HEY YOU MOB!

We know it's been a while since we’ve been in touch with most of you. So we thought we’d give you an update on what we’ve been up to since the surveys are now wrapped up.

We've been looking at all of the data we've collected over time from yarning with women, completed surveys and clinical data.

We got some deadly news to share with you about our findings on preterm birth! This newsletter focuses on the Birthing in Our Community program birth outcomes. We haven’t analysed the data for the Ngarrama maternity service and will keep you updated!

“Birth is a child’s first ceremony. It is a sacred time for families. So it is important we get it right. Supporting healthy mothers to have healthy births provides our children with their best chance to flourish, and that can truly change their life trajectory” – Jody Currie, CEO of ATSICHS Brisbane

A Birthing on Country Service is a maternal and infant health service that has Aboriginal and Torres Strait Islander women, families and communities involved in the leadership, design, delivery and monitoring of the service to ensure the best start in life for Aboriginal and Torres Strait Islander babies.

We found by adapting the Birthing on Country model into an Urban setting we were able to create a ‘one stop shop’ to women to be able to get the holistic care they needed. This in turn created a sense of trust between the women and the service and boosted attendance and engagement.
FACT
Aboriginal and Torres Strait Islander preterm birth rates are more than 50% higher than other people across Australia

The Birthing in Our Community program opened in 2013 and was formed in partnership with the Institute for Urban Indigenous Health, Aboriginal and Torres Strait Islander Community Health Service Brisbane Ltd, and Mater Mothers Hospital to improve health outcomes for our mob. One of the key areas of focus was preventing avoidable preterm births.

The Indigenous Birthing in an Urban Setting Study was set up to see whether the Birthing in Our Community program was working to improve outcomes. This was a five year study, we gathered information from clinical data as well as yarning to women about their experiences. We also yarnd with women birthing with Ngarrama maternity at RBWH.

PRETERM BIRTHS
REDUCED
BY HALF!
in the Birthing in Our Community Program

HAVING MORE HEALTHY FULL TERM BABIES IS A SOCIAL INVESTMENT IN COMMUNITY WELLBEING

Preterm birth can be stressful. It is known to increase the chance of illness and infant death, and is linked to chronic disease later in life.

6.9% vs 11.6%
WE THINK BIRTHING IN OUR COMMUNITY IS WORKING BECAUSE OF...

- Partnership with community-controlled health sectors
- Own midwife and Family Support Worker
- Easy access to extra support
- Holistic, wrap around care
- Engaging in the service regularly and early in pregnancy
- Good community reputation, word of mouth promotion
- Support until 6 weeks postnatal
- Indigenous cultural governance of the service
- Trusting relationships between the women and all staff within the service
- Culturally Safe Care

"Every mum at Birthing in Our Community gets their own midwife 24/7 working side by side with a multidisciplinary Aboriginal and Torres Strait Islander workforce to make sure all our women feel confident and safe to access the care they need for themselves and their bubs."

- Associate Professor Yvette Roe, Co-Director of the Molly Wardaguga Research Centre

How do we know the data is accurate?

We did some calculations that found, once we factored in things like women’s characteristics, health, pregnancy and birthing outcomes, Birthing in Our Community significantly reduced the chances of having a preterm birth by almost half!

Why is it important to reduce preterm birth?

Preterm is defined as babies born before 37 weeks. When bub is born early they may be more likely to have:
- a disability
- developmental delays impacting on school learning and readiness
- preventable chronic diseases in adult life (ie. diabetes, asthma, heart and renal disease)

Did you know?

Preterm birth contributes significantly to the gap in child deaths, which is almost twice as high for Aboriginal and Torres Strait Islander infants. Almost all of these deaths occur in the first year of life.

Not all babies born preterm develop these conditions but because babies born too soon are still developing their organs such as lungs and brain, these can be weaker than if baby was born at full gestation (about 40 weeks).
Acknowledgements

It has been an honour to work in partnership with IUIH, ATSICHS Brisbane and Mater Mothers Hospital on an exciting and important research study that strives to improve the birthing outcomes for First Nation mothers, babies and families in South East Queensland. This research could not have occurred without the invaluable participation of all the women and families who shared their pregnancy, birthing and postnatal journey and we are truly grateful for the many hours that you participated in the study.

Reference: Kildea, Sue, Yu Gao, Sophie Hickey, Sue Kruske, Carmel Nelson, Renee Blackman, Sally Tracy, Cameron Hurst, Daniel Williamson, and Yvette Roe. “Reducing Preterm Birth amongst Aboriginal and Torres Strait Islander Babies: A Prospective Cohort Study, Brisbane, Australia.” EClinicalMedicine, June 24, 2019.