

# Growing deadly families

*a healthy start for mums and bubs*

3 August 2017 • Brisbane Convention and Exhibition Centre

The *Growing Deadly Families, a healthy start for mums and bubs* forum was convened through collaboration between the Department of Health, Queensland Clinical Senate, Queensland Aboriginal and Islander Health Council, The Institute for Urban Indigenous Health and Health Consumers Queensland.

**When:** Thursday, 3 August 2017, 8:30am - 4:30pm

**Where:** Brisbane Convention and Exhibition Centre

**Facilitated by:** Professor Cindy Shannon

**Attended by:** 98 key stakeholders, including Aboriginal and Torres Strait Islander consumers from across Queensland, Aboriginal and Torres Strait Islander health workers, midwives, obstetricians, primary care clinicians; representation from relevant consumer, professional, community-controlled sector and industrial bodies; and obstetric and midwifery academics.

## The forum

The *Growing Deadly Families, a healthy start for mums and bubs* forum began with Welcome to Country by Aunty Carol Currie and a song and prayer blessing by Aunty Annai Ghee.

The forum was opened by Deputy Director-General, Strategy, Policy and Planning Division, Department of Health, Kathleen Forrester. She emphasised that the forum is 'a day of listening', and acknowledged there is a need to find ways of addressing specific issues for Aboriginal and Torres Strait Islander women and babies to ensure they are happy and healthy.

Professor Cindy Shannon provided an overview of the activities for the day, and noted there is enormous will and leadership to make things better. It was acknowledged that although not everything could be solved in one day, it will be a great start to defining key opportunities for improvement for both the healthcare system and individuals.

A video showcasing Aboriginal and Torres Strait Islander consumer and professional experiences, and views of maternity services across Queensland was shown. The video is available [here](#).



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## A review of maternity services consultations, forums and reports in Queensland to date

Professor Sue Kruske presented a review of maternity services consultations, forums and reports in Queensland that had occurred over the last 12 years with particular reference to Indigenous components of the work. It was highlighted that Aboriginal and Torres Strait Islander people have a connection culturally, spiritually, emotionally and physically to the land and seas that non-Indigenous people do not have.

Sue acknowledged that whilst there have been some positive improvements in maternity services for Aboriginal and Torres Strait Islander women, in 2017 disparities in outcomes still persist.

## Case studies

### *Birthing in Our Community: redesigning maternity services to improve Maternal and Infant Health outcomes for Indigenous families in an urban setting*

Dr Carmel Nelson led a presentation on service improvements at the Mater Mother's Hospital to meet the needs of Aboriginal and Torres Strait Islander families within Brisbane. A strategic multi-agency partnership has been implemented with the Aboriginal and Torres Strait Islander Community Health Service (ATSICHS) and the Institute for Urban Indigenous Health (IUIH) to provide more social support services, a strengthening Indigenous workforce, and a 24/7 midwifery group practice to Aboriginal and Torres Strait Islander families.

The partnership provides women with an allocated midwife they can see in a clinic rather than at the hospital, which improves access and reduces travel costs. In addition, yarning circles facilitate access to health professionals such as lactation consultants and other government service providers e.g. Centrelink.

### *Apunipima Cape York Health Council - Apunipima Baby One Program*

Johanna Neville, Regional Manager and Florida Getawan, Maternal Child Health Worker provided an overview of the *Baby One Program*, a home visiting program which supports a holistic, family-centred model of care led by health workers to support mothers and infants from pre-pregnancy to the first 1000 days of a child's life.



The *Baby One Program* aims to improve the health of families, educate families on good health and healthy practices to make good choices, as well as providing pre-conceptual care for subsequent pregnancies.

Key outcomes to date include women presenting earlier than 20 weeks gestation, babies tracking well with growth and development, and an increase in health workers knowledge of yarning topics and activities.

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*North West Hospital and Health Service - Doomadgee and Mornington Island Outreach Service*

Andrea Mitchell, Midwife / Child Health Nurse provided an overview of the caseload clinical midwifery service she provides to the communities of Doomadgee and Mornington Island. She was accompanied by three mothers and their babies that had been delivered and cared for through this service. The model, established in 2014, consists of fortnightly midwife visits to each community, telehealth obstetrician appointments and continuing care with the midwife when mothers go to Mount Isa for birthing.

## Group Discussions

### Barriers and issues

There were multiple opportunities during the day for attendees to share their views on the barriers and issues facing Aboriginal and Torres Strait Islander women and their families:

- Women required to birth away from home at a large, unfamiliar hospital can feel very isolated, and may wait four to five weeks to give birth if at 36 weeks gestation.
- No continuity of care as known family, community and health supports are not always able to go to the birthing facility with the women.
- Women who are not able to birth in their community often wait until the last minute to travel to the birthing facility, increasing the risk of giving birth before they arrive, and increasing the risk of poor outcomes for the mother and baby.
- Financial strain caused by having to travel long distances to access antenatal and postnatal services.
- Lack of Aboriginal and Torres Strait Islander health workers and representation within the clinical workforce and governance structure of hospitals and health services.
- Lack of cultural capability within health services and an understanding of cultural knowledge and practices.
- Medical information not being transferred between hospitals and primary health services.
- Fear of Child Safety intervention due to previous experiences within the community.

### Three key issues / themes

Barriers and issues were then grouped into three high level themes for improving maternity services for Aboriginal and Torres Strait Islander women and their families:

- Continuity of care
- Partnerships for governance and leadership
- Embedding Indigenous workforce and support into health services.



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## Key Opportunities for Improvement

Attendees were asked to workshop at each table on opportunities for improvement for consideration:

- Building a culturally competent system: birthing on country, changes in attitudes, keeping consumer voices central, having a workforce that comprises of Aboriginal and Torres Strait Islander health workers working alongside other health professionals to provide continuity of support.
- Understanding the complex role and caseloads of midwives in Aboriginal and Torres Strait Islander communities.
- Development of a governance and leadership framework with strong consumer engagement and support, and implementation at a Statewide level.
- Ensuring continuity of midwifery care and enduring trusted relationships with women and their families.
- Building in performance measures in funding contracts e.g. Indigenous workforce, continuity of care.
- Learning from successful models of care across Queensland, nationally and internationally for consideration to translate into practice in Queensland.
- Ensuring antenatal education includes emotional / life coping skills and involve the woman's family.
- Greater use of telehealth for antenatal and postnatal appointments.
- Consideration of an individualised care plan, where women are transferred at a time clinically appropriate for them rather than at a set gestational stage.

## Moving Forward / Next Steps

At the conclusion of the forum Deputy Director-General, Clinical Excellence Division, Dr John Wakefield, thanked all attendees for their contribution to the day's discussion into action. He noted that to support birthing on country we need to reconsider what is meant by 'safety' for Aboriginal and Torres Strait Islander women to provide a culturally safe and supportive environment, and to have a workforce that reflects the needs of local communities.

Identifying that the most powerful change comes from individuals on the ground, at the close of the forum, attendees were asked to consider what could be implemented at the local level, within their control.

It was also acknowledged that the Department of Health and colleagues would consider strategies that could be implemented at a system level, such as the removal of barriers to support pathways for the Aboriginal and Torres Strait Islander workforce and supporting genuine partnerships for governance.

Based on the day's discussion, the organising committee of the forum will develop an action plan that is oversighted by the already established Maternity Services Forum Steering Committee within the Department of Health.



Dr Wakefield closed the forum with a quote from Margaret Mead:

*"Never doubt that a small group of thoughtful, committed individuals can change the world; Indeed, it is the only thing that ever has"*

For more information please contact [psqis\\_maternity@health.qld.gov.au](mailto:psqis_maternity@health.qld.gov.au) or 07 3328 9430.

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