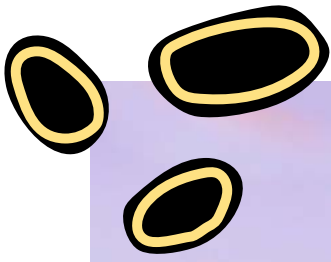




Best start to life: a national gathering report

"Meye" by Amunda Gorey







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GLOSSARY

& LIST OF ABBREVIATIONS

Aboriginal Community

Every Aboriginal person living in that place regardless of their age, sex, or ancestral country.¹

Aboriginal Community Controlled Health Service (ACCHS) or Aboriginal Community Controlled Health Organisation (ACCHO)

A primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally responsive health care to the community which controls it through a locally elected Board of Directors.¹

Balanda

An English word of Malay origin meaning a white person or European, used by Yolŋu people in Northern Australia.

Birthing on Country (BoC) services

Maternity services designed and delivered for First Nations women that encompass some or all of the following elements: are community based and governed; allow for incorporation of traditional practice; involve a connection with land and country; incorporate a holistic definition of health; value Indigenous and non-Indigenous ways of knowing and learning; risk assessment and service delivery; be culturally responsive; and be developed by, or with, Indigenous people.²

Central Australian Aboriginal Congress (Congress)

An Aboriginal community controlled

primary health care service which is a strong political advocate of closing the gap on Aboriginal health disadvantage and a national leader in improving health outcomes for all Aboriginal people.³ Congress provides a comprehensive, holistic, and culturally responsive primary health care service to Aboriginal people living in and nearby Alice Springs and six remote communities.³

Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)

The peak advocacy body for Aboriginal and Torres Strait Islander Nurses and Midwives in Australia. CATSINaM honours a holistic and culturally safe approach to achieving optimal health and wellbeing for Aboriginal and/or Torres Strait Islander Peoples and communities.⁴ CATSINaM develop and promote strategies to ensure that this holistic and culturally safe approach is understood and applied by Nurses and Midwives working in Australia.⁴

Community Control

Refers to the control initiated autonomously by Aboriginal and Torres Strait Islander communities through incorporated organisations they have established. It involves governance by boards elected by the local community to deliver holistic and culturally responsive health and health related services to the community.¹

Endorsed Midwife

Endorsed Midwives meet a registration standard in addition to that which is met by a Midwife.

This enables an Endorsed Midwife to provide Medicare-funded care and order diagnostic tests and ultrasounds relating to pregnancy, birth, and the newborn period.⁵ In addition, Endorsed Midwives can prescribe and administer medication on their own authority. Endorsed Midwives may apply to hospitals for visiting / admitting rights.⁵ This means that a client of an Endorsed Midwife may be admitted to hospital as a private patient of the midwife, in the same way that women can be admitted under the care of a private obstetrician.⁵ As well as providing hospital birth services, Endorsed Midwives may also attend women for homebirths.⁵

Family Support Worker

Family Support Workers are First Nations women who provide holistic and culturally secure support for First Nations mothers through the pregnancy and motherhood journey (until the child is 2-years of age). Family Support Worker walk alongside families to assess their needs, help resolve issues, navigate the health system, and promote well-being with a focus on the social determinants of health.

Health Inequities

Health inequities are socially determined and widen the gap between those with the best and worst health and well-being. Giving special attention to the needs of those at greater risk of poor health and aiming for the highest possible standard of health for all people is health equity.⁶

Institute of Urban Indigenous Health (UIH)

UIH is a Community Controlled Health Service that leads the planning, development and delivery of health, family wellbeing and social support services to the Aboriginal and Torres Strait Islander population of South East Queensland.

Midwifery Group Practice (MGP)

The work unit of caseload midwives enabling women to be cared for by the same midwife (primary midwife) supported by a small group of midwives throughout their pregnancy, during childbirth and in the early weeks at home with a new baby.⁷ Where situations arise that indicate a need for medical involvement, midwives work collaboratively with medical colleagues to coordinate the best care for mother and baby.⁷ Midwives may work in public hospital MGP's, or those other sectors including private practice and in ACCHSs.⁷

Molly Wardaguga Research Centre (MWRC)

The MWRC was established in the College of Nursing and Midwifery at Charles Darwin University in honour of Burarra Elder and midwife Molly Wardaguga. The vision of the centre is to be internationally recognised leaders in innovative and transformative research, evaluation, education, and support for the best start to life across the first 2,000 days (conception to age 5).

National Aboriginal Community Controlled Health Organisation (NACCHO)

The national peak body representing over 145 ACCHSs across Australia, with a primary health care network across 550 sites.¹



Primary health care

Essential healthcare based on practical, scientifically sound, and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.¹

Primary maternity service

These may be provided in public maternity units, birth centres, in the community, or in a combination of these settings. Care includes antenatal, labour and birth, and postnatal care to women with normal risk pregnancies.⁸

Social determinants of health

Non-medical factors that influence health outcomes such as income and social protection, education, unemployment and job security, alcohol and other drugs, working life conditions, food insecurity, housing, basic amenities and the environment, early childhood development, social inclusion and non-discrimination, structural conflict and access to affordable health services of decent quality.⁶

Trauma-informed, culturally responsive care

Recognises “how systemic, intergenerational, and collective trauma affects the nervous systems, impacts on culture and influence the social determinants of health [and] gently encourages transformation through self-reflection on ‘being’ and action planning for ‘doing’”.⁹

Two-way or “both ways” learning

Values and integrates First Nations ways of knowing, being, and doing, with non-Indigenous knowledges and practices.¹⁰

Waminda South Coast Women’s Health and Welfare Aboriginal Corporation

A culturally safe and holistic service. Providing women and their Aboriginal families an opportunity to belong and receive quality health & well-being support. Our key focus is to provide tailored strength based care.

Yolngu

First Nations people and landowners of North East Arnhem Land, Northern Territory, Australia.



EXECUTIVE SUMMARY

“What’s come out of the conference is a real sense of urgency and a real sense that things have shifted and they’re shifting in the right direction and it’s very positive change”

Jointly hosted by the Molly Wardaguga Research Centre, Charles Darwin University (CDU) and the Central Australian Aboriginal Congress (Congress), the Best Start to Life (BSTL) gathering was held at the Alice Springs Convention Centre from 10 to 12 October 2022, Mparntwe. BSTL showcased innovative, translational research, and leading practice changes from around the country, attracting significant national interest.

Steering the narrative were the voices of First Nations women and organisations from urban, rural, remote, and very remote Australia, who have, or are planning to, deliver Birthing on Country Services to achieve the following outcomes:

- More babies born healthy and strong
- More mothers and babies staying together through strengthened family capacity
- Expanded First Nations maternal and infant health workforce
- Increased First Nations governance over services delivered during this critical stage of life.

Birthing on Country recognises that when women give birth in Australia, in hospitals, birth centres, communities or at home, they are doing so on the sovereign lands of the First Peoples of Australia, who have never ceded ownership of their land, seas and sky. Women are frequently not able to, or do not choose to, birth on their traditional lands. The Birthing on Country movement is driving system-wide reform, aimed at transferring

funding and control of maternity services for First Nations families from mainstream services into First Nations hands through community controlled health services. Birthing on Country recognises the importance of a First Nations workforce to drive a strengths-based service and provide birthing services that are clinically and culturally safe.

The purpose of the BSTL conference was to

- offer a gathering place for women, stakeholders, leaders, and industry to progress the BoC movement
- share and highlight current best practice examples of Birthing on Country Services in urban, rural, remote, and very remote areas of Australia
- consult on the continued use of the term Birthing on Country
- initiate the co-design of a 10-year National Roadmap to realise the vision of a best start to life for First Nations families.

BSTL 2022 was attended by 245 delegates from Australia, including community representatives, family support workers, Aboriginal health practitioners, nurses, midwives, doctors, allied health professionals, cultural managers and knowledge holders, researchers, educators, service managers, policy advisors, politicians, and First Nations leaders. Māori research colleagues from Aotearoa, New Zealand also attended the gathering.

“It felt like a rebirthing of issues that we’ve talked about for so long but now there’s a newness about it”

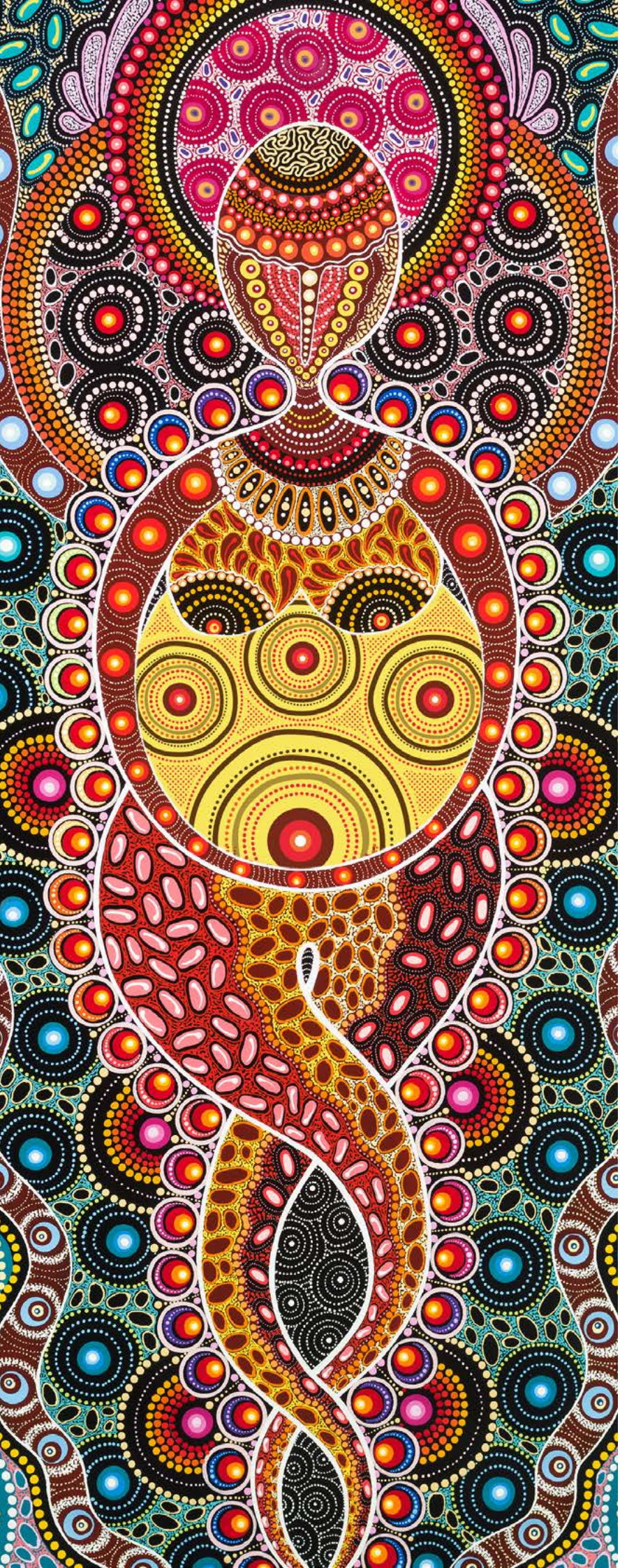
A pre-gathering event on the 10th of October, Special Women’s Welcome to Arrernte Country at Kepelye Arntaye, followed by Film Screening and Panel Discussion of Djakamirr: Caretakers of pregnancy and birth, facilitated participants to feel welcomed and connected. These events invited delegates to have a deeper understanding and experience of Country prior to the sessions on the 11th and 12th of October – see Appendix 1 for full schedule. The presentations, panel discussions, and workshops, most led and delivered by First Nations presenters, were structured around the four key components of the RISE Framework: ¹¹

- Redesign maternity services
- Invest in workforce
- Strengthen family capacity
- Embed community control.

Every session had First Nations rapporteurs who reported on the sessions and synthesised key messages. Delegates provided spoken, written, and video feedback about the ideas raised during the gathering. This feedback was synthesised into preliminary themes under the RISE Framework and supported by illustrative quotations. Participants own words were used to highlight key themes, summarised as:

- Amazing First Nations women leading the way
- Optimising cultural safety and cultural experiences
- Positivity and hope





The Artwork for the BSTL gathering was created by Amunda Gorey, a local Arrernte artist and mother (living in Mparntwe - Alice Springs) who works at Children's Ground. She describes the painting like this

"Arrernte children and all Aboriginal children, are born into a connection to their skin name, country, songs and dance, waiting for them since the beginning of time, long before conception or before they were even a thought"

Pivotal to the success of the BSTL gathering was providing a culturally safe place, led by First Nations women, to progress the Birthing on Country agenda. By showcasing best practice examples in urban, rural, remote, and very remote Australia, the gathering galvanized the collective will to advocate for change, to create an enabling environment that supports the scaling up and rolling out of Birthing on Country Services.

"To hear their strength, to hear their voice, to hear their song that they've been singing for so long, hearing from so many amazing women from many different and similar places"

The Birthing on Country definition drafted a decade ago continued to be supported by delegates. The preliminary themes presented in this report, will be refined through a planned consultation and co-design process to develop a *National Roadmap for Birthing on Country (the Roadmap)* (Appendix 3 lists National Roadmap stakeholders).

REFLECTIONS FROM THE HOSTS



(L-R) Professor of Midwifery CDU (Sue Kildea), Chief Executive Officer Congress (Dr Donna Ah Chee), Professor of Indigenous Health CDU (Yvette Roe), Senator the Hon. Malarndirri McCarthy, and General Manager Health Services Congress (Dr Josie Douglas)

The Best Start to Life gathering was a tremendous success. In the words of our delegates, it was *inspiring, brilliant, powerful*, or quite simply *“the best conference I’ve ever attended!”* A significant part of this result were the **eminent keynote speakers including Commissioner June Oscar AO and Senator the Hon. Malarndirri McCarthy** who spoke about the best start to life as a universal right for all women and families.

We would like to extend our appreciation to the **First Nations academic leaders who presented, chaired, and acted as rapporteurs for sessions:**

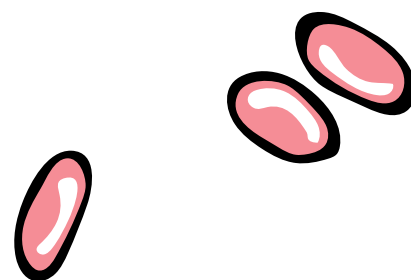
- Dr Donna Ah Chee (Congress)
- Professor Yvette Roe (Molly Wardaguga Research Centre)
- Professor Juanita Sherwood (Charles Darwin University)

- Professor Cath Chamberlain (University of Melbourne)
- Professor Lynore Geia (James Cook University)
- Professor Roianne West (CATSINaM)
- Dr Josie Douglas (Congress)
- Res McCalman (University of Melbourne).

Delegates appreciated hearing directly from **First Nations health and community leaders within Aboriginal Community Controlled Health Services**. A special mention to:

- Kristie Watego and Courtney Law (BiOC, Meeanjin)
- Mel Briggs and Cleone Wellington (Waminda, Yuin Nation)
- Dr Donna Ah Chee, Dr Josie Douglas, Faith White, Dudley Clarke, Tahnia Edwards and

- Aunty Sabella Turner (Congress, Mparntwe)
- Evelyn Djota (Yalu Aboriginal Corporation), Djandi Gandambar (Yalu Aboriginal Corporation) Keira Mawungi (Galiwin’ku), Renelle Dhamarrandji (Galiwin’ku), Helen Guyupul (Galiwin’ku), Dr Lawurrpa Maypilama, Rosemary Gundjarranbuy, Yungirrna (Dorothy) Bukulatjpi (Yalu Aboriginal Corporation), and Maria Garangarruwuy Gunnuwiwi (Galiwin’ku).



“Women have the right to self-determination. The right to choose how to birth”

“By giving women the care they need, they can become the women and mothers they want to be”

These speakers shared challenges and highlighted achievements in the work towards meeting the needs and aspirations of their communities.

Workshops were interactive, well-attended and highly rated by delegates, who would have liked to attend them all!

The success of the gathering was made possible by the Best Start to Life gathering **Steering Committee**, events planner Ms Judith Dixon and staff from Congress, MRWC and CDU (Appendix 2). The gathering was realised with the **generous support of our Sponsors** (page 10), who enabled approximately 100 participants to attend through sponsored registrations, flights and or accommodation; and supported the Welcome Dinner and screening of the award-winning documentary *Djakamirr: Caretakers of pregnancy and birth*, and the *Matriarchal Wisdom dinner*.

We would like to extend our heartfelt thanks and appreciation to the **Aywerrke** (pronounced ‘ah-yorrkar’, meaning ‘helpers’), staff from the MWRC and Congress, alongside several volunteers, who went above and beyond to welcome, guide, support and resolve any issues encountered by delegates.

We look forward to working together with the delegates who have nominated to help co-design, shape, and revise the *National Roadmap for Birthing on Country* in the coming months.

Professor Yvette Roe and Professor Sue Kildea, Molly Wardaguga Research Centre

Dr Donna Ah Chee and Dr Josie Douglas, Central Australian Aboriginal Congress



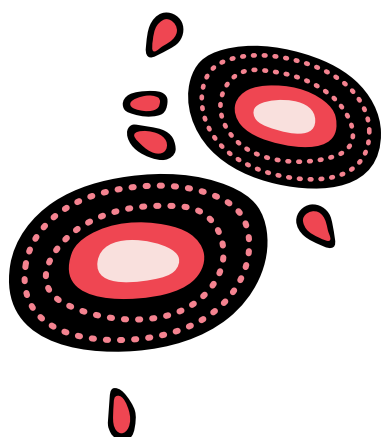
(L-R): Luciana Massi, Mpho Dube and Dr Clare Davison

WHY HOLD THE BEST START TO LIFE GATHERING?

The ongoing effects of colonisation have led to profound health inequities for First Nations women, babies, and families. In Australia, too many First Nations babies are born too small (low birth weight), too early (preterm birth), are stillborn or die in the first month of life (perinatal mortality), with 4-times the national rate dying before they turn one (infant mortality).¹² First Nations babies are 10 times more likely to be removed from their families and placed in out-of-home care¹³.

The largest review of maternity services in Australia,¹⁴ led to the development of a *National Maternity Service Plan 2010 – 2015* (the Plan) that provided clear directions for tackling the disadvantages faced by First Nations women. The Plan called for the development of Birthing on Country Services to increase access to culturally and clinically safe care. The first national **Birthing on Country Workshop** was held in Alice Springs in 2012, co-hosted by the Maternity Services Inter-Jurisdictional Committee with Central Australian Aboriginal Congress². Birthing on Country Services were defined as: maternity services designed and delivered for First Nations women that encompass some or all of the following elements:

- Are community based and governed
- Allow for incorporation of traditional practice
- Involve a connection with land and country
- Incorporate a holistic definition of health
- Value Indigenous and non-Indigenous ways of knowing and learning; risk assessment and service delivery
- Are culturally competent and
- Are developed by, or with, Indigenous people.²



Participants recommended that **Birthing on Country** should be understood as:

“a metaphor for the best start in life for Aboriginal and Torres Strait Islander babies and their families because it provides an integrated, holistic and culturally appropriate model of care; not only bio-physical outcomes ... it’s much, much broader than just the labour and delivery ... (it) deals with socio-cultural and spiritual risk that is not dealt with in the current systems. It is important that the Birthing on Country project moves from being aspirational to actual. The Birthing on Country agenda relates to system-wide reform and is perceived as an important opportunity in ‘closing the gap’ between Indigenous and non-Indigenous health and quality of life outcomes.”¹⁵

National guidelines for establishing and evaluating Birthing on Country Services recommended the establishment of **exemplary services** in urban, regional, remote, and very remote areas¹⁵. These were endorsed by the Australian Health Ministers Advisory Council; however, no funding was allocated for implementation. Current policy still recommends Birthing on Country Services be established,¹⁶ but the terminology has caused confusion resulting in national debate, combined with multiple structural barriers, that have limited rollout.

Gathering objectives

1. To offer a gathering place for women, stakeholders, leaders, and industry to progress the BoC movement
2. To share and highlight current best practice examples of Birthing on Country Services in urban, rural, remote, and very remote areas of Australia
3. To consult on the continued use of the term *Birthing on Country*
4. To initiate the co-design of a 10-year *National Roadmap* to realise the vision of a best start to life for First Nations families.

SPONSORS

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BSTL PROGRAM & STRUCTURE

The full gathering schedule is provided in Appendix 1. The gathering was organised by the BSTL Committee and Advisory Groups listed in Appendix 2. The BSTL program was structured according to the four themes of the RISE Framework.¹¹

These were further described on Day 2 by Professor of Indigenous Health, Yvette Roe and Professor of Midwifery, Sue Kildea from the MWRC.

The gathering program centred on best practice showcasing presentations from four services (urban, rural, remote, and very remote) that are redesigning birthing services to improve outcomes for First Nations women, newborns, and families. All four organisations are applying the RISE Framework¹¹ to redesign or implement their service. Consistent across the four services was the importance of intergenerational and/or wrap around support that is provided as needed. The showcase demonstrated integrated service provision consistent with cultural and community approaches to care and support.



(L-R) Professor Yvette Roe and Professor Sue Kildea

	Standard Care	Phase 1	Phase 2	Phase 3	Phase 4
R edesign health service	Routine care in community or hospital	Specific Aboriginal and/or Torres Strait Islander antenatal/postnatal programs	Continuity of carer with caseload midwifery and Aboriginal and/or Torres Strait Islander workers	Integrated community-based caseload midwifery and wrap around holistic services	Integrated Service/ Hub/ Birth Centre Choice of birth place
I nvest in health workforce	No Aboriginal and/or Torres Strait Islander identified positions Workforce with limited cultural understanding	Identified positions Cultural capabilities training	Career pathways and support for Aboriginal and/or Torres Strait Islander staff Measures of organisational progress of cultural capability	Aboriginal and/or Torres Strait Islander workforce pipeline Comprehensive mentoring and support New minimum standards for culturally safe workforce	Culturally and clinically capable (exceptional) workforce
S trengthen families' capacity	Ad hoc or non-Aboriginal and/or Torres Strait Islander antenatal/parenting programs	Formal strategies to engage families in maternal and infant health programs	Wellbeing framework to strengthen family capacity	Community developed cultural strengthening antenatal and parenting programs	Strong resilient families
E mbed community governance and control	No Aboriginal and/or Torres Strait Islander engagement strategy	Multi stakeholder engagement e.g. Community Consultation	Formal system of governance e.g. Advisory Group	Transformative and strategic governance e.g. Steering Committee	Aboriginal and/or Torres Strait Islander ownership



(L-R): Professor Yvette Roe, Professor Lynore Geia, Professor Roianne West, Professor Cath Chamberlain

Overview

A summary of the 3-day gathering is provided below, please refer to Appendix 1 for detailed program information. First Nations rapporteurs, including some photographed here, were appointed for each session or workshop to capture the essence of the gathering. Rapporteurs met to discuss their insights at the end of Day 2 and prior to the final session on Day 3. These ideas were presented to participants during a Q&A session at the end of Day 3. This session was recorded and transcribed.



(L-R): Associate Professor Lāwurrpa Maypilama, Dr Sarah Ireland, Professor Scott Bowman, Professor Sue Kildea

Day 1, 10 October

The Gathering commenced with an on-country event as a grounding to the cultural and sacredness of Central Arrernte lands. A special women's only Welcome to Country given by the cultural advisory team at Kepelye Arntaye (Jessie Gap) led by Kumalie Kngwarraye Riley, Sabella Turner and Lynette Ellis.

The second part of the welcome was conducted on the Mparntwe CDU campus. Participants were transported to CDU for a *Welcome to Country and Campus* by Sabella Turner followed by a *Welcome Address* by CDU Vice-Chancellor and President, Professor Scott Bowman AO, and speeches delivered by Ms Tais Topal Silva on behalf of the Commonwealth Department of Health and Ms Mish Hill on behalf of the NT (Northern Territory) Government.



The final session for the evening was a screening of the documentary *DJĀKAMIRR: caretaker of pregnancy and birth* <https://www.birthingoncountry.com/djakamirr> featuring a panel discussion with Associate Professor Lāwurrpa Maypilama and Dr Sarah Ireland. The event was sponsored by Huggies and supported by NT Business Events.





(L-R) Professor Sue Kildea, Professor Yvette Roe, Professor Rolanne West, Dr Donna Ah Chee, Commissioner June Oscar AO, Senator the Hon. Malarndirri McCarthy, Dr Josie Douglas

Day 2, 11 October: Presentations

The day began with *Opening Addresses* by Professor Yvette Roe (CDU) and Dr Donna Ah Chee (Congress). Professor Roe stressed the urgency to translate evidence into practice in order to change the life trajectory and create intergenerational positive impact.

“To provide solutions to the colonial disruption...a roadmap going forward” — Professor Yvette Roe

Dr Ah Chee shared how Congress Alukura embodies the “S” and the “E” of the RISE Framework. She stressed the need to restructure the way maternity services are funded by moving midwifery positions from hospitals into the primary health care system while maintaining access to hospital based birthing services. The vision now is to redesign services to establish the Alukura Midwifery Group Practice in March 2023 to create:

“Women-centred, culturally responsive, midwife-led, continuity of care” — Dr Donna Ah Chee

Professors Roe and Kildea (MWRC) raised the issue of structural barriers that need to be removed to ensure the scaling up and rolling out of Birthing on County services to achieve health and life expectancy gains for First Nations families.

“RISE requires all four pillars to improve maternity care, underpinned by Indigenous values was or seeing, knowing and doing” — Professor Yvette Roe

Social Justice Commissioner June Oscar AO and Senator the Hon. Malarndirri McCarthy, facilitated by Dr Josie Douglas (Congress), presented on *Strategic Directions* focussing on the right to self-determination and the human right to culturally and clinically safe birthing, and the best start to life for First Nations families.

“Culturally and clinically safe birthing is a human right that belongs to us all, wherever we live”
— Commissioner June Oscar AO



The remainder of the morning focussed on the theme of *Redesigning birthing services* with speakers from four sites presenting their innovative models of care (see *Best Practice Showcase* below):

- *Birthing in Our Community in South East Queensland* with Kristie Watego (IUIH) and Karen Hollindale (My Midwives)
- *Birthing on Country – Our Way* with Cleone Wellington and Melanie Briggs (Waminda)
- *Roadblocks, Roundabouts and Grading the Track* with Associate Professor Elaine Lāwurrpa Maypilama, Rosemary Gundjarranbuy, and Dr Sarah Ireland (MWRC)
- *Redesigning the Alukura Service* with Dr Josie Douglas (Congress)

Three key insights from this session were:

1. Community control is essential
2. Services should be community based
3. Culture is foundational.

The afternoon sessions centred on the theme of Invest in the workforce, opened by a plenary address on First Nations Workforce Strategy by Professor Roianne West. Professor West discussed the launch of the *'gettin em and keepin em and growin em'* (GENKE II) report.¹⁷

Three key insights from this session were:

1. Need to increase First Nations midwifery workforce by approximately 900
2. Need to target and address racism in universities and health services
3. Key recommendations of the GENKE II report.¹⁷



(Above, L-R) Supporting the midwifery workforce to work in Birthing on Country Services workshop panel facilitated by Professor Sue Kildea: Liz Wilkes (My Midwives), Mel Briggs (Waminda), Rez McCalman (University of Melbourne), Professor Helen McLachlan (La Trobe University), Jo Costello (Mater Mothers' Hospital), Tez Clasquin (NT Department of Health), Dr Sophie Hickey (MWRC), Kady Coleman (Queensland Health), Kyleigh Brown-Lolohea (Queensland Health)

(Right, L-R) First Nations Midwives Kyleigh Brown-Lolohea & Kady Colman, alongside First Nations community researcher Sarah Maidment



Day 2, 11 October: Workshops

WORKSHOP SESSION 1

Workshop	Presenters	Description
Djäkamirr Training Course	Dr Elaine Lăwurrpa Maypilama Rosemary Gundjarranbuy Dr Sarah Ireland Renee Adair	In Northern Territory of Australia, Yolŋu women in remote North East Arnhem Land experience profound perinatal health inequities. This workshop explored the Caring for Mum on Country project that piloted the development and training of First Nations doulas – Djăkamirr. The aim of the workshop was to explore the principles important to success of the pilot and reflect on how they can contribute to decolonising midwifery, education, and clinical practices.
Healing the Past by Nurturing the Future: co-creating awareness and support for Aboriginal and Torres Strait Islander families experiencing complex trauma	Prof Cath Chamberlain Dr Elise Davis Dr Kim Jones Deb Bowman Skye Stewart	The Healing the Past by Nurturing the Future (HPNF) project is an Aboriginal-led project that aims to strengthen support for Aboriginal and Torres Strait Islander parents experiencing complex trauma during pregnancy, birth and the first two years after birth. In this workshop, we were guided through their structured framework and discussed support services that are available for Aboriginal and Torres Strait Islander families and gaps in service delivery.
Exploring and Understanding a Deeper Story about Intercultural Communication	Emily Armstrong Dorothy Gapany Dr Lawurrpa Maypilama	This workshop explored the concepts and processes that support intercultural communication and facilitate the co-construction of shared understandings. Participants were supported to reflect on, discuss and strengthen their own intercultural communication processes with respect for the diversity within and between communities. The workshop was conducted by a collaborative team of Yolŋu (First Nations Australian people from North-East Arnhem Land) and Balanda (non-Indigenous) researchers. Through participatory action research, they have co-created multi-media resources and an educational process to encourage communicators to consider deeper ways of thinking about intercultural connections and interactions.
Culturally Responsive Trauma Informed Practice	Rosie Schubert	This workshop explored, Damulgurra - Culturally Responsive Trauma Informed Practice. Damulgurra (the Larrakia word for heart) teaches participants how to better understand the layers of trauma and distress that are often embodied as historic and lived experiences for Aboriginal peoples, and guides participants towards developing layers of safety and transformative practice for healing. This session was a mini version of the normally minimum two-day long workshop, which has been described as “personally transformative and professionally inspiring.”

WORKSHOP SESSION 2

Workshop	Presenters	Description
Baby coming, you ready? Changing perinatal assessment practice	Dr Jayne Kotz Trish Ratajczak Janinne Gliddon Aunty Chrissy Parry Aunty Mary Ford Aunty Greta Boyce Deb Giles Cheyenne Payne-Poultney	This workshop explored the Baby Coming You Ready?' (BCYR) co-designed, wrap around program to replace screening for, and to enhance the social and emotional wellbeing for Aboriginal and Torres Strait Islander parents. BCYR is a therapeutic, practical, and innovative solution to overcoming the many evidence-based screening and assessment barriers experienced by both practitioners and Aboriginal and Torres Strait Islander families. The BCYR training nurtures trauma informed practice, supports 'innocent' inquiry and cultivates 'daddiri' (deep listening). It promotes 'yarning' (storytelling) to gather the woman's story. BCYR is designed to develop trust and engagement, identify, and enhance strengths, understand the contextual factors in the life of the mother-to-be and how these might impact an assessment of risk.
Overview on imperfect allies and cultural immersion programs	Faye Worner Cleone Wellington	This workshop explored the experience of an Aboriginal community-controlled health organisation- Waminda, working with its non-Koori staff to decolonise and create a culturally safe environment for Aboriginal women and families on the south coast of NSW. Waminda's 'Imperfect Allies' cultural immersion program seeks to keep each other accountable and lean into conversations to identify and dismantle colonising ways and processes. It is an ongoing journey that is essential if we are to decolonise our workplaces, our homes, our families, our systems – indeed our country.
Supporting the midwifery workforce to work in Birthing on Country Services	Prof Sue Kildea Melanie Briggs Pamela (Res) McCalman Prof Helen McLachlan Jo Costello Tez Clasquin Dr Sophie Hickey Kady Colman Kyleigh Brown-Lolohea	The following topics of discussion emerged from this panel: <ul style="list-style-type: none"> • Supporting midwifery student with placements in ACCHOs • Supporting midwives to work in their full scope of practice • Flexibility and adaptability with workforce and recruitment are priority areas of concern • Acknowledgment of the strength and wisdom of Aboriginal and Torres Strait Islander case workers and families • Families and at the centre at all times • Cultural knowledge embedded within midwifery teams • Reduce caseload for a sustainable workload • Better support for First Nations new graduate midwives to access graduate MGP placements
Congress Alukura – Grandmother's law in practice [WOMEN ONLY SESSION]	Congress team	



MATRIARCHAL WISDOM DINNER

Day 2 concluded with Associate Professor Lynore Geia being the MC at the Matriarchal Wisdom Dinner and Dancing. Dr Lynore Geia was Alukura's First Midwife and was so happy to be on Central Arrente Country after being away for many years.

Delegates had an outdoors dinner which featured a setting sun on the Yeperenye Range, the ranges radiating a powerful yellow, red, and orange as the full moon rose above.

Professor Sue Kildea paid special recognition to Molly Wardaguga, a Burarra Elder and midwife, who worked extensively to improve health outcomes in her community in Maningrida. Molly had an aspirational vision of returning birthing services to First Nations communities and First Nations control. Her family granted approval for her name to be used to continue her work through the Molly Wardaguga Research Centre.



Day 3, 12 October

The morning began with a summary of the previous day's insights and activities. The morning sessions started on the theme of Strengthening Families:

- *IUIH (Institute for Urban Indigenous Health) – Role of the Aboriginal Support Worker* with Kristie Watego and Courtney Law
- *Family Restoration and Preservation, NABU, Waminda* with Cleone Wellington and Hayley Longbottom
- *"IT'S ABOUT TIME" Transformative Practice in an Aboriginal Family Support Service* with Faith White, Dudley Clarke, and Lisa Schwer
- *Replanting the Birthing Trees* with Prof Cath Chamberlain and Dr Elise Davis

Four key recommendations from this session were:

1. Develop formalised education for the family support worker role
2. Incorporate support services for fathers within wrap around services for the whole family
3. Work in a strengths-based way by working on strengths of the family
4. Support needs to be broad and holistic.

The final theme, *Embedding Community Control*, was then addressed with speakers from Congress Alukura, Waminda, and Galiwin'ku:

- *Congress Alukura by the Grandmother's Law* with Tahnia Edwards and Aunty Sabella Turner
- *Reclaiming Birthing Sovereignty by Decolonising Maternity Services* with Prof Juanita Sherwood and Mel Briggs
- *Yolŋu Voices from Galiwin'ku*.

Three key recommendations from this session were:

1. In Central Australia, women's business must remain strictly women's only business; partners can attend antenatal appointments at the hospital antenatal clinic or other designated places
2. First Nations midwifery students must be placed in culturally safe spaces (i.e., ACCHOs)
3. Bring two knowledge systems together and create joint management.

After lunch, the rapporteur panel provided brief feedback to the audience about potential ways forward in terms of the RISE components of Birthing on Country.

Redesigning maternity services

1. Partnership
2. Relationship-based models
3. Bicultural systems of care

Invest in workforce

1. Support CATSINaM to increase First Nations nursing and midwifery workforce
2. Fund and support student and graduate placements in ACCHOs and mainstream settings
3. Redistribute existing state and territory funding to ACCHOs to establish MGPs

Strengthen families

1. Privilege Indigenous knowledge systems
2. Family centred, holistic, wrap around care becomes standard
3. Use of trauma-informed care to heal and transform life course

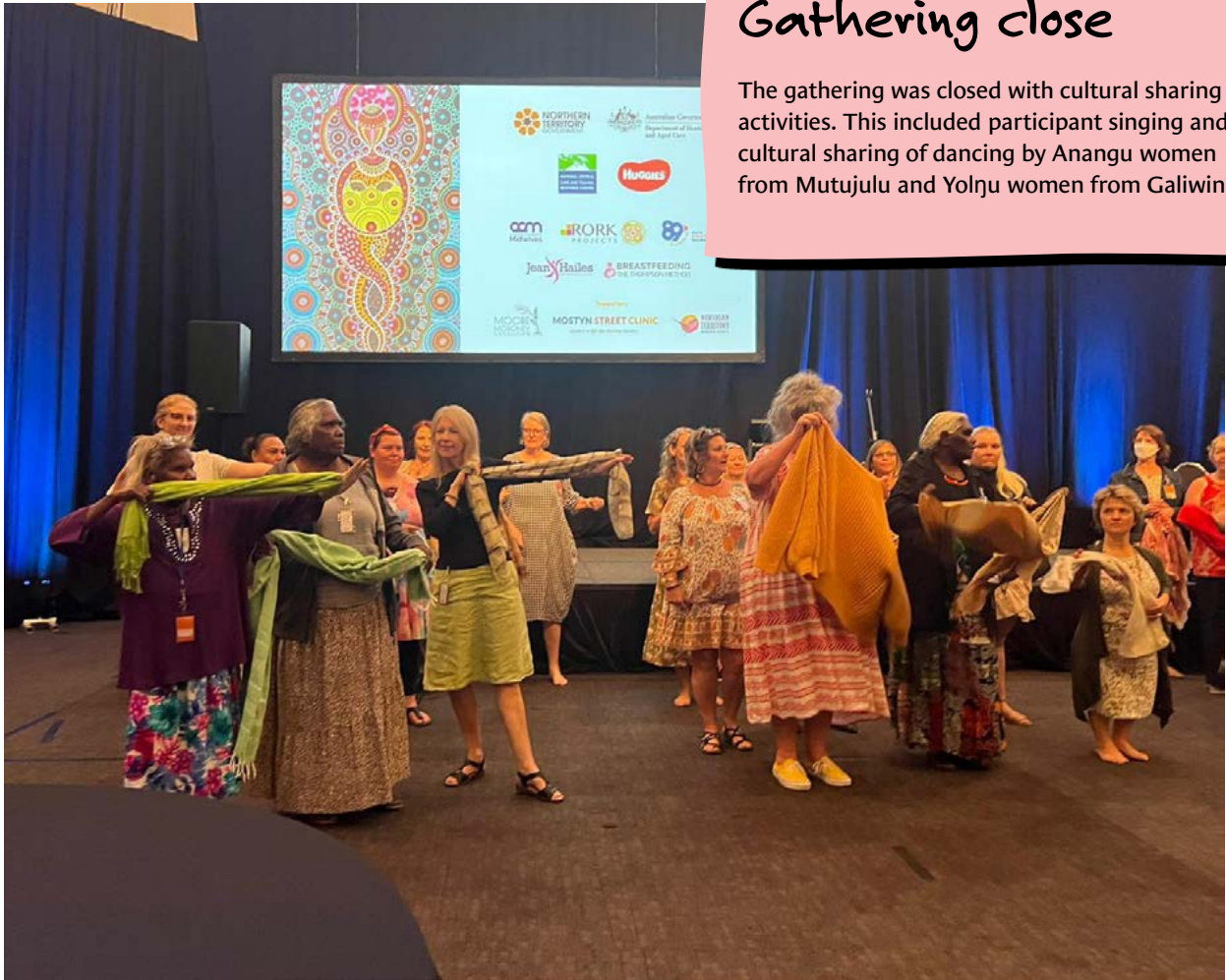
Embed community, governance, engagement, and control

1. Support and expand maternity and early years services within Aboriginal community control primary health care
2. Leverage the Close the Gap agreement to ensure First Nations clinical and cultural governance oversight in mainstream maternity services.

Professor Yvette Roe facilitated interactive discussion in response to audience questions and comments about these ideas. Participants discussed the continued use of the term *Birthing on Country* and voted anonymously using interactive online software.

Gathering close

The gathering was closed with cultural sharing activities. This included participant singing and cultural sharing of dancing by Anangu women from Mutujulu and Yolŋu women from Galiwinku.



Best practice showcase

The BSTL program centred on best practice showcasing presentations from four services (urban, rural, remote, and very remote) that are redesigning birthing services to improve outcomes for First Nations women, newborns, and families.

“The expertise in the room was outstanding, the consensus from the people on the ground”

All four organisations are applying the RISE Framework¹¹ to redesign or implement their service. Consistent across the four services was the importance of intergenerational and/or wrap around support that is provided as needed. The showcase demonstrated integrated service provision consistent with cultural and community approaches to care and support.



(L-R): Cleone Wellington, Professor Juanita Sherwood, Mel Briggs

Birthing in Our Community in South East Queensland (urban)

2021 / 2022 OUTCOMES

Compared to women accessing standard maternity care, research has found women accessing BiOC are:

- 50% less likely to have a premature baby
- More likely to access antenatal care
- More likely to breastfeed
- Less likely to need a caesarean delivery
- Less likely to have their baby admitted to the neonatal care nursery

For the first time in Australia, published in *The Global Lancet* as international best practice

Presented by UIH Service Development Manager, Kristie Watego, and My Midwives Endorsed Midwife, Karen Hollindale, this session described the evolution of the service from a RISE Phase 1 hospital-based Murri Antenatal Clinic to a RISE Phase 3 Birthing in our Community (BiOC) service.

Redesign (Phase 3) BiOC is now an integrated, community-based service that includes continuity of carer from Endorsed Midwife and Family Support Worker. BiOC clients, women pregnant with a First Nations baby, have access to primary maternal and infant health care in the community hub, and higher capability services at the local hospital, including birth in hospital with their trusted midwife. It has been designed to meet community needs and aspirations but does not currently offer birth centre facilities.

Invest (Phase 3) Increase in work opportunities *“by mob, for mob”* and cultural supervision for non-Indigenous workforce.

Strengthen (Phase 4) First Nations families can access holistic, wrap around support (e.g., transport, parenting classes, social and emotional allied health care, practical items for new baby); and assistance to work with the Department of Child Safety with an emphasis on keeping mothers and babies together. In addition, the BiOC service offers drop-in community days with art activities, yarning, community kitchen and cooking.

“Strengthening families around their hopes and dreams to be the best mum they can be is why [the Birthing in Our Community program] works”

Embed (Phase 3/4) the BiOC service and community hub are community owned and controlled by the Institute of Urban Indigenous Health with a multiagency Steering Committee overseeing the services. BiOC services are expanding in other areas across south-east Queensland.

Birthing on Country – Our Way in Nowra, New South Wales (rural/regional) Yuin Nation

Presented by Waminda’s Cultural Manager, Cleone Wellington, and Service Manager, Melanie Briggs, this session explored Waminda’s approach to implementing Birthing on Country.

Redesign (Phase 1) Stage 1 has been to transform from a service providing antenatal and postnatal continuity of care, to a Phase 3 service with Endorsed Medicare Provider Midwives to provide continuity of carer through a Midwifery Group Practice. Waminda has encountered barriers to obtaining access agreements to provide midwifery care during labour and birth at the local hospital. Stage 2 is the building, licensing and operation of their own freestanding birth centre and community hub (Phase 4). *“Our ways at the forefront of our care”*

Invest (Phase 3) 75% of Waminda staff identify as First Nations and non-First Nations staff have access to a cultural mentor, regular imperfect allies facilitated sessions and reflective practice supervision.

Strengthen (Phase 4) Waminda work holistically with families to support health, well-being, and healing, which are not possible without culture. NABU is a program within Waminda that supports families going through the child protection system. Every family member is allocated a case worker, and 96% of families strengthened by NABU have their children remain in their care. Families are *“no longer surviving but thriving”*. Waminda also have the Empowering Mothers and Babies Always program which provides case management and multidisciplinary support for women when needed.

Embed (Phase 3/4) Waminda is community controlled and community owned. Waminda have just received 22-million-dollar funding to achieve their vision by 2025 of owning and operating a Birthing on Country birth centre and community hub.



Representatives from Waminda with Hon Linda Burney MP (centre)

Congress Alukura in Alice Springs, Northern Territory (remote)

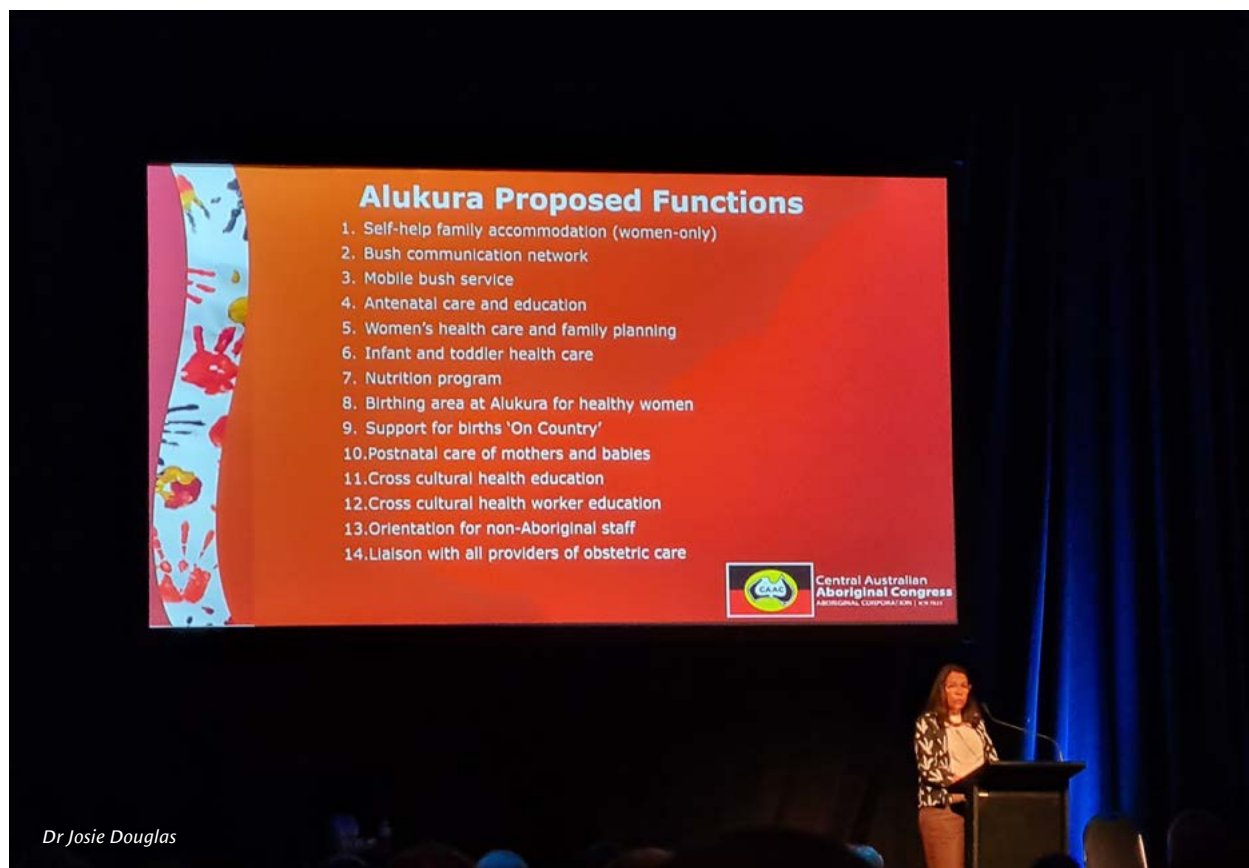
Dr Josie Douglas presented a historical account of the establishment of Congress Alukura. Alukura women's health services are predominantly guided by traditional Aboriginal Grandmothers and aim to preserve and recognise Aboriginal identity, culture, lore, and languages. Congress Alukura located in Alice Springs aims to develop a culturally responsive, evidence informed, continuity of care model that is women-centred and midwifery-led. The original functions outlined in the 1980's are shown below and are closely aligned with how a Birthing on Country Service is defined.

Redesign (Phase 1) currently offering antenatal and postnatal services only, delivered by four midwives with weekly obstetrics and gynaecology clinics and an Alukura GP. Congress Alukura is planning to commence a Phase 3 service by early 2023. It is planned that Alukura midwifery group practice (AMGP), will have collaborative arrangements and access agreements with Alice Springs Hospital. *"We can do better! We need to integrate, not separate"* A world café stakeholder engagement workshop and clinical governance and risk management workshop have been conducted.

Invest (Phase 1) is preparing to transition into phase 3. Congress Alukura will employ 5 full-time-equivalent (FTE) endorsed midwives and support those on the path to endorsement. Additionally, there will be 1 FTE non-endorsed midwife to provide care at Congress Alukura to women who are visiting, and not part of the MGP. Congress have changed insurance providers to ensure midwives can provide intrapartum care under collaborative arrangements. A focus on embedding First Nations student midwives into the service is important.

Strengthen (Phase 2) preparing to transition into phase 3. The AMGP will be supported by wrap around services (social and emotional health and well-being services, and the Australian Nurse-Family Partnership team). Reactivating the role of the grandmothers' and enabling regular cultural activities to connect, interact, share, and learn from each other will be prioritised by the cultural lead at Congress Alukura.

Embed (Phase 3/4) Congress Alukura is an Aboriginal Community Controlled service that encounters barriers to redesign including sustainable funding streams. A joint committee already exists with the Alice Springs Hospital.



Galiwin'ku in North East Arnhem Land, Northern Territory (very remote)



Yolŋu women from Galiwin'ku, led by Yolŋu academics Associate Professor Elaine L̄awurrpa Maypilama and Ms Rosemary Gundjarrarŋbuy with support from non-Indigenous Balanda academic Dr Sarah Ireland, presented work from the *Caring for Mum on Country* project. They reflected on the past 100 years of Yolŋu childbirth changes and explained that current healthcare policies do not support Yolŋu to birth in the community and instead they have no choice but to birth in the Balanda hospital system.

Yolŋu expressed a clear vision for their future birthing aspirations where woman can birth on country with skilled **Yolŋu djäkamirr- birth doulas and Western trained midwives**. Though this vision is clear the journey is complicated and Yolŋu discussed the roadblocks, round-about and different approaches for grading and clearing a pathway: *"Sometimes it is easiest to walk around obstacles rather than trying to clear the path"* Women recommended that Yolŋu and Balanda need to reach shared understandings about Birthing on Country and work side-by-side to promote two-way learning. Birthing on Country requires strong governance that centres Yolŋu Knowledge Owners and does not dismiss Yolŋu protocols because they are not written down.

Redesign (Phase 0) preparing to transition to modified Phase 3. We will establish and evaluate a new model of midwifery care that prioritises care in the remote community and increases continuity and quality of care, providing an evidence base for the appropriate caseload in the remote setting and modifications required in this context.

Invest (Phase 0) preparing to transition to Phase 3. Women rarely have care, or birth support, from someone who understands the Western medical system and speaks their first language. The role of the djäkamirr will be explored and embedded into the redesigned service. However, there is no clinical mentoring and reflective supervision for frontline workers in place.

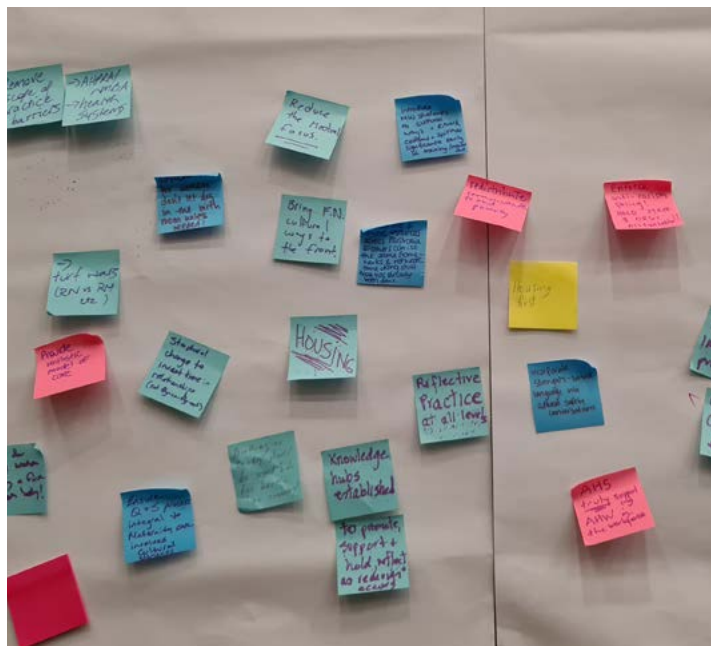
Strengthen (Phase 0) Aim is to co-design antenatal interventions with the djäkamirr, cultural knowledge holders, clinicians, Steering Committee, and research team aimed at improving maternal health and coordination of care to transition to Phase 3.

Embed (Phase 1) A multiagency Steering Committee with multiple partners, Yalu (partner organisation) has been established to oversee the redesign of the service. Working closely with the Miwatj ACCHS to increase community engagement, governance, and control as a primary focus for the transition to Phase 3/4.

Participant engagement

WRITTEN FEEDBACK

Participants could share written ideas, issues, concerns, recommendations on post-it notes which were available next to butcher's paper titled using RISE pillars. The butcher's paper, post-it notes, and pens were available on the final day of the gathering in the Poster Display room. Participants were encouraged to use break times to review and add their own ideas. An additional section was added for ideas that did not fit into RISE, or fitted across all four areas, or was an over-arching issue.



VIDEO FEEDBACK

During the two-day gathering, over **80 people** participated in the video booth to share what Birthing on Country means, the Country they were born/birthed on and personal stories.

Key themes shared by video booth participants around what Birthing on Country means are:

1. Diversity: different meanings for different people
2. Connections: humans, ancestors, and the natural world

3. Cultural practices and reinvigoration
4. Best start in life for families
5. Learning and being guided by First Nations people
6. Reproductive rights: choice, control, respect and equity
7. All Australian babies are born on First Nations lands.

A video exploring these themes is now available as an educational resource to raise public awareness and understanding about Birthing on Country.

<https://youtu.be/kLBNCXBV> Go?si=7uPtQxyY27M4c4Ej



Nursing and Midwifery Leaders (L-R): Katharina Bister (CEO, CRANA), Mish Hill (Chief Nursing and Midwifery Officer, NT), Alison McMillan (Commonwealth Chief Nursing and Midwifery Officer), Roianne West (CEO, CATSINaM), Shelley Nolan (Chief Nursing and Midwifery Officer, QLD), Helen White (CEO, Australian College of Midwives)

Outcomes of the BSTL gathering

RISE THEMES

This section summarises the preliminary themes, and provides direct quotes, from analysis of

8 rapporteur summaries

86 written participant comments

50 minute discussion panel audio-recording

The RISE implementation framework requires all four components to be addressed to improve maternity care; underpinned by Indigenous values, ways of seeing, knowing, and doing¹¹.



A. Redesign maternity services

Women having a First Nations baby have access to local Birthing on Country Services

Best practice Birthing on Country Services

- *“Comprehensive primary healthcare that is integrated, wrap around, has a life course approach, offers trauma informed care, prioritises Indigenous knowledge systems, is controlled by (First Nations) people in that community, based on community needs”*
- **Partnerships** with mainstream healthcare services so that care is bi-cultural and integrated *“the normal, acceptable, standard for maternal health should be Birthing on Country – wrapped in culture and with the love and support of family”*
- **Holistic** models that centre cultural approaches on a foundation that recognises both cultural and medical understandings *“Bring First Nations cultural ways to the front”*
- Include **Family Support Workers** because *“addressing the social determinants of health, and strengthening families around their hopes and dreams to be the best mum they can be, is why it works”*
- The **woman chooses where and with whom she gives birth**, which includes access to birth with her trusted midwife in hospital, in a birth centre, or at home *“Culturally and clinically safe birthing is a human right that belongs to us all”*
- Require government action to address barriers including **sustainable funding** and **hospital visiting rights** for midwives

Birthing on Country Services offer relationship-based care across first 1000 days

Relationship-based models of care have the same person or people providing continuity of carer

- The woman, family, and the care provider have sufficient time and opportunity to get to know each other so that the woman and family can develop a safe and trusting relationship
- Highest-level evidence for midwifery continuity of carer – with annual caseload of 28-32 women per midwife and care up to 6 weeks after birth *“Consistent quality relationships with midwives can make or break what happens”*
- However, continuity of doula/djakamirr, family support worker, doctor, allied health providers is imperative *“Women feeling loved and nurtured by their care provider is central to our model of care”*

B1. Invest in First Nations workforce

“Aboriginal midwives for Aboriginal women”

Work towards 852 additional First Nations registered midwives by 2032

Action CATSINaM’s strategic recommendations put forward in the ‘getting em n keeping em n growin em’ (GENKE II)¹⁷

- Increase First Nations midwifery student cadetships, plus paid student and graduate **placements in ACCHOs**
- Fund retention strategies for current First Nations midwives *“supporting them as mothers, childcare...”*

Reimagined First Nations maternity workforce

- Focus on growing **the extended First Nations maternity care team** *“to support strong deadly families past birth, past 6-weeks”*
- Develop training pathways for **Family Support Workers**, and provide paid professional development
- Fund retention strategies, specifically **pay parity**, for current First Nations workforce including Aboriginal health workers, nurses, doctors, allied health professionals engaged by ACCHOs
- Grow First Nations workforce at **leadership** level *“need to make sure entire First Nations workforce push up into middle and exec management to ensure true partnership”*

B2. Invest in non-Indigenous workforce

Non-Indigenous maternity workforce is culturally safe and held accountable for racism

- Cultural immersion or cultural ways training should begin early in undergraduate health education, but include *“all levels of health providers especially at the top”*
- Cultural safety education should incorporate the importance of **strengths-based language**
- Best practice services use a **cultural integrity framework and cultural supervision model**
- **Reflective practice** is needed at all levels of the health service
- Mainstream health services must enforce their anti-racism policies and **hold staff accountable** for their behaviours

C1. Strengthen families at the service level

Birth on Country Services include holistic programs for whole family

Family-centred care, using strengths-based framework, where family identifies their own priorities

- Wrap around services are provided to the whole family, using the opportunity of the current pregnancy *“the difference between BoC and non-BoC models of MGP is the wrap around services”*
- Family support workers identify women who would benefit from support regarding **housing, Centrelink, domestic violence, practical assistance, and education** *“the aim is to support mothers to be the best mothers they can be, and naturally the clinical outcomes will improve”*
- **Holistic support** includes transport to community hub, psycho-social services, accessing to community kitchen, practical help with food for family and clothing for baby, Deadly fit mums exercise program
- **Fathers** can access adapted parenting programs, and services that address their psycho-social concerns *“BoC services utilise pregnancy as an opportunity to support all aspects of the family unit”*
- Social-emotional-cultural wellbeing programs provide wrap around care for every member of the family who are engaged with **Department of Child Safety**

Maternity services use trauma-informed approaches that privilege First Nations knowledge systems and cultural practices

- Mainstream medical care is not based on Aboriginal ways of knowing, being, and doing and can therefore devalue this paradigm; whereas best practice models use a healing framework, revitalise cultural knowledge, language, and lore *“our ways are at the forefront of our care”*
- For women trapped in cycles of harm, trauma, and poverty *“becoming a mother can change the course of her life, she can become the person she wants to be with integrated healing support and culturally secure, trauma informed, continuity of case management”*
- Families require evidence-based support for healing but *“there is a lack of acceptable, effective, perinatal strategies to reduce the adverse effects of complex trauma on Aboriginal parents”*

C2. Strengthen families at the structural level

Governments address poverty as a social determinant of health

- Housing and affordable food are fundamental to strong families *“fix the housing crisis so families have a chance to grow strong kids in safe places”*
- Provide a basic universal income

Child protection and police *come to the table* with strength-based, trauma informed responses

- Communities want child protection to work with community services to focus on strengthening families rather than removing children *“The problem is how we see the problem”*
- Providers must take time to connect, practice deep listening, and empathy *“services must be safe and not re-traumatise parents”*

D. Embed First Nations community governance, engagement, and control

Governments resolve barriers to ACCHOs delivering Birthing on Country Services

- Support and expand maternity and early years services within ACCHS primary health care, because *“we’ve gone from aspiration to proving that we can do it!”*
- First Nations communities lead the design, implementation, and evaluation of their maternity services, because as it stands *“self-determination is not integrated with policy and legislation”*

Mainstream maternity care embeds mechanisms for clinical and cultural governance of services for First Nations families

- De-centre western ways and voices to make space for First Nations leadership *“No planning of the health service should happen without First Nations engagement”*

E. Translation

Birthing on Country knowledge hub, network, roadmap, and toolkit

- Collaborate and share resources across Australia so others can use the same frameworks *“(let’s) not waste time doing stuff that has already been done”*
- Establish knowledge hubs to promote, support and reflect as redesign occurs
- Develop a mechanism for conference participants to network *“how do we continue this conversation?”*



BIRTHING ON COUNTRY TERMINOLOGY

It was acknowledged that the Birthing on Country Conference in 2012 clearly defined *Birthing on Country* as a term that had specific meaning to First Nations women and, for some, this meant wanting to birth in their home community and as a result on traditional lands with access to female relatives and cultural care and support. The term, Birthing on Country, represents self-determination and is fundamentally a political statement from First Nations women. It is used by First Nations women to describe not only a key life event and asserts their views on how they want maternity services delivered. The ability of First Nations women to own and name services has been a rare thing historically and this is changing. Birthing on Country to First Nations women *is* the very best of cultural and clinical care.

It was recognised that the term *Birthing on Country* could be confusing when interpreted *literally* as “on country” has specific connotations and could be viewed as “birthing in the bush” without skilled attendants. Further, literal interpretation could act as a barrier to obtaining government buy-in, funding and endorsement. In light of the misunderstanding around the term, a discussion was had on the continued use of the term. Participants were invited to discuss the appropriateness of the term, specifically the relevance of the term to the road map going forward. It was agreed by the gathering that the term is appropriate in the context of privileging First Nations cultural practices and understandings to ensure the very best cultural and clinical care.

“Birthing on Country means a place where you feel safe to give birth, which could be under a tree, a birth centre, your home. We want to use those words that are significant (for us) ...we are reclaiming them”

POST-GATHERING EVALUATION SURVEY

The evaluation survey was sent to 238 email addresses. Over a third (39%) responded to the survey. Of the 92 respondents, 33% were First Nations (n=30), 85% indicated they would attend a future (gathering n=78), and 85% would recommend the BSTL gathering to others (n=78).

Respondents answered 9 questions using 4-point Likert scales to rate their satisfaction with different elements of the BSTL experience.

	Very satisfied n (%)	Satisfied n (%)	Unsatisfied n (%)
Quality of speakers	62 (77%)	19 (24%)	-
Transport / transfers	59 (76%)	18 (23%)	1 (1%)
Communication about the conference	55 (68%)	21 (26%)	5 (6%)
Topics	54 (67%)	25 (31%)	2 (3%)
Conference format	53 (66%)	27 (34%)	-
Venue	52 (63%)	30 (37%)	-
Variety of sessions	47 (59%)	28 (35%)	5 (6%)
Conference website	43 (54%)	36 (45%)	1 (1%)
Catering	42 (51%)	35 (42%)	6 (7%)

Over two-thirds of participants were very satisfied with every aspect of the BSTL event.

Respondents summarised their experience at BSTL in 1-word, displayed in the word cloud. Words most frequently used are largest, and least frequently used are smallest.



BSTL highlights

Respondents provided free-text comments about their BSTL highlight, which were synthesised into three themes.



“Amazing First Nations women leading the way”

Most participant comments were about the First Nations leaders who presented. For example:

“Witnessing ‘Black Excellence’ and seeing how others have built successful and reflective models of care was incredibly inspiring.”

“...to see so many Indigenous presenters, passion and the research demonstrating success - it’s given me hope that Indigenous women will actually be listened to and be able to shape the services that they want.”

“Being in a room with First Nations women who are leaders and inherent knowledge holders of Birthing on Country. It was all very inspiring!!”



“Optimising cultural safety” and experiences

Many participants comments were about the inclusion of cultural activities in the BSTL event program. For example:

“Jessie Gap as the welcome and opening really did ground everyone into why we were gathering.”

“... the commitment to optimizing the cultural safety of the conference.”

There were many comments about the Yolŋu women from Galiwin’ku’s contribution to the gathering. This included the singing and dancing, the sharing of stories, and the Djakamirr documentary. For example:

“My highlight was hearing the voices and the language of Aboriginal and Torres Strait Islander voices.”

“Galiwin’ku ladies sharing dance to connect us all”

“The generosity of the Djakamirr’s and hearing from them directly.”

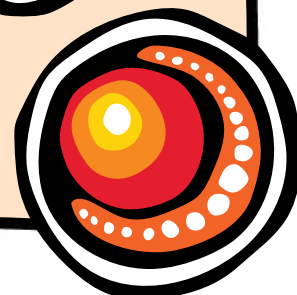


“Positivity and hope”

Hearing the stories from others prompted positive feelings on inspiration and hope for the future for changing and improving services. For example:

“I think it was the energy! The positivity and hope. Hearing what other mob are being supported to do to transform their community and being hopeful I might one day get traction where I am”

“Meeting like-minded people, sharing knowledge and experience, and learnings from others.”





Planning for the next Gathering

Respondents provided free-text comments about how to improve a future gathering, which were synthesised into three themes.

1. Program scope

Although important and interesting to hear about progress made within known organisations, presentations could have focused more on local or under-represented organisations across Australia.

2. Program schedule

Some participants commented on the intense schedule which left little space between speakers or presentations, which was compounded by lack of timekeeping in some sessions.

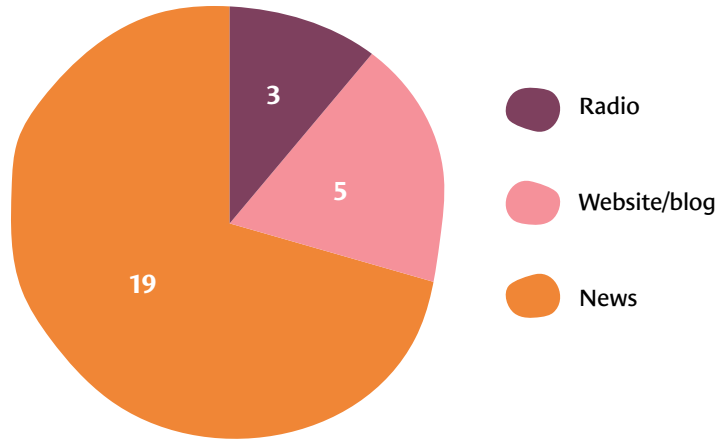
3. Workshops and “yarning together... Aboriginal ways”

Many suggested that a future BSTL gathering have an additional day to be able to attend all workshops, or earlier release of program with ability to pre-register for workshops. Additionally, there were calls to have more interactive sessions, yarning together, and workshops where small group discussion and activities were facilitated.



MEDIA

Over the duration of the Best Start to Life gathering several media releases were sent which resulted in online, radio, and television media coverage - **27 stories** were recorded resulting from direct contact with outlets and a media release. Online sources (including news sites and websites/blogs) had an estimated reach of **9.6 million people**, without including social echoing (sharing through personal social networks).



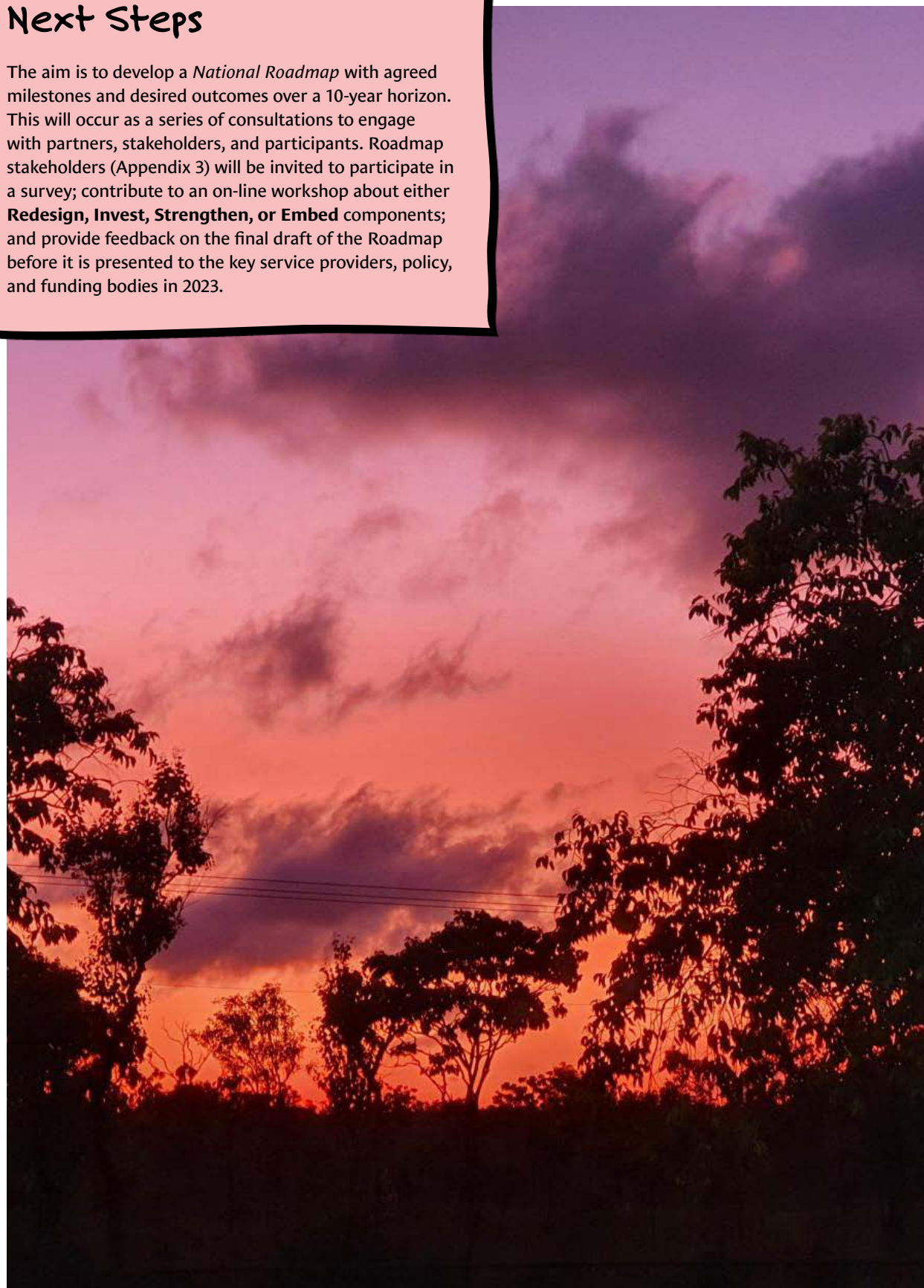
Social media

Best Start to Life #BSTL2022 had strong Twitter engagement during the gathering with 1325 mentions generating a potential reach of over **12.5 million people**. High frequency keywords from posts included:



Next Steps

The aim is to develop a *National Roadmap* with agreed milestones and desired outcomes over a 10-year horizon. This will occur as a series of consultations to engage with partners, stakeholders, and participants. Roadmap stakeholders (Appendix 3) will be invited to participate in a survey; contribute to an on-line workshop about either **Redesign, Invest, Strengthen, or Embed** components; and provide feedback on the final draft of the Roadmap before it is presented to the key service providers, policy, and funding bodies in 2023.



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APPENDIX 1

CONFERENCE PROGRAM SCHEDULE



Monday 10 October 2022

15:00 **Arelhe areye Apetyaye: A special women's welcome to Arrernte Country, at Kepelye Arntaye (Jessie Gap) [WOMEN ONLY SESSION]**

17:30 **Charles Darwin University (CDU) Campus: Welcome & Dinner**

WELCOME TO COUNTRY-KUMALIE KNGWARRAYE RILEY

Welcome address from the CDU Vice-Chancellor and President Prof Scott Bowman AO

19:00 **DJÄKAMIRR SCREENING & PANEL DISCUSSION**

- Dr Łäwurrpa Maypilama, Wawamiri clan, Yolŋu, *Senior Research Fellow, Molly Wardaguga Research Centre (MWRC)*
- Dr Sarah Ireland, *Postdoctoral Research Fellow, MWRC*

20:00 CLOSE

Tuesday 11 October 2022 - Day 1

7:30 Registration and coffee

8:30 **WELCOME TO COUNTRY**
Kumalie Kngwarraye Riley, Central Arrernte

8:45 **OPENING ADDRESS**

- Prof Yvette Roe, Njikenä Jawuru, *Co-Director, MWRC & Professor of Indigenous Health, Charles Darwin University (CDU)*
- Dr Donna Ah Chee, Bundjalung, *CEO, Central Australian Aboriginal Congress (Congress)*

9:00 **REDESIGNING BIRTHING SERVICES FOR FIRST NATIONS WOMEN, BABIES AND FAMILIES**

- Prof Yvette Roe, Njikenä Jawuru, *Co-Director, MWRC & Professor of Indigenous Health, CDU*
- Prof Sue Kildea, *Co-Director, MWRC & Professor of Midwifery, CDU*

9:20 **STRATEGIC DIRECTIONS**

- Commissioner June Oscar AO, Bunuba, *Aboriginal and Torres Strait Social Justice Commissioner*
- Senator the Hon. Malarndirri McCarthy, Yanyuwa Garrwa, *Assistant Minister for Indigenous Australians & Assistant Minister for Indigenous Health*
- Panel Facilitator: Josie Douglas, Wardaman, *General Manager Health Services, Congress*

MORNING TEA 10:20 – 10:40

THEME: Redesigning birthing Services
Mpwareme ampe irrkweme apmere mwarre
Session Chair: Dr Leisa McCarthy

10:40 **BIRTHING IN OUR COMMUNITY IN SOUTH EAST QUEENSLAND**

- Kristie Watego, Bundjalung, *Birthing in Our Community (BiOC) Service Development Manager, Institute for Urban Indigenous Health (UIIH)*
- Karen Hollindale, *Midwifery Clinical Manager, BiOC North, UIIH*

11:10 **BIRTHING ON COUNTRY - OUR WAY**

- Cleone Wellington, Cullunghutti Jerrinja Wandj-Wandan Ngarigo-Jaitamatung, *Cultural Manager, Waminda, South Coast Women's Health & Welfare Aboriginal Corporation*
- Melanie Briggs, Dharawal Gumbayngirr, *Minga Gudjaga and Birthing on Country Manager, Waminda, South Coast Women's Health & Welfare Aboriginal Corporation*

11:40 **ROADBLOCKS, ROUNDABOUTS AND GRADING THE TRACK: REDESIGNING REMOTE MATERNITY SERVICES IN GALIWIN'KU**

- Dr L̄awurrpa Maypilama, Wawamiri clan, Yolŋu, *Senior Research Fellow, MWRC*
- Rosemary Gundjarranbuy, Liyagawumirr clan, Yolŋu, *Birthing on Country Research Fellow, MWRC*
- Dr Sarah Ireland, *Postdoctoral Research Fellow, MWRC*

12:10 **REDESIGNING THE ALUKURA SERVICE**

- Dr Josie Douglas, Wardaman, *General Manager Health Services, Congress*

LUNCH 12:50 – 13:40

THEME: Invest in the workforce
Arntarnte areme warrkene apmere
Session Chair: Prof Juanita Sherwood

13:40 **PLENARY: FIRST NATIONS WORKFORCE STRATEGY**

- Prof Roianne West, Kalkadoon and Djunke, *CEO, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) & Professor of Workforce Strategy, MWRC*

14:15 **WORKSHOP 1:**

DJĀKAMIRR TRAINING COURSE

- Dr L̄awurrpa Maypilama, Wawamiri clan, Yolŋu, *Senior Research Fellow, MWRC*
- Rosemary Gundjarranbuy, Liyagawumirr clan, Yolŋu, *Birthing on Country Research Fellow, MWRC*
- Dr Sarah Ireland, *Postdoctoral Research Fellow, MWRC*
- Renee Adair, *Founder and Director, Australian Doula College*

	<p>WORKSHOP 2: HEALING THE PAST BY NURTURING THE FUTURE: Co-creating awareness and support for Aboriginal and Torres Strait Islander families experiencing complex trauma</p> <ul style="list-style-type: none"> • Prof Cath Chamberlain, Palawa of the Trawlwoolway clan <i>Head of the Indigenous Health Equity Unit, Melbourne School of Population and Global Health, The University of Melbourne</i> • Dr Elise Davis, <i>Senior Research Fellow, Indigenous Health Equity Unit, Melbourne School of Population and Global Health, The University of Melbourne</i> • Dr Kim Jones, <i>Research Fellow, Indigenous Health Equity Unit, Melbourne School of Population and Global Health, The University of Melbourne</i> • Deb Bowman, Ngemba Nation, <i>Research Assistant in Indigenous Health, Indigenous Health Equity Unit, Melbourne School of Population and Global Health, The University of Melbourne</i> • Skye Stewart, Wergaia and Wamba Wamba Nations, <i>Midwife</i> 	Ellery A
	<p>WORKSHOP 3: NHALTJAN DHU LARRUM GA DHARANAN DHUDI-DHÄWU NUNHI DHU LIMURR GUMURRBUNANHAMIRR GA WANANHAMIRR: Exploring and understanding a deeper story about intercultural communication</p> <ul style="list-style-type: none"> • Emily Armstrong, <i>Researcher/Lecturer, Allied Health Service, College of Health and Human Sciences, CDU</i> • Dorothy Gapany, Gupapuynu–Daygurrurr • Dr Ławurrpa Maypilama, Wawamiri clan, Yolŋu, <i>Senior Research Fellow, MWRC</i> 	Ellery B
	<p>WORKSHOP 4: DAMULGURRA: Culturally Responsive Trauma Informed Practice (AMSANT) Rosie Schubert, <i>Co-Developer and Co-Facilitator for AMSANT's Damulgurra Team: culturally responsive trauma informed practice</i></p>	Ellery C
AFTERNOON TEA 15:30 – 15:45		
15:45	<p>WORKSHOP 1: Baby coming, you ready? Changing perinatal assessment practice</p> <ul style="list-style-type: none"> • Dr Jayne Kotz, <i>Project Lead, Baby Coming You Ready?, Ngangk Yira Institute for Change, Murdoch University</i> • Trish Ratajczak, Palawa, <i>Senior Aboriginal Research Officer, Ngangk Yira Institute for Change, Murdoch University</i> • Janinne Gliddon, Senior Badimia, Yamatji and Ballardong Nyoongar, <i>Senior Aboriginal Research Fellow, Ngangk Yira Institute for Change, Murdoch University</i> • Aunty Chrissy Parry, Noongar, <i>Senior Aboriginal Health Officer, Boodjari Yorgas Midwifery Group Practice, Armadale, Department of Health, WA</i> • Aunty Mary Ford, Noongar, <i>Aboriginal Liaison Grandmother, Boodjari Yorgas Midwifery Group Practice, Armadale, Department of Health, WA</i> • Aunty Greta Boyce, Noongar, <i>Aboriginal Grandmother Liaison Officer, Boodjari Yorgas Midwifery Group Practice, Armadale, Department of Health, WA</i> • Deb Giles, <i>Midwife, Boodjari Yorgas Midwifery Group Practice, Armadale, Department of Health, WA</i> • Cheyenne Payne-Poultney, <i>Midwife, Boodjari Yorgas Midwifery Group Practice, Armadale, Department of Health, WA</i> 	Ellery A

WORKSHOP 2:

Ellery B

Overview on Imperfect allies and cultural immersion programs

- Faye Worner, *CEO, Waminda, South Coast Women's Health and Welfare Aboriginal Corporation*
- Cleone Wellington, *South Coast Wandj Wandandian/Cullunghutti/Jerrinja woman with bloodlines to Jatimatang/Ngarigo, Cultural Manager, Waminda, South Coast Women's Health and Welfare Aboriginal Corporation*

WORKSHOP 4:

Mac-Donnell Room

Supporting the midwifery workforce to work in Birthing on Country services

- Panel Facilitator: Prof Sue Kildea, *Co-Director, MWRC & Prof of Midwifery, CDU*
- Liz Wilkes, *Managing Director, My Midwives*
- Melanie Briggs, *Dharawal Gumbayngirr, Minga Gudjaga and Birthing on Country Manager, Waminda, South Coast Women's Health and Welfare Aboriginal Corporation*
- Pamela (Res) McCalman, *Ballardong Noongar, Lecturer, La Trobe University*
- Prof Helen McLachlan, *Professor and Discipline Lead (Midwifery), School of Nursing and Midwifery, La Trobe University*
- Jo Costello, *Midwifery Group Practice Manager, Mater Brisbane MGP*
- Tez Clasquin, *Senior Midwifery Advisor, Chief Nurse and Midwife Office, NT Department of Health*
- Dr Sophie Hickey, *Post-Doctoral Research Fellow, MWRC*
- Kady Colman, *Wiradjuri, Registered Midwife, Jajumbora MGP, Logan Hospital, Metro South Health Service District*
- Kyleigh Brown-Lolohea, *Gudjal, Registered Midwife, Jajumbora MGP, Logan Hospital, Metro South Health Service District*

WORKSHOP 5:**Congress Alukura - Grandmother's law in practice [WOMEN ONLY SESSION]**

Visit to Congress Alukura (40 places only)

16:50 CLOSE

CELEBRATING MATRIARCHAL WISDOM DINNER 18:00
DoubleTree Hotel

Wednesday 12 October 2022 - Day 2

8:30 Welcome and recap priorities

Prof Yvette Roe, *Njikenja Jawuru*
Co-Director & Professor of Indigenous Health, MWRC

THEME: Strengthen families' capacity
Alpeme-ileme artweye areye riterrke anetye-ke
Session Chair: Professor Lynore Geia

8:45 SPEAKER 1: UIIH -Role of the Aboriginal support worker

- Kristie Watego, *Bundjalung, BiOC Service Development Manager, UIIH*
- Courtney Law, *Wulli Wulli/Wakka Wakka, BiOC Program Manager, UIIH*

9:15 SPEAKER 2: Family restoration and preservation, NABU, Waminda

- Cleone Wellington, *South Coast Wandj Wandandian/Cullunghutti/Jerrinja woman with bloodlines to Jatimatang/Ngarigo, Cultural Manager, Waminda, South Coast Women's Health and Welfare Aboriginal Corporation*
- Hayley Longbottom, *Executive Manager, Waminda, South Coast Women's Health and Welfare Aboriginal Corporation*

9:45 **SPEAKER 3: “IT’S ABOUT TIME” Transformative practice in an Aboriginal intensive family support service**

- Faith White, Yankunjatjarra, *Aboriginal Family Support Worker, Congress*
- Dudley Clarke, Arabana and Kija, *Aboriginal Family Support Worker, Congress*
- Lisa Scherer, *Case Worker, Family Support Service Team, Congress*

10:15 **SPEAKER 4: Replanting the birthing trees**

- Prof Cath Chamberlain, Palawa of the Trawlwoolway clan, *Head of the Indigenous Health Equity Unit, Melbourne School of Population and Global Health, The University of Melbourne*
- Dr Elise Davis, *Senior Research Fellow, Indigenous Health Equity Unit, Melbourne School of Population and Global Health, The University of Melbourne*

MORNING TEA 10:45 – 11:00

THEME: Embedding Community Control
Apmere-arenye mape-le antwirrkeme
Session Chair: Dr Leisa McCarthy

11:00 **SPEAKER 1: Congress Alukura By the Grandmother’s Law [WOMEN ONLY SESSION]**

- Tahnia Edwards, Kngwarraye, *Manager, Congress Alukura Women’s Health Service*
- Aunty Sabella Turner, Kngwarraye, *Lead Female Aboriginal Cultural Advisor, Congress*

11:30 **SPEAKER 2: Reclaiming birthing sovereignty by decolonising maternity services**

- Prof Juanita Sherwood, Wiradjuri and Murri, *Curriculum Writer and First Nations Leadership - Maternal and Child Health, MWRC*
- Mel Briggs, Dharawal Gumbayngirr, *Minga Gudjaga and Birthing on Country Manager, Waminda, South Coast Women’s Health & Welfare Aboriginal Corporation*

12:00 **SPEAKER 3: Yolŋu voices from Galiwin’ku**

- Evelyn Djota, Yolŋu, *Yalu Aboriginal Corporation*
- Dr L̄awurrpa Maypilama, Wawamiri clan, Yolŋu, *Senior Research Fellow, MWRC*
- Rosemary Gundjarranbuy, Liyagawumirr clan, Yolŋu, *Birthing on Country Research Fellow, MWRC*
- Ms Yungirrna (Dorothy) Bukulatjpi, Yolŋu, *Yalu Aboriginal Corporation*
- Maria Gurriwir, Yolŋu, *Djākamirr*

POSTER SESSION & LUNCH 12:55 – 14:00

14:00 **WORKSHOP: BRINGING IT ALL TOGETHER**

- Dr Josie Douglas, Wardaman, *General Manager Health Services, Congress*
- Prof Yvette Roe, Njikenawawuru, *Co-Director & Professor of Indigenous Health, MWRC*
- Prof Sue Kildea, *Co-Director & Professor of Midwifery, MWRC*
- Dr Sue Moore, *Birthing on Country Program Manager, MWRC*
- Kate Buckland, *Communications Manager, Congress*

AFTERNOON TEA 15:00 – 16:00
Kunga Kutjara Dancers from Mutitjulu

16:00 **CLOSING THE CIRCLE**

- Prof Yvette Roe, Njikenawawuru, *Co-Director & Professor of Indigenous Health, MWRC*

16:30 **CLOSE**

APPENDIX 2

CONFERENCE COMMITTEES AND ADVISORY GROUPS



CULTURAL ADVISORS

Sabella Turner
Tahnia Edwards
Kumalie Riley

STEERING COMMITTEE

Dr Suzanne Moore (Convenor)
Dr Donna Ah Chee
Dr Josie Douglas
Professor Yvette Roe
Professor Sue Kildea
Professor Sue Kruske
Dr Sarah Ireland
Kate Buckland
Kayla Heinemann
Sabella Turner
Tahnia Edwards
Freda Tanna
Sarah Maidment
Dr Sophie Hickey
Loris Muir
Judith Dixon



FIRST NATIONS RAPPORTEURS

Professor Juanita Sherwood
Professor Cath Chamberlain
Professor Lynore Geia
Professor Roianne West
Dr Josie Douglas
Res McCalman

POSTER COMMITTEE

Luciana Massi
Anvitaa Chahda
Yu Gao
Suzanne Moore
Nerida Grant

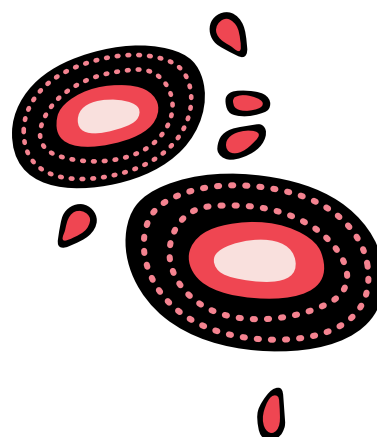
APPENDIX 3

NATIONAL ROADMAP STAKEHOLDERS

NAME	ROLE	ORGANISATION
Angela Bromley	Lecturer - Midwifery	Charles Darwin University
Angela Rondo	Lead Practitioner - Social Worker	CatholicCare NT
Anneka Bowman	Research Officer and Affiliate Lecturer	South Australian Health and Medical Research - Women and Kids theme - Aboriginal Families Research Group
Robyn Thompson	Breastfeeding Expertise with Women	The Thompson Method Gentle Breastfeeding
Bronwyn Rossingh	Research Manager	Miwatj Health Aboriginal Corporation
Cath Chamberlain	Professor of Indigenous Health	University of Melbourne
Cathryn Josif	Senior Lecturer	Notre Dame University
Chantelle Hunt	Mentor for Parenting and Expecting Teenagers	Brave Foundation
Cheryl Cahill	Continuing Medical Education	Shoalhaven District Memorial Hospital
Cheyenne Payne-Poultney	Registered Midwife	Armadale Health Service, Boodjari Yorgas MGP
Claire Clack	Assistant Director - Maternal and Infant Health	Department of Health and Aged Care - First Nations Health Division
Clare Davison	Senior Lecturer - Midwifery	College of Nursing and Midwifery, Charles Darwin University
Deb Patrick	Co-Director	Youth & Family Education Resources
Donna Ah Chee	Chief Executive Officer	Central Australian Aboriginal Congress
Donna Simmonds	Child Health Service Development Manager	Institute of Urban Indigenous Health
Dr Sophie Hickey	Postdoctoral Researcher	Molly Wardaguga Research Centre, Charles Darwin University
Dr Veronica Moule	GP Obstetrician	Mostyn Street Clinic / Castlemaine Health
Elaine Clifton	Community Researcher	Telethon Kids Institute
Emily Gilbert	Lecturer and Researcher	Charles Darwin University
Emma Koster	CEO	Good Hood
Faye Worner	CEO	Waminda – South Coast Women’s Health and Welfare Aboriginal Corporation
Fiona O Sullivan	Koori Maternity Services Midwife	Gunditjmara Aboriginal Co Op
Frances Harkin	GP Obstetrician	Mostyn Street Clinic

NAME	ROLE	ORGANISATION
Glenda Gleeson	Clinical Midwifery Manager	Remote Central Australia, Northern Territory Health
Gwen Blom	Registered Midwife and Enrolled Nurse	Institute for Urban Indigenous Health
Helen McLachlan	Professor of Midwifery	La Trobe University
Helen White	CEO	Australian College of Midwives
Jacqueline Liddle	Aboriginal Liaison Officer	Central Australian Aboriginal Congress
Jane Thompson	Midwife and Lactation Consultant	Bendigo Health
Janinne Gliddon	Senior Aboriginal Research Fellow	Ngangk Yira Institute for Change, Murdoch University
Jess Baird	Midwife, Child, and Family Health Nurse	Waminda – South Coast Women’s Health and Welfare Aboriginal Corporation
Jessica Ecenarro	Midwifery Education Research Consultant	Northern Territory Government
Jocelyn Toohill	Director of Midwifery	Queensland Health
Jodie Atkinson	Midwife Educator	Women’s and Newborn Health Service
Josie Douglas	General Manager Health Services	Central Australian Aboriginal Congress
Juanita Sherwood	Professor, Decolonising Health and Research	Molly Wardaguga Research Centre, Charles Darwin University
Jyai Allen	Senior Research Fellow	Molly Wardaguga Research Centre, Charles Darwin University
Karen Gall	Registered Midwife	Central Australian Aboriginal Congress
Karen Hollindale	Midwifery Clinical Manager	My Midwives / Birthing in Our Community North
Kate Armstrong	Medical Advisor	National Aboriginal Community Controlled Health Organisation
Kyleigh Brown-Lolohea	Registered Midwife	Queensland Health
Laura Hinds	Outreach Midwife	Miwatj health
Leonie McLaughlin	Remote Clinical Educator, Midwifery	CRANaplus
Liz McNeill	Lecturer - Midwifery	Flinders University
Louise Paul	RN/RM Hospital Coordinator	Gove District Hospital
Luciana Massi	Research Officer	Mater Research Institute, PhD candidate MWRC
Lyndal Alchin	Senior Advisor	National Aboriginal Community Controlled Health Organisation
Lynore Geia	Academic Lead, Indigenous Health	James Cook University
Narelle Brown	Student/Assistant in Midwifery	UTS/ Royal Hospital for Women, Randwick
Nicki Watts	Senior Lecturer - Midwifery	Charles Darwin University
Nicole Nichol	Clinical Midwife Consultant	Queensland Health
Petrina Halloran	Policy Manager	Australian Health Practitioner Regulation Agency
Rebecca Watego	Medical Receptionist	Birthing In Our Community, Institute of Urban Indigenous Health

NAME	ROLE	ORGANISATION
Renea Camilleri	Community Engagement Manager, Registered Nurse, and Midwife	Jean Hailes for Women's Health
Renee Adair	Doula	Australian Doula College
Res McCalman	Midwife Researcher	University of Melbourne
Roianne West	Chief Executive Officer	CATSINaM
Sarah Ireland	Research Fellow & Lecturer	Molly Wardaguga Research Centre, Charles Darwin University
Sarah Murthy	Project Coordinator Upstream Health Project	Puntukurnu Aboriginal Medical Service
Seneka Brown	Registered Midwife	Koori Maternity Service Melbourne
Sienna Kolatowicz	Registered Midwife	WA Country Health Service
Sonita Giudice	Clinical Midwifery Consultant	Office of the Chief Nursing and Midwifery Officer, Queensland Health
Stacey Butcher	Education/project officer	Charles Darwin University
Storm Henry	Koori Maternity Strategy Senior Project Officer	Victorian Aboriginal Community Controlled Health Organisation
Sue Kildea	Professor of Midwifery	Molly Wardaguga Research Centre, Charles Darwin University
Sue Kruske	Professor of Primary Health	Molly Wardaguga Research Centre, Charles Darwin University and Northern Territory Government
Tais Topal Silva	Director	Department of Health and Aged Care
Tiff Lohs	Manager – Australian Nurse Family Partnership Program	Central Australian Aboriginal Congress
Trish Ratajczak	Senior Research Officer	Ngangk Yira Institute for Change, Murdoch University
Yvette Roe	Professor of Indigenous Health	Molly Wardaguga Research Centre, Charles Darwin University
Vicki Elborough	Registered Midwife and Educator	Northern Territory Government and Core of Life





CENTRAL
AUSTRALIAN
**ABORIGINAL
CONGRESS**
ABORIGINAL CORPORATION



**CHARLES
DARWIN
UNIVERSITY**
AUSTRALIA



MOLLY WARDAGUGA
RESEARCH CENTRE THE BEST START TO LIFE

Cover image: "Meye" by Amunda Gorey