such care compared with non-Aboriginal women (Doherty et al., 2019). The reasons why Aboriginal and Torres Strait Islander women were asked about alcohol consumption and received care at a higher rate and their experiences of

such care have not been explored in this or any previous studies. Therefore, there is still a need to understand potential gaps and opportunities for improvement.

International and Australian studies of pregnant women have reported high acceptability for alcohol consumption to be addressed as part of routine antenatal care (Toquinto et al., 2020, Doherty et al., 2019). For example, a cross-sectional survey conducted in the United States with 589 pregnant women attending antenatal care found that nearly all participants (97%) reported that it was acceptable for their antenatal care provider to ask about alcohol consumption, with those consuming alcohol at risky levels reporting higher acceptability rates (99% vs. 96%; P = .02) (Toquinto et al., 2020). An Australian study found high acceptability among women attending maternity services for receipt of each of the guideline-recommended care elements: assessment (99%), advice (99%) and referral (90%) (Doherty et al., 2019). It is unknown whether Aboriginal and Torres Strait Islander women also find such care to be acceptable, as no studies to date have specifically examined this. Such information is essential for ensuring that care is of benefit to Aboriginal and Torres Strait Islander women, their babies and families, and would help inform the targeting of culturally appropriate care models tailored to the needs of Aboriginal and Torres Strait Islander women.

Culturally safe and appropriate antenatal care for alcohol consumption during pregnancy

Very few studies have explored First Nations women's perceptions of culturally safe and appropriate antenatal care for alcohol consumption in pregnancy (Catalao et al., 2023). Broader international and Australian studies have found that First Nations women who receive antenatal care that is consistent with culture and needs (Kildea S, 2016, Brown S, 2016), holistic (Kildea S, 2016, Clarke M, 2014), based on a continuity of care model (Sivertsen et al., 2020, Parker S, 2014, Reibel et al., Simpson et al., 2020), collaboratively provided with First Nations health workers (Kildea S, 2016, Brown S, 2016, Reibel et al., Simpson et al., 2020, Clarke M, 2014), provides choice and connection into community support services (Parker S, 2014), and works with the strengths of First Nations women, families and communities (Parker S, 2014) are more likely to report their care experience as acceptable and achieve positive pregnancy and birth outcomes. Specific to alcohol consumption, a 2015–16 qualitative study with 14 Aboriginal and Torres Strait Islander participants attending antenatal care in two Australian states/territories suggested that such care needs to be considered within a holistic lens that considers broader issues and influences, such as mental health, addiction and domestic violence (Gibson S, 2020). A further 2019–20 qualitative study with eight female and two male Aboriginal and Torres Strait Islander community members of one Australian urban region reported the following strategies for health services in supporting alcohol-free pregnancies: culturally appropriate and safe messages; health professionals to establish quality relationships for effective message delivery; avoidance of authoritative messages and tones; information properly explained so that the reasons to abstain during pregnancy are understood; importance of Aboriginal health workers (AHW) in delivering messages; incorporating Indigenous perspectives in resources; and using other modes for additional information provision (Lyall V, 2023). Further exploration of such strategies with Aboriginal and Torres Strait Islander women who have direct and recent experience of antenatal care in other regions of Australia would assist in the development of Aboriginal and Torres Strait Islander-informed and culturally appropriate antenatal care for addressing alcohol consumption.

Although there is a lack of evidence of understanding culturally appropriate strategies for assessing and addressing alcohol consumption with pregnant Aboriginal and Torres Strait Islander women, self-determination and empowerment are known factors to be critical in effective alcohol policy and action (Stearne et al., 2021). Health policy and practices, including those pertaining to the maternity and drug and alcohol sectors, are often influenced and developed by the dominant population, which (un) intendedly excludes the most disadvantaged groups from genuinely participating and having a meaningful say (d'Abbs, 2019). Such systems and processes lack Aboriginal and Torres Strait Islander involvement and partnership, especially in the development of alcohol policy; they therefore ignore Aboriginal and Torres Strait Islander peoples, culture, values, history and practices (Gentile et al., 2022). Involving Aboriginal and Torres Strait Islander peoples in decision-making about public policy can include strategies that reflect the social realities of Aboriginal and Torres Strait Islander peoples and address health inequities.

This study aimed to explore Aboriginal and Torres Strait Islander women's experiences and acceptance of receiving antenatal care addressing alcohol consumption during pregnancy from maternity services and identify strategies for the provision of such care in a culturally safe and appropriate way.

Methods

Study design

The study was conceptualised, designed and implemented by Aboriginal researchers. The study used an Aboriginal-led Indigenist research and community-based participatory action research (PAR) approach to facilitate deeper understanding of Aboriginal and Torres Strait Islander women's perspectives of addressing alcohol consumption during antenatal care through an action cycle and process of planning, acting, observing and reflecting (Dudgeon P, 2020). The PAR approach was used to bring about positive change, not just to describe the problem or issue, and to seek collaborative engagement from participants impacted by the issue (Baum et al., 2006). The findings of the study directly informed the development of care models, and strategies to support maternity services to provide culturally safe and appropriate care to Aboriginal and Torres Strait Islander women in a local health district, which were subsequently tested in an implementation trial (Kingsland et al., 2018).

Indigenist research methodologies recognise Indigenous worldviews, knowledges and realities (Martin and Mirraboopa, 2003), consider colonisation and oppression, as well as self-determination and privileging Aboriginal and Torres Strait Islander voices (Rigney, 1999). Power imbalance, racism and oppression are root causes of health inequities (Gentile et al., 2022, Thurber et al., 2021). Applying Indigenist research methodology to this work was important to gain deeper understanding of the importance of the issues. Yarning was used as a decolonising and cultural method for the researchers and participants to connect with each other through sharing stories, experiences and listening together. Yarning is recognised as a cultural data collection tool that challenges the Western research methodology to draw understanding of Aboriginal and Torres Strait Islander knowledges and worldviews (Bessarab and Ng'Andu, 2010). Different yarning techniques were used throughout the research: research topic yarning, therapeutic yarning and collective yarning, which enabled a deeper understanding of the issues. Research topic yarning was used to frame the yarning process and to gather information of women's experiences and stories on the research topic. Many

women shared detailed and personal stories of their experiences that were emotional, traumatic and 'therapeutic'. Collective yarning occurred during the yarning groups, particularly when women shared and explored strategies and ideas for improved care (Bessarab and Ng'Andu, 2010). Yarning enabled the Aboriginal and Torres Strait Islander women to share their experiences of alcohol consumption being addressed in their antenatal care and provided an opportunity for them to reflect on what is needed to achieve culturally safe and appropriate antenatal care for addressing alcohol consumption during pregnancy.

Setting

The study was conducted in five locations across a single local health district in NSW, Australia. The local health district has a total population of approximately 960,000 people, with 72,000 or 7.5% of the population identifying as Aboriginal and/or Torres Strait Islander, which is higher than the NSW state average of 2.9% (Hunter New England Local Health District, 2022). The sites for the study were selected based on location of maternity services that were part of a broader implementation trial that aimed to improve the provision of guideline-recommended antenatal care addressing women's alcohol consumption in pregnancy (Kingsland et al., 2018). The locations were based in urban (n = 1), regional (n = 2) and rural locations (n = 2). Approximately 650 Aboriginal and Torres Strait Islander women receive antenatal care from maternity services in these selected locations annually, which represents 11% of the total number of women attending such care (Hunter New England Local Health District, 2022).

Participants and recruitment

Criterion purposeful sampling was used to identify and invite Aboriginal and Torres Strait Islander women aged > 18 years, who were receiving or had received antenatal care from a public maternity service within the past two years (Kingsland et al., 2018). Potential participants were invited to take part in the study through existing mothers and babies groups. The researchers engaged with the conveners of the mothers and babies groups to purposively recruit the women. Conveners of the groups were asked to share the information about the study in broad terms with the women, and to provide potential participants with an information statement and consent form. Conveners advised on an appropriate venue, day and time that was both comfortable and convenient for participants. Participants received a gift card with a monetary value of AUD$30 for their time and contribution.

Data collection

All participants provided informed written consent prior to the yarning groups. Three Aboriginal researchers conducted the yarning groups, with administrative research support from a non-Aboriginal researcher. Yarning groups were audio-recorded, with notes taken, and transcribed verbatim by an external transcription service. All participant information was de-identified. All electronic files, including audio-recordings and paper-based data, were stored in accordance with a localised data security policy and a project-developed Aboriginal Data Management Protocol.

The yarning groups began with an Acknowledgement of Country (acknowledging and respecting the traditional Aboriginal lands on which the yarning groups took place) (Pelizzon and Kennedy, 2019), introductions and researchers sharing with the participants their background and stories to build trust and rapport. Creating a trusting and safe environment for talking and listening together was an important element of this study. Sharing personal stories of

cultural and familial ties and where a person is from are important parts of building connections and relationships with other Aboriginal and Torres Strait Islander people. Participants were invited, but not obliged, to share their stories with the group. Women were advised that they could leave the room at any time or withdraw from the study for any reason and that additional support was available should discussions trigger any trauma.

Participants were asked to share: their experience of being asked about and any care received regarding alcohol consumption during pregnancy; whether they thought it was acceptable to receive such care from their antenatal provider; and their suggestions on what antenatal care for alcohol consumption should look like for Aboriginal and Torres Strait Islander women. Duration of each yarning group ranged between 60–90 minutes.

Data analysis

Qualitative thematic data analysis was used (Dudgeon et al., 2017). Two Aboriginal researchers and three non-Aboriginal researchers reviewed the transcripts and formulated the process for determining and categorising themes. The female Aboriginal researchers involved in data analysis have children and have many years of experience working in Aboriginal and public health, and qualitative research. The researchers have first-hand knowledge and understanding of the challenges of health systems and service delivery as it relates to Aboriginal and Torres Strait Islander peoples. Aboriginal researchers were able to form common ground with the participants to have deep and engaging conversations about the topic. The female non-Aboriginal researchers on the team have experience working in health services on care improvement projects. Prior to the study being implemented, the research team participated in qualitative research methods training, facilitated by a non-Aboriginal researcher.

Each transcript was reviewed by two researchers; each pair included an Aboriginal researcher. All analysis processes were overseen by an Aboriginal researcher. The process involved each researcher individually reading the transcript and highlighting key words, phrases, ideas and quotes. The ideas and quotes were coded into similar categories and then shared with the second researcher. Pairs then worked together on individual transcripts to discuss emerging ideas. All researchers met and agreed on the coding structure. The coding of all transcripts was combined, and the team discussed themes relevant to the aims of the study. The Aboriginal researchers who were present at the yarning groups clarified all meanings and quotes from the transcripts. As per the PAR approach, participants were given a summary of the findings and given the opportunity to clarify and validate interpretation and accuracy of reporting.

Ethics approval

Ethics approvals were received from the Aboriginal Health and Medical Research Council (1236/16), Local Health District Human Research Ethics Committee (16/11/16/4.07; 16/10/19/5.15) and University Human Research Ethics Committee (H-2017-0032; H-2016-0422). An NSW Health Aboriginal Health Impact Statement was endorsed by the Local Health District Aboriginal Health Unit (12 June 2018).

Results

Nine face-to-face yarning groups were conducted between November 2017 and October 2018, with a total of 39 Aboriginal and Torres Strait Islander women from six communities across the local health district. Fifteen women had expressed interest but were unable to participate on the day due to various

reasons, including illness, competing priorities and Sorry Business (time for mourning the loss of someone and cultural obligations associated with bereavement and funerals). Yarning group composition varied between three and six women per group. Participants included a range of age groups, relationship status, and first-time mothers and mothers of two or more children. Participants attended a range of antenatal care models, including general medical and midwifery clinics and Aboriginal Maternal Infant Health Services (AMIHS) for their pregnancies.

Two main themes emerged regarding antenatal care addressing alcohol consumption in pregnancy. The strategies recommended by the participants are summarised in Box 1.

Theme 1: Aboriginal and Torres Strait Islander women want to be empowered through culturally appropriate care

1. *Aboriginal and Torres Strait Islander women want to be asked about alcohol consumption during their pregnancy and informed of potential risks*

Aboriginal and Torres Strait Islander women shared their experiences of being asked and provided with information and support regarding alcohol consumption during their antenatal care. It was found that there was a mixture of positive and negative experiences, with some women recalling being asked about alcohol consumption during their pregnancy, while other women recalled not being asked. One woman shared her positive experience:

> *I did have a really good experience with the midwife. I could tell the midwife. I felt she would be more confidential and supportive with the information I gave her. She would try and help me the best that she could.*

Some women understood why questions around alcohol consumption were asked and that the questions were 'not personal, but about the baby' and that antenatal care providers were asking because they were 'helping me and helping the baby'.

Most women agreed that alcohol consumption should be addressed during pregnancy and were supportive of being asked, but thought it was important that antenatal clinicians ask all women as well as acknowledge previous responses: 'I think it would be good and I wouldn't care if they were asked the alcohol question at different time points in their pregnancy, as long as they asked everyone, not just [Aboriginal and Torres Strait Islander] women' and 'so you feel you were heard at the start... to [show] they really care about you' and that 'it is ok to be asked... as long as everyone is asked' because '...if you did have those risks, fair enough they've got to do their job... I know they've got to ask that... if you are, then they need to give you that support'. Offering and providing support to women who disclosed consuming alcohol was also seen as important: that 'if there is a problem, offer to help.'

Some women were unsure and unaware of the reasons why they were asked about alcohol consumption and had concerns about the way the questions were used: 'I hate the way they score the end of question thing. There are like all these numbers on a sheet, and I'm like, how can you just diagnose someone with that?'. Women made suggestions that antenatal care providers should explain the reasons why pregnant women are being asked about alcohol consumption throughout their pregnancy and that the questions are 'stock standard'. Women expressed that if it was explained to them with compassion about 'why it has to be done' and asked in a certain way, then they would be more open and share their alcohol consumption with

Box 1. Aboriginal women's determined strategies for culturally safe and appropriate antenatal care for alcohol consumption.

Before the first antenatal visit	Information about what to expect in the appointment provided in initial booking correspondence, including that alcohol will be discussed with all women.
At the antenatal visit	Continuity of care models, which incorporate Aboriginal health workers, are offered to Aboriginal women where available and appropriate to facilitate relationship building and trust. Posters displaying positive messaging in easy-to-understand language displayed in antenatal clinic rooms. *Before asking about alcohol, clinicians to explain that:* • All women are asked about alcohol as part of routine antenatal care. • Questions may be asked multiple times throughout pregnancy. • The purpose of asking is to be able to provide the best care for women and babies. • There are services available should support to stop consuming alcohol be required. • All antenatal care providers are mandatory reporters. *When asking about alcohol, clinicians to:* • Take a holistic approach and get to know and understand the woman's situation. • Take time and allow space for the woman to engage in the conversation. • Acknowledge a woman's past responses to the questions. • Use a conversational approach to avoid the questions feeling like a tick-a-box exercise. • Ask questions in a non-judgemental and sensitive manner. • Avoid making assumptions about a woman's alcohol consumption. • Do not challenge a woman's responses. • If using an alcohol assessment tool, share the process and what any scoring means with the woman. *When providing advice, clinicians to:* • Acknowledge that the woman is doing the best for herself and her baby. • Ask open ended questions to explore what the woman already knows about alcohol consumption in pregnancy. • Tailor advice about alcohol consumption to the woman and her responses. • Acknowledge if the woman says she is not drinking alcohol. • If the woman says she is consuming alcohol, focus on providing strengths-based advice that will empower the woman to make changes. *When offering support, clinicians to:* • Not shame the woman or make her feel that she has failed or is a problem. • Employ a strengths-based approach that focuses on getting the right support in place. • Consider holistic support options based on the woman's needs and situation. • Explain services that are available and what they provide, including any cultural support (e.g. Aboriginal health workers, Aboriginal specific antenatal groups), so that the woman can make an informed choice.
After the antenatal visit	• For women who accepted any support, continue to follow-up progress in future appointments to ensure that the services are meeting the woman's needs. • Check in using the above-described principles, as women's circumstances may change during pregnancy.
Additional support offered outside of antenatal visits	• Information packs about alcohol and pregnancy written in easy-to-understand language. • Mobile phone applications that provide information and positive reinforcement. • Social media to provide information and opportunity for engagement. • Antenatal care providers facilitated group information sessions about the risks of consuming alcohol during pregnancy. This could support women who have low literacy and an opportunity for women to talk with antenatal care providers. Group information sessions could also enable women to connect and share experiences with other Aboriginal women in a safe way.

their antenatal care providers. Appropriate wording delivered in a compassionate and non-judgemental way could potentially alleviate women feeling 'uncomfortable' or 'annoyed' at being asked multiple times: 'I felt like I was repeating myself one hundred times... for doing the wrong thing, when I wasn't'.

One woman made suggestions on ways that antenatal care providers could ask the question about alcohol consumption at multiple time points during pregnancy: 'but when you ask later… at different appointments it needs to be asked something like, "we've already asked you this, but we're just checking if things have changed, we ask everyone this, it's what we have to do"'.

Overall, women in this study want alcohol consumption to be addressed as part of their antenatal care because the health of the woman and baby is most important '…it's the risk to your baby being sick…' and said that they 'wouldn't be offended because it's something [clinicians] should ask about'. One woman who had struggled with alcohol use in the past explained: 'I would like to be asked because with my first one I was an alcoholic but with the other ones I didn't drink with, so I would have liked to have known'.

2. *Aboriginal and Torres Strait Islander women want continuity of care during their pregnancy*

Continuity of care was emphasised as being important in building trusting and honest relationships between the antenatal care provider and the woman, because when good relationships are formed 'they actually start to get to know you'. Women placed importance on trusting relationships with antenatal care providers to allow respectful space for women to feel that they can safely discuss their situation, story and information that is free from judgement because 'building a relationship with that patient might earn their trust… To turn around and say, I'm actually struggling, I do drink' can be empowering for women.

Numerous women spoke about the frustration of having to 'repeat your story all the time' at every antenatal appointment because of lack of continuity of care. Consistency in care was seen as fundamental for a woman to form an open and transparent relationship: 'if it's the same midwife you can build a relationship with the midwife or whoever is looking after you'. Women agreed that having the ability to see the same antenatal care provider at each antenatal visit or alternate between two providers means that there is an opportunity to build ongoing and open, trusting and caring relationships. Building the workforce to enable continuity of care was also discussed in one of the yarning groups, where it was suggested that:

> *…having [more] consistent workers… instead of chopping and changing every appointment… [one] dedicated to you… [because] you feel like you have to explain yourself again each and every time that you see someone [different]… you'd gain their trust for one [and] you'd gain that relationship… [but] if you can't have that one worker, maybe just alternate between that two, two of them.*

One woman shared her experience of receiving continuity of care from an AMIHS and feeling supported and encouraged to change her alcohol consumption, explaining: 'I've known [AMIHS midwife] since 2013. She's been awesome through all of it. She helped me get into rehab…'. Aboriginal health workers were often seen as trusted and supportive care providers during a women's antenatal care journey; some women felt 'more comfortable talking to them [AHW] about the [alcohol] questions'.

3. *Aboriginal and Torres Strait Islander women want holistic approaches to antenatal care around alcohol consumption during pregnancy*

Women felt that antenatal care that incorporates a holistic approach could lead to a more positive

antenatal care experience (Kildea S, 2016, Clarke M, 2014). 'Antenatal care should be more around support than just the pregnancy care, because there are so many other layers that need to be addressed'. One woman suggested that antenatal care could be better, particularly 'around asking about others in the household...'. Women shared the importance of antenatal care providers asking about their personal and family situation, to develop a deeper understanding of the context to better support women: 'they asked questions and got to know me and my situation' and 'they explained a lot more and they made me feel comfortable and they were happy to answer questions without pressuring'.

The women shared that allowing women the time to process information and time for sharing is important when addressing alcohol consumption: 'good care is not being rushed and any questions you have being answered', 'health workers need to get to know each person and what they're going through' and 'It's all about you, you're having the baby... and show some compassion and listen to my situation'.

Theme 2: Aboriginal and Torres Strait Islander women want to feel safe through culturally safe antenatal care

1. *Aboriginal and Torres Strait Islander women want to be supported without judgement*

Feelings of being judged and targeted was a common experience for many women in this study: 'they [clinicians] put you in a box to start with... you can feel it... I felt judged...' and 'you do get judged on your appearance... you can see it'. Antenatal care providers questioning women's alcohol consumption were perceived by some participants as being driven by racist stereotypes. Some women felt that their Aboriginality impacted on the level of care they received and the type of questions they were being asked in their antenatal care appointments. One woman shared that she felt 'it was assumed I was alcoholic because I'm Aboriginal. It was assumed I smoke drugs because I was Aboriginal'. Others queried whether the alcohol questions were being asked of all women: 'I [feel I] am only being asked because I'm Aboriginal, like do [they] ask everyone or just Aboriginal women?' and 'it is the way they say it to Aboriginal women'. The way women were asked about alcohol consumption varied. Some women stated that clinicians asked in a way that was not engaging or enabled women to share if they were consuming alcohol, for example: 'you're not drinking are you?' Questions such as this led to some women feeling judged or that they could not be open about their drinking status. Women suggested that antenatal care providers ask about and address alcohol consumption in a caring, compassionate and supportive way: 'they'd always ask, do you drink? Do you smoke? Do you do drugs?...' and 'I don't know if other mums get questioned like [that]... does everyone get asked that question... or is it just certain people... or is it a blackfella [Aboriginal] thing?'. Women expressed that they would feel less judgement if antenatal clinicians were open about the questions being asked, and that they ask the questions about alcohol of every woman, every time.

Engaging and empowering women through two-way learning and listening was something the women highlighted as being key aspects of supportive antenatal care:

> *We want to be acknowledged if we are not drinking, but when you ask later at different appointments it needs to be asked something like, we've already asked you*

this, but we're just checking if things have changed, we ask everyone this it's what we have to do.

Some women explained that supportive antenatal care is free from judgement, and clinicians should be more 'open-minded' and asking women questions about 'what we know about drinking during pregnancy' could be an empowering tool and a way for women to engage in all aspects of antenatal care.

The women suggested that cultural respect training should be mandatory of all antenatal care clinicians, to develop deeper understanding of 'Aboriginal people, [and not] go on the stereotypes… that [Aboriginal women] are drug [addicts] or alcoholics… or on the pension…'.

2. *Aboriginal and Torres Strait Islander women want to be trusted and supported without fear of being reported*

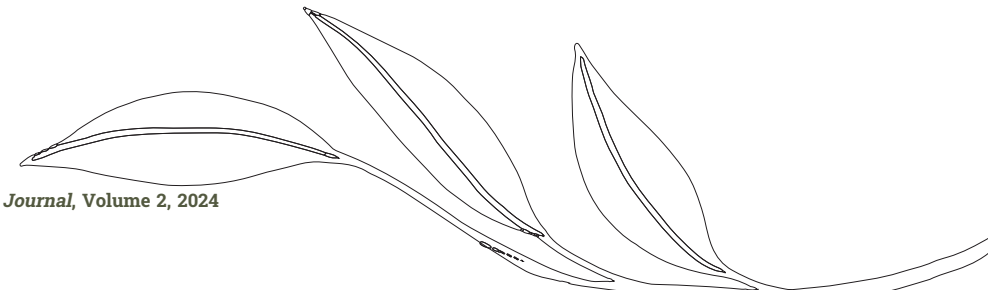
Establishing a trusting relationship within a culturally safe environment was expressed in the yarning groups as an important aspect of supportive antenatal care. Women expressed that two-way communication and respect builds trust and enables them to be more open and honest about their alcohol consumption with an expectation of reciprocity of the antenatal care provider: 'if you're going to be honest, they should be honest what they're going to do'. Women suggested that to enable trust, antenatal care providers should inform women that they are mandatory reporters: 'they [midwives] don't tell you that they are mandatory reporters. They do it [report] all behind your back'. Some women shared their experiences of unsafe and unsupportive antenatal care, and their lack of trust with their antenatal care providers. Women stated that some clinicians '…would judge…[and provide] no support just quick… to report [to child protection services (CPS)]' without fully understanding what is really going on in the mother's life. Offering and providing support to women who do consume alcohol during pregnancy can facilitate open and honest conversations between the woman and the clinician: 'trust is a big thing; you're not going to tell them anything if you can't trust them'. Many women openly shared their concerns of being reported to CPS and fear of having their children removed if they were open and honest about their alcohol consumption during pregnancy:

…you're not going to sit there when you talk to your midwife, I really feel like having a beer today, can I have one? No way - because they're going to be like… ring [CPS now], she wants a beer while she's pregnant. Where's that confidentiality, that safe bit where you can trust someone to ask that?

One woman shared her experience of missing an antenatal appointment because of other competing priorities at the time and forgot to inform the clinic she was unable to attend: 'if you forget to ring… they're on your case… when that's an instant report… [to CPS]'. Women indicated that support options around alcohol consumption, and support in general, need to be shared, communicated and actioned by the antenatal care provider.

One woman shared her experience of being honest about her alcohol consumption with her antenatal care provider, and regretted her decision to be open and share her alcohol use:

I answered the [alcohol consumption] question honestly… and I ended up with [a CPS report], yeah… I shouldn't have even opened my mouth… she [the midwife] could have just went and found me help instead of doing what she'd done.



Discussion

This study explored Aboriginal and Torres Strait Islander women's experiences and acceptance of receiving antenatal care addressing alcohol consumption from maternity services in one local health district in Australia, as well as strategies for improving such care experiences. Aboriginal and Torres Strait Islander women reported high acceptance of assessment of alcohol consumption during pregnancy as long as antenatal care focuses on empowerment, self-determination, respect and cultural safety.

The findings that Aboriginal and Torres Strait Islander women's experiences of care were mixed is consistent with the broader literature reporting First Nations people's experiences of healthcare (Mbuzi et al., 2017, Jones et al., 2020). Those participants who described their experiences in positive terms understood the purpose of being asked about alcohol consumption in pregnancy and felt that they were well informed and supported by their maternity service. The importance of positive messaging and informing women about the care they will receive was consistently suggested as strategies for culturally appropriate care by the women of this study and by Aboriginal and Torres Strait Islander community members in the 2019–20 study conducted in Queensland (Lyall V, 2023). Specifically, participants suggested that they be informed that they will be asked about alcohol consumption throughout their pregnancy, that such questions are part of routine care provided to all women, and that the purpose of being asked is so that the right support can be provided and to inform them of potential risks.

Many women shared their concerns of disclosing drinking status out of fear of being reported to CPS rather than being provided with the appropriate support to not consume alcohol in pregnancy. Removal of Aboriginal and Torres Strait Islander children from their families and communities in Australia stems from invasion and discriminatory policies (Turnbull-Roberts et al., 2022) and continues to be a genuine fear for many Aboriginal and Torres Strait Islander people (Dietsch et al., 2010, Jennings et al., 2018). Aboriginal and Torres Strait Islander children continue to be over-represented in all areas of the CPS (Australian Institute of Health and Welfare AIHW, 2024). About 20% of Aboriginal and Torres Strait Islander children are reported to authorities over safety concerns before birth (Ward, 2023). It is also reported that 21.5% of these Aboriginal and Torres Strait Islander babies were removed from their mothers within the first three months of being born compared with 13.5% of non-Aboriginal children. This further highlights the need for greater support, deeper understanding, and cultural safety and sensitivity in child protection practices. As suggested by the women in this study and other studies, healthcare providers who take the time to share, listen and engage in conversations with their clients, and understand the real issues that Aboriginal and Torres Strait Islander women experience, demonstrate genuine care and compassion (Jennings et al., 2018). In contrast, consultations with limited conversation can be perceived as discriminatory experiences (Jennings et al., 2018). This is consistent with studies that have examined factors associated with disclosure of alcohol consumption during pregnancy, which have suggested positive conversations, trust between antenatal care providers and pregnant women, and an embedding of questions into the woman's real-life context and circumstances as among the most important elements for disclosure (Scholin and Fitzgerald, 2019, Muggli E et al., 2015). Further, antenatal care providers' understanding of mandatory

reporting guidelines for alcohol consumption in pregnancy may need to be strengthened through approaches, such as training, that have been implemented for other risks in pregnancy, such as intimate partner violence (Davidov et al., 2012), so that appropriate and consistent actions are taken by antenatal care providers.

Women shared their frustration of having multiple antenatal care providers, which resulted in having to retell their story and not feeling comfortable to discuss alcohol consumption, as there was not a level of cultural safety or relationship built between the woman and the antenatal care provider. Continuity of care is recognised as a culturally appropriate care model that promotes two-way trust, sharing, *(un)*learning together, respectful and meaningful relationships with a regular antenatal care provider or team (Sivertsen et al., 2020), and is supported by recommended antenatal care practices for pregnant Aboriginal and Torres Strait Islander women in Australia (Clarke M, 2014). There are several maternity models, such as AMIHS in NSW, that offer continuity of care for Aboriginal and Torres Strait Islander women. Continuity of care in AMIHS is facilitated through Aboriginal health workers, who aim to build and strengthen relationships between the women and midwives, and was positively described by the majority of women accessing such services in this study. Strengthening Aboriginal health workers' roles in providing antenatal care addressing alcohol consumption during pregnancy may be one strategy to facilitate understanding between women and antenatal care providers and can bring broader depth of cultural knowledge and safety to such care.

The women in this study wanted a more holistic care approach to their antenatal care addressing alcohol consumption during pregnancy, which was also suggested as the main strategy by Aboriginal and Torres Strait Islander women attending antenatal care in Victoria and Northern Territory in a qualitative study conducted in 2015–16 (Gibson S, 2020). The strength of Aboriginal and Torres Strait Islander culture is in connection to Country, family and community, which can support more positive experiences and informs a more holistic view of health and wellbeing (Clarke M, 2014). Key determinants of health, including institutional and individual racism, and barriers to accessing safe and quality antenatal care due to geographical location are drivers for inequitable healthcare and can negatively impact Aboriginal and Torres Strait Islander women. Holistic care approaches would not only honour and place value on Aboriginal and Torres Strait Islander approaches to health but would align with the 1989 National Aboriginal Health Strategy definition of Aboriginal and Torres Strait Islander health (National Aboriginal Health Strategy Working Party, 1989). Studies have found that antenatal care that is holistic (Kildea S, 2016, Clarke M, 2014), provides choice and connection into community support services (Parker S, 2014) and works with the strengths of Aboriginal and Torres Strait Islander women, families and communities (Parker S, 2014) is more likely to be perceived as acceptable by Aboriginal and Torres Strait Islander women and achieve positive pregnancy and birth outcomes. Such principles need to be embedded into care models for addressing alcohol consumption during pregnancy and their implementation be informed by the needs and availability of support within local communities.

The recommendations from Aboriginal and Torres Strait Islander women in this study are currently not embedded in Australian maternity service practice or facilitated by supporting structures, including policies, clinical guidelines, professional education and Aboriginal and Torres Strait Islander inclusion/self-determination of the maternity drug and alcohol

sectors. Not embedding approaches in antenatal care provision for Aboriginal and Torres Strait Islander women that have been informed by Aboriginal and Torres Strait Islander women has widened the health gap and perpetuated existing health inequities. Policies and investment in cultural governance structures in mainstream health organisations (Crooks et al., 2021) and within health programs (Kingsland et al., 2018) as well as embedding cultural respect training as part of staff mandatory education (Hunter New England Health Aboriginal and Torres Strait Islander Strategic Leadership Committee, 2012) could promote and foster a more culturally competent workforce that can facilitate Aboriginal and Torres Strait Islander person-led care approaches to antenatal care addressing alcohol consumption during pregnancy.

This study had a number of strengths. It was conceptualised, led and conducted by female Aboriginal researchers. Aboriginal and Torres Strait Islander researchers can understand and explore the language and body language to ensure that participants can voice the silent communication. The study also incorporated Indigenist research and community-based participatory action research and yarning approaches as culturally appropriate study methodologies. Participants included women who had direct experience of antenatal care, and represented varying ages, number of pregnancies and locations, improving transferability of results. There were many shared experiences and perspectives across the nine yarning groups, with no participants having a dominant voice within the groups. The process enabled all the participating Aboriginal and Torres Strait Islander women to have a voice and say about the antenatal care they received. It is understood that the views of the women do not represent the experiences and views of Aboriginal and Torres Strait Islander women across Australia, but the process enabled the women to openly share their experiences in a safe space and make suggestions for what culturally appropriate antenatal care should look like.

Conclusions

Aboriginal and Torres Strait Islander women want and expect to be asked questions about alcohol consumption throughout their pregnancy. Aboriginal and Torres Strait Islander women want to be empowered and supported through two-way learning, listening and sharing together. This can be facilitated by building trusting and supportive relationships through holistic care approaches, with clinicians providing clear explanations about why women are asked about alcohol consumption at multiple points during their pregnancy. Health services and antenatal clinics should invest in and strengthen the Aboriginal and Torres Strait Islander workforce, and ensure a culturally safe workplace and culturally competent workforce through cultural governance structures.

Authors contributions

KC led the design and concept of the study. KC, KB, with support from ED, facilitated the study. KB, KC and ED drafted the manuscript. AN, NR, AA, ST, SD, MK and JW contributed to the drafting and revising of the manuscript. All authors reviewed and approved the final manuscript. KC, KB, AN and NR provided cultural oversight of the study. KC was responsible for overall content as the guarantor.

Data sharing

Data are available on reasonable request. Data sharing protocols are underpinned by Indigenous Data Sovereignty principles, in line with agreed community protocol and distribution of the data. Data include materials from the yarning group discussions. Therefore, data may be available under reasonable request and will

require participant permission. Contact person Kristy Crooks: kristy.crooks@health.nsw.gov.au

Declaration of interests

All authors declare no competing interests.

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