

BIRTHING IN LOGAN - JUNE 2020

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FOREWORD

Aunty Faith Green
Manager at Gunya Meta

There is something about birth that is very spiritual, very healing. Having the support all the way through pregnancy makes it so much easier giving birth - it's the safety in it. If we start the intervention early with mothers, who might be struggling with family violence, drug issues and other things, midwifery models of care may help them take back their power. Programs like Birthing on Country could be an opportunity to break cycles of disadvantage and child removal in Logan.

I have recently talked with three young women who birthed through the Salisbury Mums and Bubs Hub. They talked about how they really enjoyed the experience, glad for the midwife. Only thing, it was too far for them living in Logan. If their care had started and remained in Logan, then the connections would stay in community for the families growing up. All of the women had had a baby before, so they could compare this time. The support, the education, and the care after birth including linking with other services, they found really helpful. This time they had a bigger picture, and they felt more confident as a Mum. The midwives provided expertise along with care and connection.

Aunties and Mums provide an important circle of support for birthing women. My Mum was with me for most of my births. My Mum knew how to talk, touch and support me during my labour. My daughters want me to be with them for their births. I believe it's a woman's rite of passage, giving birth and becoming a Mother. Looking back, my Mum was able to give to me what she didn't have for herself. She birthed alone as a member of the Stolen Generation - even her husband was not allowed in because in those days fathers weren't. Birthing with my Mum brought us closer together, she taught us things you don't read in books. Helping with breastfeeding, massaging, helped with the bond with my children.



FOREWORD

Conversations with Murri women confirms the importance of connection – it's like a pain relief. Birthing services can also provide opportunity where mothers can meet and share the journey as they raise children.

When I go to an unfamiliar place, if I see another Aboriginal face, or even an Aboriginal flag or piece of art on the wall, a tension inside me is eased. We can improve our birthing services in ways that give women cues that they are in a safe place. We hope for a Logan Birthing on Country service for Aboriginal and Torres Strait islander families, and a New Mothers Centre where people can go for connection and help, and a Logan hospital renovation where families can be made to feel welcome, supported and safe.

When a woman is pregnant, then she is not just thinking of herself, it's a time to make good changes. If we took the opportunity to link culture with birth, women could learn who their people are, their identity, to be strong, ways that they can pass on to their babies. This could improve maternal and child health outcomes as much as high quality clinical care. I look forward to working with Metro South Health in the future:

“Welcoming our Jarjum to country, Coolamon to Corroboree”

Let's co-design the future of birthing services with women of Logan. These stories are just a part of our journey together.





INTRODUCTION

Logan City is home to more than 320,000 people and has a rich cultural landscape comprising of around 215 cultures. It is one of the largest and fastest growing cities in Australia, with young children representing the largest growth area.

While some parts of the Logan community are doing well, others experience deep and persistent disadvantage and corresponding high levels of developmental vulnerability in children. For many children this vulnerability extends across multiple areas of their development.

The latest figures from the Australian Early Development Census (2019), provides our first glimpse into the long-term trends in child development in Logan. While the data shows that progress has been made in some areas, these are small and gradual. Overall, 1511 Logan children (31%) were assessed as developmentally vulnerable on one or more domains. This is significantly higher than both the state and national averages, although the gap has reduced slightly since 2015.

Across Australia, First Nations populations continue to rank higher in terms of poor maternal and neonatal outcomes than non-Aboriginal or Torres Strait Islander populations (Australian Institute of Health and Welfare, 2016). These outcomes include increased maternal mortality, preterm birth, low birth weight and perinatal deaths (AIHW 2016). Across Australia, First Nations women are also less likely to attend an antenatal visit in the first trimester compared to non-Indigenous women (53 vs 60%) (AIHW 2016).

The aim of this community feedback process is to provide Metro South Hospital and Health Service (Metro South Health) with specific community-led, place-based recommendations regarding service design and offerings that meet the differing needs of mothers who reside in Logan. The information gathered regards two related, but exclusive subjects:

- **An early parenting service** for Logan that is easy to access, relationship-based and respectful, and specifically provides breastfeeding and postnatal depression and mental health support to women and their families, and the impact this may have on outcomes within the catchment.

- **A First Nations birthing service**, responding to what is important to Aboriginal and/or Torres Strait Islander women in regard to their pregnancy care, and what could be changed to make the available service system better suited to their cultural needs within Logan.

BACKGROUND

Metro South Health, in partnership with Logan Together, invited local Mums with experience of public or private maternity services to share what was important to them during their Maternity Care. We also asked what First Nations women, or women who are pregnant with a First Nations baby, felt was important when accessing pregnancy care in Logan, Beaudesert or in a community setting.

There is substantial evidence that culturally appropriate, locally based continuity of care models can improve breastfeeding and mental health outcomes for women and thus positively impact the first 1000 days of a child's life. A snapshot of the evidence as background for the community conversations in this report can be found in *Appendix 1*.

Key to improving health outcomes for First Nations families is culturally safe and accessible services. This means acknowledging the holistic benefits and protective factors of the networks of relationships and power in which birthing women live, and their histories and their embodiment of connections to country, culture, spirituality, ancestry, family and community. (Bainbridge, McCalman, Jongen, Campbell, Kinchin et al., 2018)

There is strong evidence from Australia and overseas, that sound investments made during this critical period of life are likely to translate into long term health gains for children and represent a significant return on investment for the health system (Queensland Health, 2019).

The early years of a child's life have a profound impact on their future health, development and wellbeing (McKenzie & DaCosta, 2015).



PURPOSE AND SCOPE

These conversations with the women of Logan and Beaudesert will support the formulation of recommendations regarding an improved approach to care, both inclusively for women accessing pregnancy care in Logan and Beaudesert Hospital catchments (New Mother's Centre) and exclusively for First Nations Women (Birthing on Country). These recommendations will reflect the conclusions drawn from consumer engagement and current best-practice evidence.

The primary aims of the report are to:

- Ensure new and future initiatives in Logan are driven by Community Voice
- Inform and shape future investment decisions for maternal and child services in Logan;

It is planned that should new service investment proceed for a New Mothers Centre and / or a Birthing on Country program, local women will be offered to the opportunity to take part in co-design and governance arrangements to maintain community input and oversight for the projects.



METHODOLOGY

To attract participants and to explain the purpose of the feedback process, a short video was published on social media, showing local women talking about the value of sharing their stories for the purpose of helping to improve health services.

Data was gathered via consumer engagement and feedback, using questionnaires, small group yarnings, and one on one interviews. To ensure the differing experiences, needs and wants for women within the Logan or Beaudesert Hospital catchment area were captured, discreet participant groups were sought with the following specifications:

New Mothers Centre: Women from Logan who are planning for or expecting a baby, or have a child/children under 5 years of age

Birthing in Community: Women who are Aboriginal or Torres Strait Islander , or women who are pregnant with a First Nations baby, who are planning, expecting, or have had their baby in the Logan area within the last two years.

METHODOLOGY

Online structured questionnaires were provided to mothers regarding a New Mother's Centre, who were asked to complete the survey individually.

It was intended that much of the data be sought via yarning circles, however the methodology was altered prior to beginning the process, as a result of the COVID-19 restrictions. To ensure data was collected in a way that was respectful for all women of Logan, First Nations women from Logan skilled in interviewing (with young children of their own) led one on one phone and small group conversations and these were recorded.

Consent was obtained from women to participate in and digitally record the interviews and the online questionnaire. No personal (identifying) information was collected. Questionnaire responses and transcripts were then analysed to identify themes and patterns.

A summary of findings, and subsequent changes to birthing services in Logan as a result of their stories, will be shared with participants via the Logan Together networks that recruited them. Interview participants were provided with a \$50 voucher as payment for their time.



PARTICIPANTS

Twenty-four mothers completed the New Mothers Centre online questionnaire and 54 mothers engaged in group or one on one conversations for a total of 78 women who shared their experience of birthing in Logan. The mothers were sourced through social media pages associated with Logan Together including the Logan Mums N Bubs Facebook group, as well as word of mouth referrals, and mothers who have or are currently accessing support through The Family Centre, Kingston East Neighbourhood Centre or Wesley Mission playgroups.

All mothers involved in the process were from Logan, Beaudesert or surrounds, or had birthed in Logan or Beaudesert. All of the twenty-four women who provided information for the Birthing on Country project were Aboriginal and / or Torres Strait Islander women or were the mothers of Aboriginal and / or Torres Strait Islander children. Feedback from the 30 interviewees and 24 survey participants for the New Mothers Centre included representation from women from Aboriginal and / or Torres Strait Islander, Pasifika and other culturally and linguistically diverse communities.

A Respected Elder oversaw the interviewing process.



SUBJECTS OF INQUIRY

Women were asked to identify what they thought was good and bad about their birthing experience and asked to note what would make the experience better. Women weren't required to rate each topic, but rather were asked to report their top of mind issues.

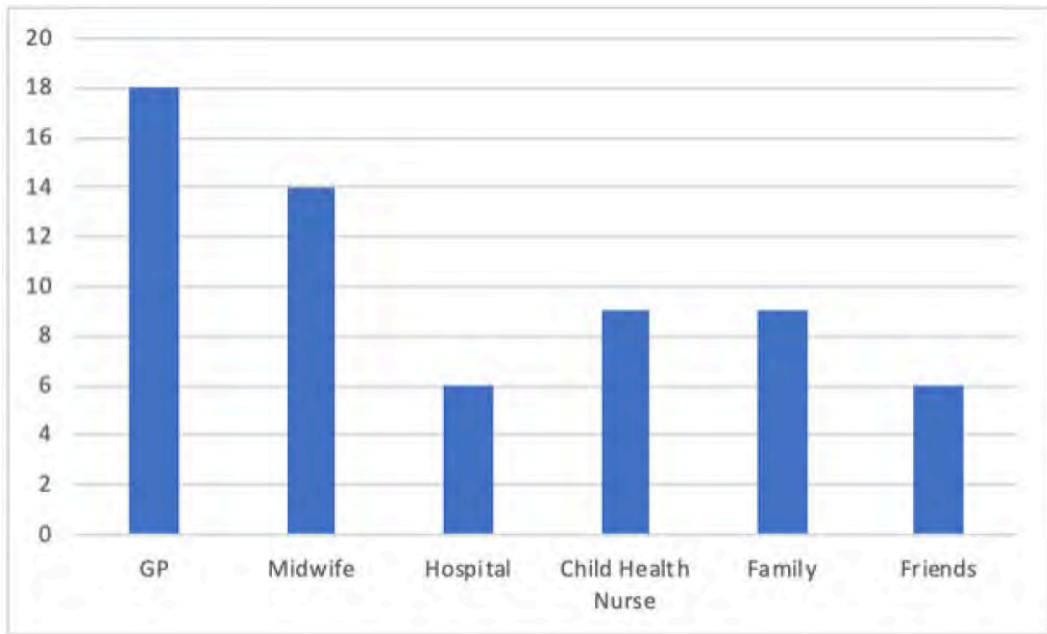
Prompt points were provided to the interviewers to support with facilitation of the conversation, with women being asked to think about their experience during pregnancy, during birth, immediately after the birth and in the first two years of their child's life.

See *Appendix 2* for interview questions.



FINDINGS

Most women identified access to several types of care and support whilst pregnant and once the child was born. Commonly, women received the majority of their care from General Practitioners (GP) and Midwives.



Additionally, women noted that they accessed Student Midwives through Griffith University, sought support via the Logan Mums N Bubs Facebook group, and sought support from Lactation Consultants, Counsellors and Allied Health services (Physiotherapy at Logan Hospital).

In the 2018/19 financial year, 3569 babies were born at Logan Hospital, and 244 of these were identified as Aboriginal and / or Torres Strait islander babies. (Johnstaff, 2020). Overall, 78 women provided feedback for this report.

The topics which follow are listed in order of their importance as identified by women who were surveyed or interviewed.

1. The importance of listening, actively supporting options and informed choice, and recognising the power-laden interactions inherent in birthing service provision. Many women expressed concern that they were not listened to, that they were not given adequate information or time to make informed choices about their care, and in some cases they believed this had led to poor health outcomes for themselves or their baby. Some women shared stories of finding a way to get the outcome they wanted, despite opposition.

Women mentioned this 75 times

Listening

"The OBGYN actually listened this pregnancy (unlike the first)"

"[It would be good if my health carers were] Listening to me when I say something doesn't feel right."

"The doctor made me feel I was failing, she made me feel scared and overwhelmed, I was crying after and called my partner."

"If someone seems closed off ask questions in a different way."

"Second baby, they listened to me and any issues I had they took it on board, it was a lot smoother."

"It's good to see someone face to face, because you are looking at the internet, seeing your (bulk billing) GP for like 2 minutes, feeling rushed and not knowing what they were asking me to do."

"The last appointment I had a months' notice sent to me, but the follow up check was just 1 days' notice, they wouldn't move it, this caused problems at work. That was a bit of bad experience, they should have more flexibility."

Lack of Choice

"It felt like no one wanted to explain anything to me about my birth and what happened."

"[I would have liked the] Doctors presenting all the facts and allowing me to choose - however maybe they aren't allowed to do this."

"I believe more women should be very well informed and have ALL of their options presented to them - not just general hospital policies."

'I felt everything was good until the birth, the caesarean, if I had been better informed about the process, I felt so rushed, I could have waited it out for a bit'





"Doctors told me I was not allowed to have a breech birth at Logan as they didn't do it there; I found out this was a lie, so feel I was forced into having a c-section. Doctors need to give you all the information."

"Because of my age (old), they wanted to induce labour at 40 weeks, that didn't go so well and I ended up with a c-section. I wasn't very informed about the c-section, they had me sign papers which they gave me half an hour before the operation, and I didn't have time to read. I'm a lawyer and I don't like to sign things I can't read properly."

"I did not know that they would screw the monitor into the baby's head, I would have said no. When they said, "oh we are going to monitor the baby", they did not tell me what that meant. I think they don't tell you everything because then you might say no."

Poor Outcomes

"[It would have been better] if they didn't say pelvic pain and bleeding is normal during pregnancy, turned out [we were] lucky to have my baby alive."

"The medical system doesn't listen. Child 2,3,4 all had [health issues] Child 3 almost died Child 4 they listened."

"The paperwork told me to fast before the baby, when they checked the blood sugar it was at dangerous levels, no one had explained I should not have fasted, it created an emergency situation."

"First baby, I kept telling the midwives that my baby was not moving enough, I was concerned, they kept pushing me aside and saying no he was ok. They then realised he had problems and then took my blood pressure and I was almost at stroke level, it made me feel sad, if they had listened to me it could have been addressed earlier. It was traumatic."

"I couldn't get a date for my c-section until close to due date, but I knew he would come early, and ended up with an emergency section. I was explaining my ligament pain, I could barely walk. Instead of looking at the book, they should listen to Mums and how they are feeling – Mums know as well.'

'I had an emergency caesarean ... and I would have liked to have been more informed before going into the birthing suite. Should I have done more research? I feel there is more I could have done to have a natural birth, but no one told me.'

Exercising Choice

"I had a [health condition] with one of my first babies, then I was threatened that if I didn't have a c-section I might have a poo bag for the rest of my life. I think the midwife advocated for me, I hypno- birthed that baby out."

"Sometimes it feels like you are being forced to do what they think – but then, they are not in your body, they don't know your body."

"The midwife explained that I always have the choice even if it is not being explained to me that way. Choice and information, those 2 things together are important, you get the vibe that the public system is set up to not have choice."

2. Having a consistent team of health professionals throughout pregnancy and birthing would be helpful and assist women to feel more at ease. Many women noted they found the process of re-explaining their story each time unhelpful. Midwifery Group Practice was reported as being a very positive experience and provided the additional support many mothers felt they needed. **Women mentioned this 63 times.**

WHAT WAS GOOD:

'Midwives at the hospital were very professional, let me know what was happening because I was really scared'

'I had it pretty good at Logan with the MGP – saw the same midwife the whole time'

'I was linked to the RWH and an Aboriginal program where a midwife would come and visit me once a week which was really cool'

'The MGP program (for my second child), Holy Damn, if only they offered that to every birthing woman. Having the same midwife all the way through, that continuity of care, it was 1000 times better, I got my VBAC from it. It was just amazing! This was through Redlands hospital'

'Being a new Mum was hard, I felt like I got a lot of support from the hospital, there was a lot of options, I didn't take them all, they checked on me very frequently, which is what I liked'



WHAT WOULD IMPROVE THE BIRTHING EXPERIENCE FOR WOMEN IN LOGAN

'The Doctors referred me to the MGP program, which I am so grateful for. They were so helpful, I couldn't have done it without my midwife, because of her my care become more personal and caring, I knew I would be looked after by her. Which made a traumatic experience a bit easier'

'One midwife would be really good. It would have made things a lot easier. As a young Mum I had a lot of complications, it was hard to remember all the things I needed to tell the midwives when I saw them'

'I would have liked it to be recognised that I was struggling with breastfeeding after the birth, but because the ward was so busy, the midwives do a great job, I have never met a better bunch of women, but they are just so busy. So, you don't get the person who says, you've been a bit quiet, are you ok?'

'Being on the maternity ward after the birth, it's 50-50 whether you get the help you need, you feel judged, maybe not on purpose. Being a first time Mum, when you're struggling, you have midwives will come and take the baby for a while so you can get some rest. But there are others who may seem judgey or who won't explain themselves very well, not break things down so you can understand things as a mother'

'I want anyone to have the option to access MGP, it would be beneficial to anybody'

'I was a little disappointed with the parental classes, which was very general, not that helpful. I needed practical things, like how to wrap a baby'

'Sometimes I could be waiting 1.5 hours to be seen for an appointment at the hospital. Next time, it would be great to have a Hub in Logan where you could go for all your support that was child-friendly'

3. Women need more postnatal information and support when they're at home. Women said it would be helpful to have more practical suggestions for looking after the baby when they get home, additional supports after midwifery visits cease and referrals to other relevant services they can easily access in their local community.

Women mentioned this 62 times.

"I would prefer this to be in home, because no one wants the pressure of waiting and sitting there just to be seen to check the heartbeat, when they could come to your own comfortable space. I had the midwives visit me at home after birth and I loved that"



'A midwife came out twice after the birth, which was helpful. I cried over dinner, she said it's just baby blues, as long as it doesn't happen after 2 weeks its ok'

'Hospital referred me to [a support service], came out once my daughter was born, helped me clean, helped me find a day care for her while I was still going to school, they were a huge help'

"[Child health clinics] need better knowledge on premature child growth."

The Child Health clinic - it didn't work for me, I stopped going. This was unexpected as with my older child they were great at Redlands."

"ATSICHS and Mums and bubs was a good experience, I liked it. Also I had support of Wesley Mission, YFS and Burringilly, they were helpful...supportive and they listened and were easy to open up to."

4. Women want and need earlier, more robust mental health support that is easy to access.

Many women noted that whilst they felt they needed mental health support, they hadn't accessed it, support hadn't been suggested and/or they hadn't been referred to any services for support.

Women mentioned this 36 times.

'I haven't accessed any support for my mental health, because my daughter has been sick, I now struggle with anxiety. I should do something about that. It would be great to do this all at once when my daughter was being checked. A hub is a fantastic idea'

'I had history of mental health and they had a health worker and support worker come and visit me nearly every day I was in hospital, and to arrange care at home.'

'(After a traumatic birth) I didn't hear anything afterwards, no one asked how I was doing or offered any support. It took more than 3 years before I thought I could have another baby again'

'The cultural connection and counsellor [was good]. You don't realise how important it is until you get it. Engaging with her, I was able to improve my whole wellbeing through my culture'

'I had pre-natal depression, when I went to hospital they weren't very helpful, but that is a whole other system from maternity. I wasn't referred to anyone, I went out privately to see someone myself. They weren't very helpful for someone going through trauma and depression and pregnancy'



5. The built environment needs improvement, with particular consideration being given to having a child-friendly space for mothers to access and use when seeking antenatal support; birthing suites inclusive of water birthing facilities; and the availability of private rooms in the maternity ward.

Women mentioned this 24 times.

Child friendly appointments

'I had my boys at Logan and their Dad was FIFO (fly in fly out) so I was always having to go alone, I would have loved to be able to take them to a room where they could play during the appointments. It made me anxious having to take them with me – they would play up. So, what was not available that would have been good: a room, a babysitter, help, a midwife who could tolerate other kids'

'When I would arrive at hospital it was common to be sitting in the waiting room for 2-3 hrs before being seen, as I got bigger it was more painful to sit for that long. It also would be stressful because I had to bring my daughter too and I wish there was some kind of childcare or area for kids, it would have made it a lot easier'

'The majority [of the time at] appointments I had my 3 and 1 year old [with me]. I was not able to focus on information, and the children were touching stuff – it's not safe in a medical environment'

Lack of water birthing options

'If Logan had the water birth option, I definitely would have had my baby there'

Room design

'At the ultrasound, they didn't seem aware of patient privacy. The technician didn't close the curtain, people would come and open the door, they didn't even know or to say sorry'

'I often had to stay overnight in hospital during pregnancy and would be put in a room with 4-6 other women who had already had babies, which meant I couldn't sleep. I also felt uncomfortable, when I went to the toilet and there would be blood from other mothers all over toilet. It felt so dirty and unhygienic, I really didn't like that we all had to share a toilet. After having baby, it was more comfortable being in the ward with all the other Mums when I had a baby too - the hygiene of toilet was still bad!'

'I stayed in the post-natal ward for 2 nights. There were no showers, after birth I felt pretty dirty and greasy so that was hard'

'Logan Hospital is very busy and crowded. The hallways are crowded with staff and equipment'

'It was horrid, I was stuck in a ward with three other women, three other screaming babies, I didn't get any sleep. I begged the midwife to discharge so I could go home for sleep. I was getting delirious after a few days, I was by the door, so people walking past, I think they gave me Endone to knock me out just I could sleep'



6. Receiving individualised, non-judgemental support regarding feeding newborns would be helpful. Women can find the support provided for breastfeeding overwhelming, with individual women's needs and preferences not being adequately accommodated.

Women mentioned this 18 times.

"Some judging around breastfeeding. Not everyone can or wants to breastfeed. I attempted but wasn't successful – I had to keep going until someone said you can't physically do it"

'They were pretty pushy [about] breastfeeding, which I ended up doing. I gave my daughter a dummy as she came out sucking her thumb, they weren't too happy about that, a bit judgemental'

'Midwives told me when I took baby home that she would have to go back to hospital if I failed to put weight on her, that was real pressure, the pressure to breastfeed'

'The way I was treated when I went to hospital for formula top-ups - that really broke me down. I was doing my best and ended up breastfeeding for 12 months. But with all that was going on in the ward no milk was coming in, the midwives were saying 'why do you need formula, why aren't you breastfeeding?' every time I died a little bit inside. And no lactation consultant was offered, no follow up offered, I ended up trying to do that myself once I was discharged through the child health clinic'

'I don't feel comfortable breastfeeding but was surprised how much the nurses supported and didn't judge my decision, they didn't push me to breastfeed so nursing my baby has been pleasurable and comfortable, I really appreciated that'

7. Women want their partners to be able to stay with them throughout the entire birthing and hospital process. Providing a more customer focused space during the birthing process, including during preparation for epidurals and caesarean sections/theatre, would enable women to maintain their circle of support throughout the process. Women want their partners to stay with them at least for the first night after birth, rather than having to stay in the ward by themselves.

Women mentioned this 14 times.

'During the birth, if they would just listen because Mums can know best what they need, also letting partners stay for support'

'I wanted my partner there, but he wasn't allowed'

'They ... told my partner to go home and were supposed to call him back, they didn't, they were taking me into theatre and he just happened to rock up in time. It was a horrible experience'

'There was a whole section of time when they were prepping that my husband couldn't be with me, when we were [birthing at the] private [hospital], he was with me the whole time'

Partners are currently unable to stay

'I would have liked it if my partner could have stayed at the hospital with me as I was really nervous as a first time Mum'

'Not having the support of my partner during the night who had to go home, I understand that other Mums might not want a male around at night, but wished I had the support'

'For your first baby, you need your own room, there were other women there snoring, talking on their phone, and they didn't let my husband stay the night. Mentally I really needed him there, the baby was born at night, so at 11.30pm an hour after the baby was born, he had to go home. My body went into shock and I started trembling. I didn't get up to feed the baby, I wasn't all there, if my husband had been there... the nurses were like, "what are you doing"?''

'After I had my c-section my partner wasn't allowed to stay with me, it made it very hard because I could have used his help during the night, to help me get up and go to the toilet after major surgery'



8. The experiences that some women described, implied judgemental or discriminatory behaviour was a factor in the services they received. This is particularly true for younger women. Women mentioned this 12 times.

'I didn't actually like being pregnant or being in labour, the nurses were really pushy and they treated me differently I think because I was young'

'It took a fair while to get an appointment with the midwives at the hospital, I got a fair amount of judging from some of the midwives because I was a young Mum. Some were good and some were nasty. The care itself was pretty decent'

'Their attitude towards me, towards breastfeeding, they were very forceful, pulling my boob out, shoving it in the baby's mouth - put me off breastfeeding'

'I had the baby at the Mater, we chose not to have baby at Logan hospital as both of our families have been mistreated there, with bad experiences so we didn't feel comfortable to have our baby at Logan hospital'

'The birth – I would have liked a better midwife. Midwife said not to scream, said shut up and save it for the pushing'

'I had a student midwife but it was up to me to let her know when I was in labour, but I forgot as it was traumatic, I could tell she was disappointed and pissed off, I felt bad about that'

BIRTHING ON COUNTRY

First Nations women were asked to identify what they thought about their birthing experience and what would have made the experience better. Women were prompted to discuss their individual experience, rather than being prompted to share their views on specific topics.

The topics below are listed in order of their importance as identified by First Nations women who were interviewed for the Birthing on Country project. First Nations women noted the following as being issues of high priority when receiving ante-natal, birthing and post-natal services.

1. Having a consistent midwife throughout pregnancy and birthing would be helpful and could provide a more holistic service that met the cultural needs of First Nation women. Where women had been involved in Midwifery Group Practice, they noted whilst having their own midwife was really positive, there is room for improvement – particularly through the provision of Aboriginal midwives. **Women mentioned this 31 times.**

'Even though my midwife wasn't Aboriginal, she was able to look after me that way'

'I got my own midwife, and they were really great, based in Waterford. They were amazing, when I called with any questions, they would help me with anything was going on'

'For the birth I knew my midwife, but not the student midwife or any other person in the room'

'I was teaching my midwife a few things here and there about our traditions when having babies, it's really important to know how to talk with someone who understands. My midwife listened'

'I would have liked an Aboriginal midwife'



2. Women would benefit from consistent, culturally appropriate health workers delivering maternity services in a way that meets the community's needs. This includes accessing services where there are other First Nations women available to engage with, in facilities that are more welcoming. It's also important to ensure partners and families can engage in the birthing process to ensure women have sufficient cultural support to feel safe. **Women mentioned this 29 times.**

Indigenous workers

'I had second baby at RBWH and the Indigenous program care was so much better and supportive, and my partner was more welcomed'

'They never offered any Indigenous services or support, they didn't have any available either'

'It helped to have another Indigenous person guide me on my way. At hospital you don't really see many Indigenous people there'

'I don't know what happened and why they [Aboriginal unit] didn't contact. I chased them, they were supposed to make the appointments at home instead of hospital.'

'My last baby was born through Murri Clinic at Mater (last of 6). It was great, I wished I had known about it before for the other kids'

'A black birthing centre that would be deadly – cultural, amazing. It would have beautiful birthing suites, Indigenous staff, beautiful garden...'

Culturally safe facility

'Culturally themed birthing rooms, a lot of our generation has lost culture, bringing that back, it would be good to learn even more'

'The Hub made me feel like I belong. Compared with Loganholme – no Indigenous faces, no posters, no cultural programs. Its more convenient, but no culture at all. Family and culture so I can understand about where I'm from, sense of belonging'

'For me it was really cold, room full of cords and stuff, and no one talking to you, no offer of a cuppa. Even though I was with Jarjumbora I'm pretty sure my midwife was white. I need someone to come in like an Aunty, like other people at the Centre, "how you going bub, let me help you with this," don't just stand there silently until the baby is coming'



'I would have gone to an Indigenous hub as I had Indigenous children, a one stop shop would be great and to be culturally supported'

Including dads

'Everyone should have the choice to include Dads'

'They involved the Dad, he could listen to the heartbeat and would explain with him everyone was in the loop'

'My partner was treated fairly throughout labour but after he moved his chair to be closer to me, the nurse told him to move.'

'Dad days happened, midwife kept him informed, listened to what was worrying him. He was able to be with me the night I was induced'

3. Mothers want ongoing, and convenient support once the baby is born. Women spoke of the benefit of having a follow up service close by, who could also provide some child minding while women sought support. Within this service, it would be helpful to have women and children health services available (particularly support with breast feeding and mental health) and a single outbound referral pathway that could provide women with more holistic support outside of the centre. The service would ideally also provide a supportive environment for women to meet, learn and share. It was noted that this was particularly important when midwife support ceases (for many women interviewed, midwifery services provided one home visit, and then ceased).

Women mentioned this 25 times.

'If there was somewhere to go when the kids are little it would be deadly, I'd be there – for immunisations, pick you up and drop off, and help with the little ones, family support workers'

'Kids like to go to the hub too. Yarning circles, there was classes how to soothe your child, quick and easy cooking, baby massage, you could suggest ideas. They were good, and you could choose what you wanted and give feedback. Also, how to take care of yourself'



'Somewhere to go from the start to young babies would be amazing, Home visits were an option, but not always suitable, as they can create fear if people are worried about Child Safety and don't know what those visiting will expect'

'I am getting behind on needles for the kids - these could happen if transport was offered, there was follow up and they can help look after the [other] kids'

'I got referred to help for my pelvic floor after the birth. I am bad down there, I cough, and it goes. But, how am I supposed to go with 4 kids?'

'I had home visits after bubba was born, that was really good. Showing how to bathe baby, baby weight, eating, it was all really good. The hub was great, everything was there but would be better to have had it in Logan – it's closer.'

'I have some mastitis and trouble sleeping, I rang the number (child health nurse) and got the help I needed.'

Breastfeeding

'I needed help with breastfeeding'

'One thing I wish had got more help with is breastfeeding'

'I was asking for help with feeding, everyone who came up said "It looks fine", I said "No its not fine it hurts", they said "It must be you, that you have sensitive nipples or something"'

'I then gave up breastfeeding, I would have kept going if I had more support'





4. Logistical difficulties have a significant impact on women feeling culturally safe and able to engage in the services they need for themselves and/or their children.

Specifically, factors such as difficulties accessing convenient public transport, having to travel more than 30 minutes, long wait times for appointments, not having access to free child-minding during appointments (or having appointments in environments that are not child friendly) were of concern. Additionally, women noted the need for these logistical supports to be thought of as a fundamental component of cultural care and service provision. For example, when women were provided with culturally safe transport, they were more likely to access services and noted that they felt more comfortable and perceived less judgement.

Women mentioned this 13 times

Transport

'I went to the Hub in Salisbury. If they hadn't provided transport, I couldn't have gone there'

'The Mater picked me up for appointment, even though it's much further away. If there was a service like that in Logan, it would be great, especially for new Mums. Being a new Mum is really scary if you don't have the links and knowledge'

'I needed that transport. There were days I didn't have any money and I wouldn't have got to my appointments'

'Public transport is not accessible with three kids and a long walk at the end'

'Public transport is hard when you're pregnant – you can't run for the train'

'The free parking is amazing – hospital parking is so expensive'

Close to home

'Having a hub out in Beaudesert would benefit a lot of women, as it's remote'

Childcare

'It's really hard to sit and have a conversation with three kids in the room'

'I have three kids – it's really hard to go to hospital – it's overwhelming for the kids'

'Childcare would be handy'

'There was a room full of toys, I could watch the kids from the couch and then I could focus. 10 out of 10 for that. A quiet area for bubs to sleep would be good'

'I skipped antenatal appointments – it was too much with taking the other kids. Telehealth would be a good option'

'For appointments – when scheduled after school – it says in big letters 'do not bring your child or the appointment will be cancelled". Then don't book appointments for after school!'

'I would have liked a support worker or midwife come to my place, I didn't like leaving home to take 3 kids to appointments, even with my husband, it was too hard'

5. Mental Health support is really important – throughout the entire birthing process, as well as after the baby is born. This should be easier to access, culturally safe and approached in a sensitive way that is non-judgemental. **Women mentioned this 14 times.**

'I was thinking about giving up bubba, they (Salisbury BIOC) linked me to a psychologist, I did not feel judged, they never pressured me. They....told me I was a deadly Mum. They are really good people'

'Trust, mental health support, an Aunty or sister to talk to'

'I would like to have access to parenting support, getting pregnant brings a lot of stuff up – healing work, a counsellor, because of past trauma in childhood'

'Relationship is absolutely important, because birth is such a massive special event. It can be traumatic. If there is going to be trauma, you want to be surrounded by people you feel safe with, the best support available'



6. Worries around interaction between maternal health services and

Child Safety. Many women felt the need to protect their babies, including prior to birth, from Child Safety engagement. It was clear that some First Nations women are fearful of having their children removed, and may avoid health promoting activities as a result. This fear exists overtly within the First Nations women involved in this process, with systemic racism being mentioned (Aboriginal women and families feel they are monitored more closely than other families) which is supported by evidence. Additionally, when women are provided support services (such as DV support), they may feel this can rapidly evolve into concern for a child's safety, and prompt them to access less of any service, for fear of attracting attention.

Women mentioned this nine times.

'My baby fell off the change table, I went to hospital, the first thing they did was bring out a Child Safety Officer with a clip board. They weren't talking with me, talking at me. It made me never want to go back, like I was a young dumb Mum, like I did something wrong. I was spoken down to and judged. It feels like a really judged space, not cultural at all'

'Child Safety worries me, because I am a black woman, and they take kids away all the time, if you say you need something, gives them an excuse that might take my child'

'[Women should be aware of] the information that is given to Child Safety, and that they get lied to and done over by them'

'[Women think that] when Mums do their first wee test for pregnancy, they test for drugs. If they test positive, Child Safety is notified straight away. This should be explained'

'I worry about Child Safety – they [midwives] should have your back, not dob you in. My niece didn't go to any antenatal appointments [for fear of Child Safety]'

'Home visits [are] not always suitable. [They] can create fear if people are worried about Child Safety and don't know what they expect for a house'

'I thought I had a safe home. When Child Safety came, they said [my home] wasn't safe because [the baby] didn't have his own space'

'I was only 17, I was in care. I had to prove [to Child Safety that I'd had] a vacuum extraction. It was horrible and I had zero support, even from Child Safety. When they said jump, I had to say, 'how high?' They watch you after each birth for a couple of years'





7. Beyond providing culturally safe services, it is important to acknowledge the presence of institutionalised and systemic discrimination within the health system as a reflection of broader society.

Although the terms 'racism' or 'discrimination' were not used by any of the women interviewed, the experiences they described implied this was a factor in the services received for some women. This is particularly true for younger women. Derogatory remarks, lack of choice provided, and either misinformation or insufficient support to understand the information being provided were noted.

'I got a really bad kidney infection that sent me into early labour, which was scary. I went into early labour again and went up to Logan hospital, which I did not like, they barely checked me over gave me medication and sent me on my way. I was 16, they were like 'she doesn't know what she is on about'. I had the support of my Mum who had 6 six kids'

'Important to have support people with you. When my partner was with me, the midwife was going through a check list, and asked was there violence, when he was right there. I wondered if they would ask a white woman that'

'If they had a support program there, with an Indigenous worker and program, maybe [Logan] would be ok'

'After the baby the hospital recommended I have my tubes tied. I didn't really want to'

OTHER ISSUES OF NOTE

ULTRASOUNDS

Many women noted confusion about and difficulties in accessing ultrasounds, along with the associated costs of getting these scans.

Whilst recommended pregnancy care guidelines for low risk women note that two scans should take place during pregnancy, women noted they were often asked to have other ultrasounds, usually through private providers with significant out-of-pocket expenses.

'The prices of ultrasounds are crazy. I did not know how expensive it would be. And you have to have them at certain times, so no time to save money'

Ultrasounds – one thing that bothered me - sometimes they would let my Mum in, but mostly no one was allowed in with me, I wanted to facetime my partner so he could experience it but they said no'

'I paid for all ultrasounds upfront and didn't know how to claim it back so didn't'

'[It would be better if we had] free or cheaper scans. I didn't know they were going to cost so much and not sure why they aren't covered by Medicare?'

'During my pregnancy I would regularly have to get scans, I'd be in a gown in the waiting room in front of everybody. If I had just a Mums and bubs space to go, I would have felt 100% more comfortable'



HOLISTIC SUPPORT

Women felt that their health care was overly pregnancy-focused and didn't look at the general health and wellbeing of the baby, themselves and their families. Specifically, when accessing postnatal care, women mentioned that the mother's health and wellbeing (including cultural) needs should also be prioritised and addressed.

Women also mentioned that often Doctors and Midwives asked closed questions that were too direct, and didn't leave sufficient emotional space to discuss issues of concern, such as violence, substance use or mental health. Several women noted that they didn't mention issues as a result of the questioning style used by the health professionals.

'You could tell how busy they were because they were rushed, no care put into actual patients'

'You're not just working with a Mum, you are working with a whole family, there is no point providing a service to a woman who is going home to family violence because there isn't adequate support'

'The postnatal care I have had focuses more on the baby and not on me, they do what they have to and go'

'I haven't had support from any services, I can't find a good Doctors and don't know any other services to reach out to, and I am still sore and feeling traumatised by the birth'

'If I had had someone Cambodian to connect to, it would have made all the difference.'

'I loved that a Pacific Islander agency came to see me and let me know that they were available if I needed any help. I think having more Pacific Islanders in the hospital to talk to Islanders, especially if they don't understand English, would be more effective in helping clients open up and get support they might need, cause they feel more comfortable.'

IMPACT OF COVID-19 ON BIRTHING EXPERIENCES

Several women noted the significant impact that COVID-19 restrictions has had on their birthing experience, postnatal support and their roles as both new mothers and mothers with older children. It may have created gaps in the system, that aren't business as usual, but were discussed by women as being unhelpful or disappointing.

Social isolation has also been impactful, as has the inability of women to access face-to-face medical care for their babies and themselves. Women reported that antenatal classes were cancelled, check-ups have ceased and whilst some women enjoyed accessing telehealth, others found this method of support (particularly for issues such as breastfeeding, baby weight and measurements) ineffective. Women also found it difficult not to be able to have face to face contact with people in their immediate support circles, such as close friends and their own mothers, due to social distancing restrictions.

'Because of COVID the support and referrals have stopped - I don't know where to go.'

'I was so traumatised and scared from labour, the hospital organised a childcare nurse to give us at home postnatal care and physio, but due to COVID 19 it was cancelled and I haven't heard anything else since.'

'My friend who has a baby would be a support, but we have only been able to ring due to COVID 19, and my Mum can't see me much, she works in a nursing home, has long hours, but also for the safety of baby and old people she works for. So, it has been hard.'

'If I had access to a place to have her weighed, because I don't have a group due to COVID. I haven't had options for Telehealth to access Dr, that would be so easy. A phone call so we could ask questions about milestones would be good. It would be better to speak to a professional rather than referring to Google.'



BIRTHING EXPERIENCES AT BEAUDESERT HOSPITAL

Of the 54 women who participated in interviews, four women accessed birthing services in Beaudesert.

Women who birthed at Beaudesert hospital had mostly positive feedback about the experience, noting the quality of the midwives (with particular mention of very high quality MGP services), sound birthing suites, and the real benefit of having their own room and bathroom, in which their partner was allowed to stay.

Issues arose when women were transferred to Logan Hospital due to complications /higher risk births. Women noted that their transfer of care to Logan occurred too late in their pregnancy, so women hadn't had the opportunity to see the birthing suites or meet staff who might be supporting them (with two women mentioning it would have been good if their midwife could have been transferred with them to support the birth).

The ante-natal classes in Beaudesert were good and answered most of the questions women had. Women were happy this occurred in a group, as listening to other people's questions were helpful. Women also noted that having a hub at Beaudesert or Jimboomba would benefit a lot of women and their babies.

"After the birth, I had Logan midwives come to see me, but it would have been better if the Beaudesert midwives or midwives I knew from before when they were removing stitches etc, a bit awkward when you don't know them.'

'There was never a problem with appointments, they were so responsive. I could not imagine having a baby anywhere else (than Beaudesert) now'.

'Pre-Care was average, When I would explain something to them and they would say 'that's just pregnancy' – that used to annoy me'

'The majority of my care was in Beaudesert – because of my previous experience at Logan. However, they never took my history about previous miscarriages and births (including c-section)'

'I had complications, because I was between Logan and Beaudesert, I could have gone to either hospital. I went to Beaudesert for a lot of it, the midwives there were amazing.'

"I chose to have baby at Beaudesert because partner was allowed to stay with me and was accommodated. We had our own room, bathroom. We knew the services and health workers so it made the experience more personal and friendly. Bubba had complications so we were transported to Logan hospital where my partner's stay was restricted. I was put in a room with other women all of which were booked for c- sections so I was the only one with a baby and felt stressed as baby was upset and not settled, and as a first time Mum with a baby who has just come out of NICU. It was extremely hard. No one came to support'

'I ended up birthing at Beaudesert hospital, my midwife from the MGP came which was great, had my own birthing suite, and my own room. I stayed in hospital for longer for physio as I had torn my abdominal muscles, they have been amazing through the whole thing. My personal preference for care is Beauie'



RECOMMENDATIONS

NEW MOTHERS' CENTRE

- a. **That a Logan Mothers Hub be available.** A local hub that women could access would overcome several of the issues identified by mothers during this feedback process.
- b. **Transport provided to complement maternity and post-natal care.** Women consistently reported difficulties in using public transport, travelling distances, and with babies and older children.
- c. **A Centre that provides a one-stop shop for the needs of expectant and new mothers and their families.** Women suggested that a New Mothers Centre/Hub should offer a range of attributes, outlined in *Appendix 3*.
- d. **A focus on a homely and welcoming environment for care, diverse cultures and needs.** Women identified that the Hub should be a place where everyone is welcome, not just mothers. It should be a homely, accessible environment where community can be created, complete with cultural cues to ensure people feel safe. The community using the Hub should be made comfortable enough to feel a level of ownership of the service.
- e. **Appropriate staffing.** Mothers suggested the Hub would ideally be staffed by support workers, community support teams and health professionals who were representative of the diverse community who live within Logan and Beaudesert.

BIRTHING ON COUNTRY

- a. **A Logan Birthing on Country service be available for First Nations families.** Being able to access support and services close to home, delivered by your mob, and in your country is critical to improving the experiences and outcomes of women and children in the Logan and Beaudesert catchment.
- b. **That cultural connection and healing be part of the service offered.** Women identified that having a baby



presents a unique opportunity for connection to culture and it's essential that the birthing experience is a part of that. This type of care is seen as so beneficial that local First Nations women are travelling extensively to receive this type of support outside of the Logan area. Women knew about other locations where services are providing First Nations women with culturally safe and welcoming birthing services, with women being able to connect to culture and share this connection with their baby and families. Access to Elders for advocacy support would also complement the current service offering.

c. A service that provides holistic support with continuity of care for First Nations families. Women suggested that a Birthing on Country service within Logan and Beaudesert would offer a a range of attributes for prenatal, birthing and post care beyond six weeks. See *Appendix 4*.



OTHER RECOMMENDATIONS

Recommendations in this section have been listed in order of the priority and frequency noted by the participants.

a. That all new investment in Logan maternity care be required to demonstrate a partnership approach with new families. Many women's stories reflected that their experience of their birth and early parenthood, depended on whether they felt heard and respected in the course of their care. Focus on improved and respectful communication with patients, regardless of age, cultural background and health choices will assist alignment with child bearing womens' legal and moral rights. Services that invest in connecting with family and with cultural strengths will be highly regarded by women and their families.

b. The refurbishment of the Logan Hospital should give consideration to:

- o ensuring First Nations women are able to birth in a way that is culturally safe and welcoming (Indigenous staff, less 'clinical' birthing suites, beautiful garden, music, Aboriginal artwork)
- o every mother being offered a private room
- o enabling partners to stay with new mothers overnight in hospital
- o ensuring free parking remains available.

c. That Midwifery Group Practice is available to all women accessing maternity services in Logan.

It is currently accepted practice that MGP is offered to women who identify with particular cultural groups and/or disadvantage. The community conversations undertaken for this report indicated this has led to rationing of services, with eligible women reporting that they asked for but did not receive MGP care.

- d. That additional, preferably written, information is provided to all women at their first antenatal appointment regarding Ultrasounds.** The medical recommendations, reasons, availability, location and cost of ultrasounds early in their pregnancy, including low-cost or no-cost service options should be included.
- e. Improved focus on maternal needs during post-natal care.** When accessing postnatal care, mother's health and wellbeing needs should also be prioritised and addressed. Many women felt most, if not all, postnatal support focused solely on the baby, and their needs remained unmet, often to their detriment.
- f. Improved support for informed consent around birth care.** Women should be made more aware that all medical care is optional and must be consented to. The women's stories for this report described instances where women felt they had limited or no control (e.g. 'you need to have a c-section now', or being told when appointment times will occur, rather than being offered choice), and felt pressure that they will be judged as a 'bad mother' if they exercised choice and control regarding their or their child's health care.
- g. Improved consumer focus regarding partner support.** Policy and practice regarding partners being separated during epidural administration and preparation for theatre should be reviewed, and research-based evidence should drive practice (that is adequately and appropriately explained to women and their partners).
- h. Improved transport options.** A shuttle bus should be provided between Logan Hospital and the Loganlea Train station. Women noted the difficulties of walking between the train station and hospital whilst pregnant, when other children were accompanying them and to attend appointments made at the hospital after dark.



BACKGROUND

Maternal and Child Health

Whilst it is acknowledged that First Nations People remain overrepresented for poorer maternal and neonatal health outcomes when measured against non-First Nations people, this gap, with the support of Midwifery Group Practice (MGP), is showing signs of improvement within Logan (Department of the Prime Minister and Cabinet, 2020; Johnstaff, 2019). Since piloting MGP priority for First Nations women in Logan in 2018, the percentage of First Nations women attending five or more antenatal appointments has increased, whilst smoking rates of expectant mothers and rates of low birthweight babies have decreased. Additional screening through this program for the presence of healthy maternal behaviour has led to increased referrals to health and psychosocial support services.

The First Nations women who took part in the consultation overwhelmingly identified this as an opportunity to support positive changes to service delivery built on the cultural practices, strengths and connections of the First Nations community to improve this disparity. We know that engaging and supporting the strength of community and the particular strengths that being a First Nations woman in Australia can positively impact the outcomes of women and children (Queensland Health, 2019). This report offers suggestions from local First Nations women on how this can be achieved.

Breastfeeding

The National Breastfeeding Strategy: 2019 and beyond identifies the importance of increasing exclusive breastfeeding rates at 6 months of age to 50% by 2025. Exclusive breastfeeding to this age is linked to improved long-term health of both mothers and babies. Breastfeeding contributes sizeable savings in health costs and reduces burden of disease. The strategy identifies the need for universal access to breastfeeding support services and breastfeeding support for priority groups, as well as addressing gaps in breastfeeding support services when babies are between six and 12 months of age.

Mental Health Support

Mental Health care in the Perinatal Period, Australian Clinical Practice Guidelines 2017 recognises an increased risk of mental illness in pregnancy and in the postnatal period and that women need timely access to assessment and treatment, with referral and care pathways. One in ten women experience depression in the antenatal period and one in seven in the first year after giving birth.



BACKGROUND

Anxiety is experienced by one in five women during the perinatal period. Maternal mental health conditions after childbirth often go undetected and untreated, significantly impacting a woman and their family's wellbeing. The perinatal mental health service, which includes Logan and Beaudesert, is a small team. The new Mothers Centre Working Group has identified this does not meet the needs, given that on average 3,600 women birth at the Logan Hospital per annum.

The first 1000 days of life (conception to a child's second birthday) has an important impact on a person's long-term health. "Recent advances in neuroscience indicate that the nature of the caregiving environment in the first weeks and months of life influences the neural architecture of the developing brain, via epigenetics" (Carroll, 2019, p9). The quality of the parent-infant relationship is associated with the infant's subsequent physical and psychosocial health and cognitive development (Kristensen & Kronberg, 2018).

A number of factors can adversely influence the infant-parent relationships including; perinatal depression, parental relationship issues, preterm birth, and a lack of experience or support. The development and implementation of a New Mothers Centre with a specialised Birthing on Country aspect could play a pivotable role in supporting healthy parent-infant relationships within Logan.



New Mothers Centre

1. What community do you most identify with?
 - a. Logan and surrounds
 - b. Beaudesert and surrounds
 - c. Other _____

2. Are you pregnant or planning a family right now? Yes/No

3. Have you had a baby in the last 5 years? Yes/No

4. Thinking about your healthcare when having your baby and in the year after the baby is born:
 - a. Tell us about what has been good?
 - b. What has been not so good?

5. Which places did you go for care and support? For example: GP, Child Health, Hospital, Obstetrician, Midwife, Family Friends, other services

6. What could make or would have made things better for you?
 - a. During your pregnancy?
 - b. During your labour and birth?
 - c. After your baby's birth?
 - d. As a new Mum in the first two years?

7. Can you share more about the things that have helped, or could help with:
 - a. Seeing your midwives/health carer?
 - b. You feeling culturally support and safe?
 - c. You feeling mentally well or recovered?
 - d. You and your family's safety?
 - e. You and your family's physical health?
 - f. You and your family's wellbeing?

8. Anything else you want to add?

INTERVIEW QUESTIONS

Birthing on Country

1. What community do you most identify with?
 - Logan and surrounds
 - Beaudesert and surrounds
 - Other _____
2. Are you pregnant or planning a family right now? Yes/No
3. Have you had a baby in the last 2 years? Yes/No
4. Are you having or did you have your baby with your own midwife, in a Midwifery Group Practice (MGP)? Yes/No

Participants were asked to provide qualitative answers to the following questions:

5. What have been the “Practical things” that have helped or not helped you to get good maternity support?

Prompt points:

- Access to public transport
- Access to provided transport
- Hub local to home (? Need more hubs)
- Option to choose alternative hub (in case not wanting to go to a place where family members are working).
- How far would you think it would be ok to travel for your appointment?
- How important is it to have access to free parking
- Child care option available for other children
- Child friendly venue

6. What choices did/do you most want to have control over, around your pregnancy and birth, and relationship with a midwife?

Prompt Points:

- What was important to you when you chose your hospital for birth?
- Where to have the first appointment with midwife – home/hospital/hub
- Option to have whoever you choose with you for appointments/birthing
- Option to meet services after midwife care is finished at 6 weeks – before 6 weeks
- Ability to contact the known midwife at any time of day or night



INTERVIEW QUESTIONS

7. How can your cultural strengths be supported as part of your maternity care? What would improve cultural safety?

Prompt Points:

- Importance of Aboriginal health worker involvement
- Importance of Aboriginal midwife involvement
- Importance of midwife who has experience working with Indigenous families
- Importance of cultural 'feel' – the look and language used in the environment
- Inclusion of dad in all of the care and discussion (if he wants)
- Availability of cultural themed birthing rooms
- Inclusion of Indigenous students in care
- Community cultural inclusion days

8. Pregnancy care options?

Prompt Points:

- Flexible approach to appointments – home/hospital/hubs
- Option to join in with antenatal birthing classes if desired
- Option to have antenatal education with the midwife and or health worker (one to one)
- Able to have blood tests/ultrasounds at the same time as other appointment
- Able to telehealth to the hospital consultant if needed
- Option of early discharge from hospital if safe to do so
- Home visits after birth for up to 6 weeks



NEW MOTHERS' CENTRE - SUGGESTIONS FOR INCLUSION

- A space where women are able to access what they services they need, all in the same place such as lactation consultants and child health support (including vaccinations, check-ups, weigh-ins, etc)
- Mental Health services including psychologists
- Physical health services such as GPs and Physiotherapy
- Wellbeing services (e.g. belly casting, pregnancy yoga, counselling, pamper days)
- Space to connect with other mothers
- Somewhere safe to leave older children when accessing support and services, such as childcare
- Culturally-safe groups, relevant to and run by the local community
- Domestic and Family Violence support
- Substance misuse and addiction support
- Information, advice and referrals (Centrelink, housing, etc)
- Healthy and wholesome food
- Free transport to and from the hub
- Focused activities for fathers and family members to ensure the service is inclusive of all (and offered in a way that is congruent with cultural systems)
- Ability to meet practical needs such as laundry and bathing
- Transparency about interaction with Child Safety, and the ability for early intervention support as families define it when engaging with the Department.
- Women want a place where they are able to 'Drop In' and receive services without making an appointment
- Offer childcare and / or child friendly environments



BIRTHING ON COUNTRY LOGAN - SUGGESTIONS FOR INCLUSION

- First Nations staff
- A culturally safe and welcoming place to meet
- An opportunity to yarn in circle with other women about your worries
- Access to Elders for advocacy support
- Information, advice and referrals in one place / from one person
- Onsite/ in-situ support services, including mental health support, postnatal physiotherapy support, child health support (including vaccinations, check-ups, weigh-ins, etc), budgeting and financial support, playgroups,
- Domestic and family violence support
- Substance misuse and addiction support
- Support with Child Protection interactions and intervention (e.g. cultural support staff should be available to support women and families navigating the child protection system and providing support to reduce worry around expectation associated with this system (i.e. house presentation))
- Free Transport to the service and other appointments (e.g. ultrasounds)
- Child minding services for older children that enable women to engage in their care in a way they feel satisfied with
- Pre and post-natal groups that offered women the opportunity to connect, learn and engage in wellness and healing activities (e.g. belly casting, parenting groups with trained Elders, baby massage)



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