



South Coast Women's Health & Welfare Aboriginal Corporation

ABN: 97 639 372 729

i/c Bashi Kumar Hazard

3<sup>rd</sup> December 2019

Email: bashi@humanrightsinchildbirth.org

Dear Bashi,

My name is Faye Worner and I am the Chief Executive Officer at the South Coast Women's Health & Welfare Aboriginal Corporation Waminda. We are based in Nowra on the New South Wales south coast and provide holistic health, social and emotional wellbeing services to women and their Aboriginal families. At Waminda we provide care that is focused at strengthening families using strengths-based care that enables women to empower themselves and build strong, healthy and resilient communities.

In 2018, Aboriginal people comprise at least 5.5% of the Shoalhaven population (2% more than for the rest of NSW) and 10% of the children (double the proportion for NSW). Between 2012-2014, 1,165 Aboriginal and Torres Strait Islander babies were born in the region and growth is expected in the next 5-10 years. Shoalhaven residents are the most socio-economically disadvantaged across the region, especially in the Nowra area, which also has the highest density of Aboriginal people, the highest level of premature mortality, and the lowest level of private health insurance.

### **Birthing on Country at Waminda**

Birthing on Country is a metaphor to "the best start in life for Aboriginal and Torres Strait Islander babies and their families". It can be described in many ways but will depend on where it is implemented as to how the model will look. Birthing on Country can be described as a culturally safe midwifery-led model of care that is blended with western medical models of maternity care. Waminda provide a maternity services program, also known as Minga Goodjaga. Minga Goodjaga provide holistic, clinical and culturally safe maternity care to women who are having an Aboriginal baby within Nowra and surrounding areas. The Minga Goodjaga services include women's health, pre-conception, pregnancy



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support group, antenatal shared care with a female medical practitioner, a postnatal (new mothers) support group and postnatal care for up to six weeks. All women are offered maternity care at a place of their choice and can be supported via home visiting, outreach or within a clinical setting with a medical officer or pregnancy specialist. Many of our women carry many complexities, such as illicit drug and alcohol misuse, mental health and social issues, which impact their pregnancies, birth and early parenting. We work with our women using a strengths-based model of care that empowers our women to build stronger families within our community.

### **Our Plan**

Waminda are planning to implement the "Yuin Birthing on Country" model using a two-phase approach. The **first phase** is to develop and implement an Aboriginal Midwifery Group Practice that will care for women during pregnancy, labour, birth and for up to six weeks in the postnatal period. **Phase two** is to build a birthing and community centre that is Aboriginal Community Controlled and Governed. We have developed a strong partnership with the Illawarra Shoalhaven Local Health District (ISLHD) to implement the Yuin Birthing on Country model in Nowra. The Yuin Birthing on Country demonstration model offers an evidence-based solution that can quickly achieve significant outcomes in closing the gap between Indigenous and non-Indigenous mothers and their infants. **Phase one** of Yuin Birthing on Country will facilitate the provision of safe and culturally appropriate Indigenous-led maternity care and support for women by introducing an Aboriginal Community Controlled Aboriginal Midwifery Group Practice (MGP). Aboriginal MGP services will provide early antenatal care, which is recommended by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) guideline – Routine Antenatal Assessment in the Absence of Pregnancy Complications to identifying and manage early pregnancy complications. The MGP will also provide continuity of midwifery care during pregnancy, labour, birth and postnatal care for up to six weeks after having a baby. A Cochrane Review of Continuity of midwifery-led care has shown that this type care reduces the number of preterm births, stillbirths and reduction of post birth readmissions. Subsequently reducing the cost to the hospital and community-based services. Midwifery-led models of care and Aboriginal maternity models of care such as Birthing on Country are crucial to the health and wellbeing of the mother and her child to create the "best start to life".

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### **Evidence to support – Our Plan**

Our partners in Brisbane launched a similar model in 2013 and have had dramatic outcomes such as a 50% reduction in preterm birth for Aboriginal and Torres Strait Islander women.

The **Institute for Urban Indigenous Health**, the **Aboriginal and Torres Strait Islander Community Health Service, Brisbane**, **Mater Health Service** and **University of Queensland** was established resulting in a new model of care now known as the **Birthing in Our Community Program (BiOC)**.

The BiOC program is currently run from a community-based hub in Salisbury, Brisbane and has been operating since 2013 and have shown dramatic improvements in maternal and infant health outcomes, including a 10% reduction in preterm birth. When compared to baseline and national data BiOC outcomes demonstrate earlier and more frequent antenatal visits, lower rates of caesarean births and admissions to neonatal intensive care, and higher rates of breastfeeding and satisfaction. For further information relating to the Birthing in Our Community visit here:

[http://www.iuih.org.au/Services/Child and Maternal Health](http://www.iuih.org.au/Services/Child_and_Maternal_Health)

### **Shoalhaven Maternity Services Information**

In the 2017 Mothers and Babies report there were 4,541 recorded births in the Illawarra Shoalhaven Local Health District (ISLHD). Out of the 4,541 recorded births, 393 Aboriginal babies born in the region and this number is expected to rise. In the Illawarra Shoalhaven Health District 11.8% of Aboriginal women had a preterm birth compared to 7.1% of non-Aboriginal women.

The Aboriginal MGP will target women having an Aboriginal baby who reside within the Shoalhaven Local Health District (SLHD). ISLHD are working collaboratively with us to implement Phase One as they are also looking to establish an MGP service for non-Aboriginal women. To date we have established an Executive Birthing on Country Strategic Committee to inform practice and ensure clinical and cultural safety is embedded into the collaborating services. The Executive committee is chaired by myself and high level staff from ISLHD. Collectively we are discussing the implementation of the Yuin Birthing on Country model of care in Nowra.

It is expected that the Aboriginal MGP – Birthing on Country model of care will lead to improved health outcomes, strengthened cultural identity, and increased employment for Aboriginal people. Clinical services will focus on comprehensive and extended family-centred primary care including

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sexual and reproductive health, comprehensive antenatal, birthing and postnatal care, holistic pregnancy and parenting support. Integration of wrap around services to enhance social and emotional wellbeing, cultural identity and connection to country will be a key focus of our activities.

Kind regards,

A handwritten signature in black ink that reads "Faye Worner".

**Faye Worner**

Chief Executive Officer - **Waminda**