Safer birthing for First Nations families: Case Study

Birthing on Country services offer a culturally safe, holistic approach to the design of maternity services for First Nations peoples and a strategy to improve maternity care outcomes. NHMRC-funded projects led by researchers from Charles Darwin University, The University of Sydney, and Aboriginal and Torres Strait Islander community controlled and mainstream health services, have actively applied this approach to developing and evaluating a range of maternity services to deliver improved health outcomes for First Nations mothers, babies and communities.

Origin

Birthing on Country (BOC) traditionally involved First Nations women giving birth on the land of their ancestors, by their mothers, midwives, ensuring a spiritual connection to the land. The NHMRC-funded BOC services are those designed to meet the needs of First Nations families and communities.

Grants and Investment

Key components of a BOC service
- Multi-agency partnerships and First Nations governance
- Continuity of care pre-, during and post-birth
- Holistic wrap around services
- Community-based hub, sometimes with a birth centre.

BOC was recommended for First Nations families in the Australian Government’s 2010-2015 National Maternity Services Plan and the first National BOC workshop was held in 2012. Researchers working solo or side by side with First Nations partners have spent years building the evidence base to ‘make a difference’ and provide First Nations knowledge and people through culturally and clinically safe maternity services.

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Research

Health services research, undertaken with BOC services, has been used to drive the development, implementation, and evaluation of best practice through a number of projects including:

- Indigenous Health Life - Led by Barley, this study established and evaluated a Midwifery Group Practice to provide continuity of care to First Nations mothers travelling to Darwin for birth, and by designated midwives and Child Health clinics employed in remote communities in the Northern Territory.
- Indigenous Randomised Clinical Trial of Caesarean Midwifery - Led by Tracy and Kildes, the study tested a 2x2 factorial Midwifery Group Practice for women regardless of risk factors.
- Evaluation Midwifery Units (EMU) - Led by Tracy, EMU was a prospective cohort study of primary level 2 midwifery units in Australia.
- Building Safe Care (IBUS) - Led by Kildes, IBUS evaluated the implementation of the BOC service in Brisbane, generating high-level evidence of clinical and cultural safety and effectiveness. Early career researcher Dr Sophie Hickey managed IBUS, with community researchers Sarah Hadim and Kayla Heinsmeier (picture) recruiting over 600 First Nation families to complete surveys about their pregnancy and postnatal journeys.

Collaborations/Partnerships

The BOC service, led by Kildes and Roe, was established to monitor, support and improve the implementation of Birthing on Our Country (BOC) service, a partnership between the Institute for Urban Indigenous Health (IUIH), the Aboriginal and Torres Strait Islander Community Health Services (ATSCCHS), Brisbane, and the Mater Mothers’ Hospital.

BOC is underway with partner organisations IUIH, Warmina, South Coast Women’s Health and Welfare Aboriginal Corporation, ATSCCHS, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, Rhondelle Lister Indigenous Midwifery Charitable Fund and the Australian College of Midwives. It includes researchers from Charles Darwin University (CDU), the University of Queensland, The University of Sydney and Charles University.

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Community engagement

One of these NHMRC research projects has spent many years building relationships, developing shared research agendas, involving and engaging and conducting collaborative research with First Nations partner organisations. All have shared evidence with First Nations elders and cultural knowledge holders underpinning BOC.

RISCE is intended to provide a robust framework to guide future research and evaluation.

BOC has been described in this case study led to the National Health and Medical Research Council’s assessment framework, underpinned by a WHO framework that assesses health systems in terms of importance (‘Country, people or the community’, ‘determinants of health, health quality, access and power and autonomy’).

RISCE has been translated into a number of languages by Associate Professor Larumbe Goro, Centre for Indigenous Health, University of Queensland. The Indigenous Research Institute has implemented an Indigenous Researcher Development Program to foster Indigenous researchers. RISCE is intended to provide a robust framework to guide future research and evaluation.

Health Outcomes and Impact

- Higher rates of spontaneous vaginal birth, lower rates of interventions and complications (e.g. reduced elective caesareans)
- Higher rates of complications in pregnancy (e.g., anaemia, infections, diabetes and heart disease) and smoking during pregnancy are common for First Nations mothers, with significant associated morbidity and mortality that often result in death in childbirth than non-Aboriginal Australian women
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- The BOC CRE will build on different aspects of midwifery care was safe, improved outcomes (e.g. reduced elective caesareans and increased breastfeeding) and outperform standard care on every antenatal satisfaction item measured, at reduced cost
- Midwifery group practice care is now available for 15% of Australian women.
- EMU found freestanding midwife-led primary level 2 maternity units as safe places for women to birth, with higher rates of spontaneous vaginal births and lower rates of interventions and morbidities than low-risk women who planned a tertiary hospital birth.
- IBUS found an almost 40% reduction in preterm birth, an increase in the First Nations workforce and control over the funding and services. Women were less likely to have a caesarean section, epidural in labour, or have their babies admitted to the neonatal unit.
- The BOC CRE will build on different aspects of midwifery care as a new model for midwife-led services, and has been influenced by lessons from the BOC trials.
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This case study was developed in partnership with the lead researchers named in this work. The information and images from which NHMRC Impact Case Studies are produced may be obtained from a number of sources including our case study partner, NHMRC’s internal records and publicly available materials.

References


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