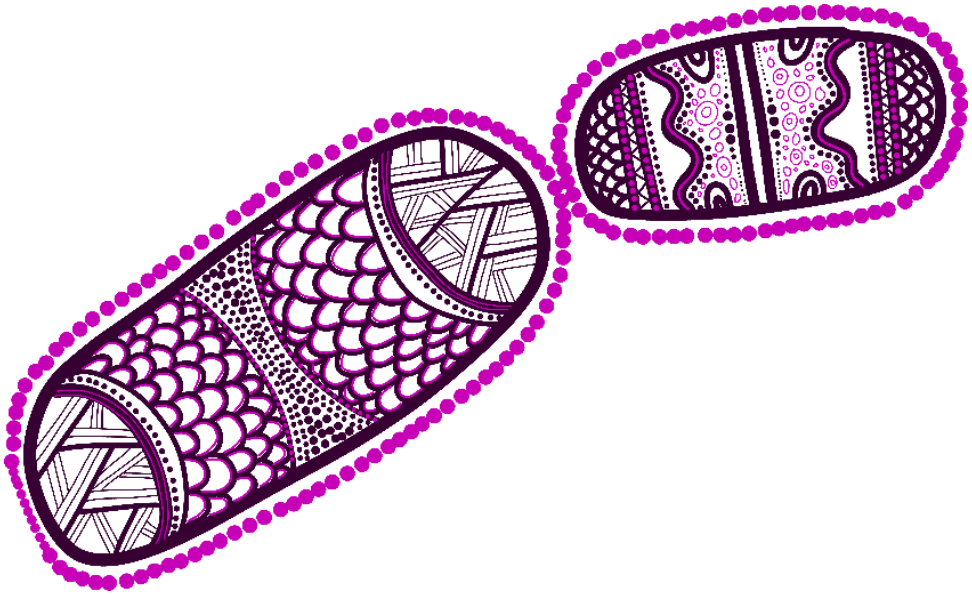
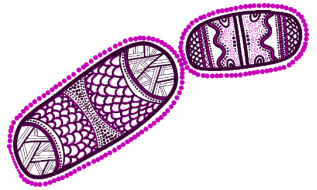


Powerful Nunga mums, strong healthy Bibi and families:

Improving care, coordination, support and knowledge of women who experience cardiometabolic complications in pregnancy

The KIDS RESEARCH INSTITUTE AUSTRALIA

Australian National University



The Artwork

Artwork by Kaurna, Ngarrindjeri, Narungga, Wirangu artist Gabriel Stengle.

The bright colours are a reflection of new life. The many waterholes in each piece represent the many communities that mums and their families come from.

The lines and connected waterholes represent the journey they are on. The people surrounding the waterholes represent both the health care workers as well as the women and their families.

The Coolamons were tools predominantly used by women and are a representation of holding new life and a celebration of culture with their individual unique designs.

The connection the Journey and the communities are vital in the support that each individual woman gives through along her pregnancy journey. The kangaroo tracks represent the journey of always moving forward and never back in the lives and healthcare of Aboriginal women.

This artwork is an individual woman's reflections on journeys for mothers, baby and families during pregnancy.

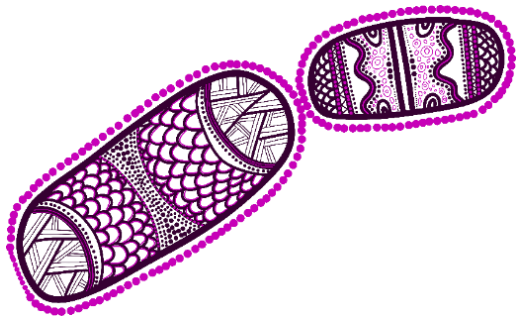
The artwork is not reflective of the content of the model of care.

The Kids Research Institute Australia acknowledges, that the Powerful Nunga mums, strong healthy Bibi and families: Improving care, support and knowledge of women who experience cardiometabolic complications in pregnancy, has been funded and supported by the Medical Research Future Funding from the Australian Government's Targeted Translation Research Accelerator program, delivered by MTPConnect.

The content is solely the responsibility of the authors and does not necessarily represent official views of the Australian Government.

Produced by The Kids Research Institute Australia

Partners: Australian National University, South Australian Aboriginal Chronic Disease Consortium, Aboriginal Communities and Families Health Research Alliance (ACRA), SAHMRI, Aboriginal Health Council of South Australia (AHCSA)

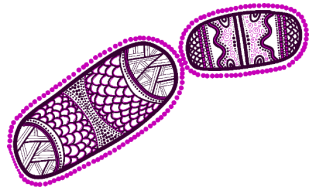


Acknowledgement of Country

We acknowledge and celebrate that Aboriginal and Torres Strait Islander people are the Traditional Custodians of the land, known as Australia.

We recognise that Aboriginal and Torres Strait Islander people are the First Peoples of Australia and that within these two distinct cultural groups, there is cultural diversity.

We acknowledge and pay our respects to the Aboriginal people across South Australia, Elders past and present, their continuing connection to this land and thriving practices and knowledge.



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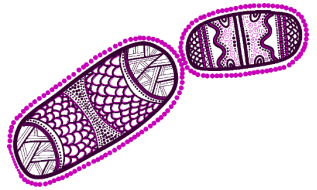
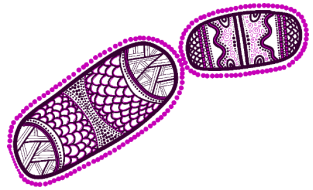




Acknowledgments

The Kids Research Institute Australia would like to acknowledge and pay respect to the traditional custodians of the area now called South Australia. We recognise the first peoples of Australia and the longest continuous living culture in the world. We recognise the injustices of the past and that Aboriginal people do not experience the same equality of rights and life expectancy as other Australians. We respect the resilience of Aboriginal people in the face of adversity.

We would like to acknowledge the 19 women involved in the development of the model of care and other key stakeholders (see Appendix A). We acknowledge this group of women for their significant contribution in designing the model of care.

The following women from the group wish to be personally identified in this report:

Lauren Turner, Adelaide. Strong, Proud Nukunu and Kokatha woman.

Eloise, Barngarla county where the desert meets the sea. Barngarla People.

Twania Amos, Port Lincoln. Mirning and Wirangu.

Latoya Jackson, Port Lincoln. Kokatha and Wirangu.

Stephanie Dudley, Koonibba. Wirangu, Adnyamathanha, Kokatha and Mirning woman.

Bec Nielsen, Kapunda. Proud Kalkadoon woman.

Lorraine Garay, Whyalla. Wirungu.

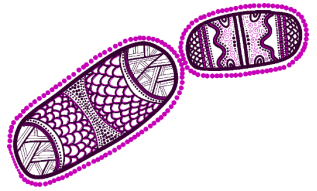
Keelah, Port Lincoln.

Tinarra Toohey, Adelaide. Wirangu and Kokatha.

Shanamae Davies, Aldinga, Kaurna Yerta. Kaurna, Narungga, Ngarrindjeri woman.

Lena-Pearl Bridgland, Adelaide. Ngarrindjeri / Narungga woman

(note, we are still following up with those not listed, we have asked all women to agree or decline through formal process)



Use of the Term ‘Aboriginal’

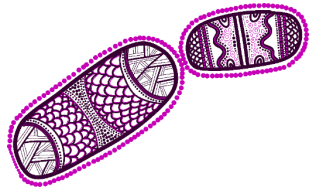
This report uses the term ‘Aboriginal’ to describe the people and communities, for whose benefit this report is written, in recognition of the traditional owners of the lands now called South Australia. The use of the term ‘Aboriginal’ in this report is inclusive of and also means Torres Strait Islander people living in South Australia.

The use of the term ‘First Nations’ in this report is used when referring to Indigenous people in an international context.

The term ‘Torres Strait Islander’ is specifically used where reference is made to Aboriginal and/or Torres Strait Islander people at a national level or where it is used in position titles and titles of publications and programs.

The authors of the report acknowledge the diversity of the people, families, and communities, who live in South Australia, which includes people from various Aboriginal and / or Torres Strait Islander backgrounds. The impacts of colonisation and past policies, still felt by many Aboriginal and Torres Strait Islander people today, have resulted in some complexities associated with traditional ownership, country and a sense of home and belonging. The authors would like to iterate that this report is for the benefit of all, and the choice of terminology intends to respectfully acknowledge custodianship in accordance with Aboriginal traditions and customs.

The language used above is aligned with the South Australian Aboriginal Heart and Stroke Plan 2022-2027 (Brown et al., 2022).



Introduction

Hyperglycaemia, hypertension, and underlying atherosclerotic cardiovascular disease during pregnancy (collectively referred to as cardiometabolic complications of pregnancy) are associated with adverse pregnancy and perinatal outcomes for mother and baby in the short-term, and increased risk of cardiometabolic complications later in life (Voaklander et al., 2020, Vogel et al., 2021).

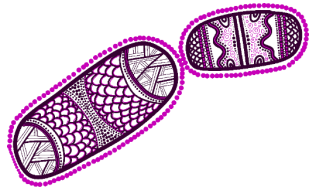
Aboriginal and Torres Strait Islander women experience substantial burden: age-standardised prevalence of pre-existing hypertension is 2.5%, gestational hypertension is 3.8%, preexisting diabetes is 4.2%, and gestational diabetes is 17.4%(AIHW, 2022).

Despite high prevalence of cardiometabolic complications, Aboriginal and Torres Strait Islander women experience sub-optimal care during and following pregnancy in South Australia. Across cardiometabolic health interventions, lack of understanding for Aboriginal and Torres Strait Islander cultural needs and the use of mainstream health models remain significant and preventable gaps. Focus on physical disease alone excludes cultural, social and emotional wellbeing as foundations for lifelong health and wellbeing for Aboriginal women and babies.

The SA Perinatal Practice Guideline for Diabetes Mellitus and Gestational Diabetes and the SA Perinatal Practice Guideline for Hypertensive Disorders in Pregnancy define clinical management across pregnancy and early post-natal care, however, do not consider needs of Aboriginal women and are not consistent with national guidelines of holistic, culturally centred care (Department for Health and Wellbeing, 2019, Department for Health and Wellbeing, 2020, NACCHO et al., 2018, Department of Health, 2021).

Aboriginal women with cardiometabolic complications during pregnancy often experience disjointed, complex, interventionalist health journeys which disconnects them from essential social, emotional and cultural supports. These disjointed experiences in care not only heighten the medical complexity, but can also detract from holistic wellbeing, leaving women without the culturally safe and consistent support they need.

There is a pressing need for a healthcare model that provides Aboriginal women and their babies seamless, integrated, and culturally responsive care that supports both medical and social and emotional wellbeing. The model of care and its underpinning conceptual framework presented in this document aims to empower women to feel respected, supported and fully engaged in their healthcare journey, ultimately, to ensure that optimal health outcomes during and post-pregnancy are reached. Addressing these needs at a systemic level not only enhances the quality of care, but also ensures cost-effectiveness and reduces burdens on the healthcare system, creating a sustainable framework that benefits both individuals, health systems and the broader community.



Next Steps

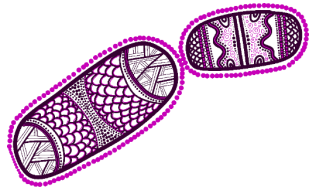
We seek to foster meaningful partnerships with health systems, organisations and service providers involved in the maternal health journey to consider implementation of this comprehensive approach across South Australia. This model of care represents a collaborative effort to address the needs of Aboriginal women holistically across the health system, and we seek engagement from all stakeholders to bring this vision to life.

To advance this work, our next steps will focus on developing an implementation roadmap. This roadmap will outline the practical steps, timelines and resources required to ensure a smooth, coordinated rollout. Key priorities will include identifying pilot sites, establishing clear roles and responsibilities and embedding continuous feedback mechanisms to refine the model of care based on real-world insights.

We invite stakeholders to join us in creating an inclusive and actionable plan that aligns with the values and goals of the model herein, and together we can work toward a statewide approach that not only enhances cultural safety and equity in care, but also delivers meaningful, lasting change for Aboriginal women and their families.

The big issues as voiced by Aboriginal women

Women discussed the broader issues and challenges they experienced during their pregnancy and ongoing care journey with a cardiometabolic complication. This word map highlights key topics discussed.

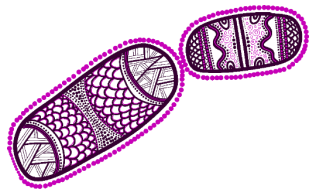


An overview of the Model

This document outlines a comprehensive model of care designed to improve the care, coordination, support and knowledge provided to Aboriginal women in South Australia who experience cardiometabolic complications during pregnancy. This model recognises the importance of addressing physical, cultural, social and emotional wellbeing honouring the connection to Spirit and Country throughout the maternal health journey. Covering each stage from pre-pregnancy to post-natal care as well as ongoing long-term ongoing care & secondary prevention, this approach offers holistic, culturally aligned framework for supporting Aboriginal women and their families.

The model of care includes:

- A Vision
- Core Principles
- A Conceptual Framework
- An outline of cultural safety as it is understood by Aboriginal women
- Priority Areas aligned with the maternal health journey, outlining recommendations, issues and solutions, and,
- System Enablers that support sustainable, impactful care.



The Vision for the Model

To continue the longevity of birthing, practicing Grandmothers Lore by providing a culturally safe space for Aboriginal women where their choices are respected and heard.

Our Vision is underpinned by recognising:

As Aboriginal women we have over 65,000 years of sacred maternal bloodline and ongoing cultural connection.

We expect Allies to stand and advocate with us to recognise the ongoing impact of colonisation.

We carry our strength, our ancestors and our cultural strength and pass it onto our children.

We deserve access to services that are culturally safe and informed by us and our families. Services and support must adhere best-practice by meeting the holistic needs of Aboriginal women socially, emotionally, physically and spiritually.

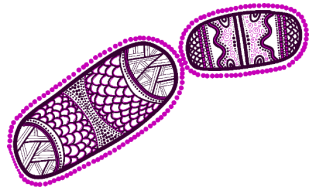
Core Principles of the Model of Care

The Core Principles form the foundation of this model of care, reflecting the values, priorities and lived experiences shared by Aboriginal women in South Australia. These Principles are essential for health service providers to adopt in their everyday practice when supporting pregnant women with cardiometabolic conditions and their babies, throughout each stage of the maternal health journey, as well as ongoing long-term care and secondary prevention.

Emphasising respectful relationships, cultural safety, community leadership and holistic wellbeing, the core principles guide health service providers toward a care approach that is accountable, sustainable and deeply attuned to the unique needs of Aboriginal women and their families.

Through these principles, the model fosters a healthcare journey built on trust, inclusivity and a commitment to better health outcomes for Aboriginal communities.

Figure 1: Core Principles



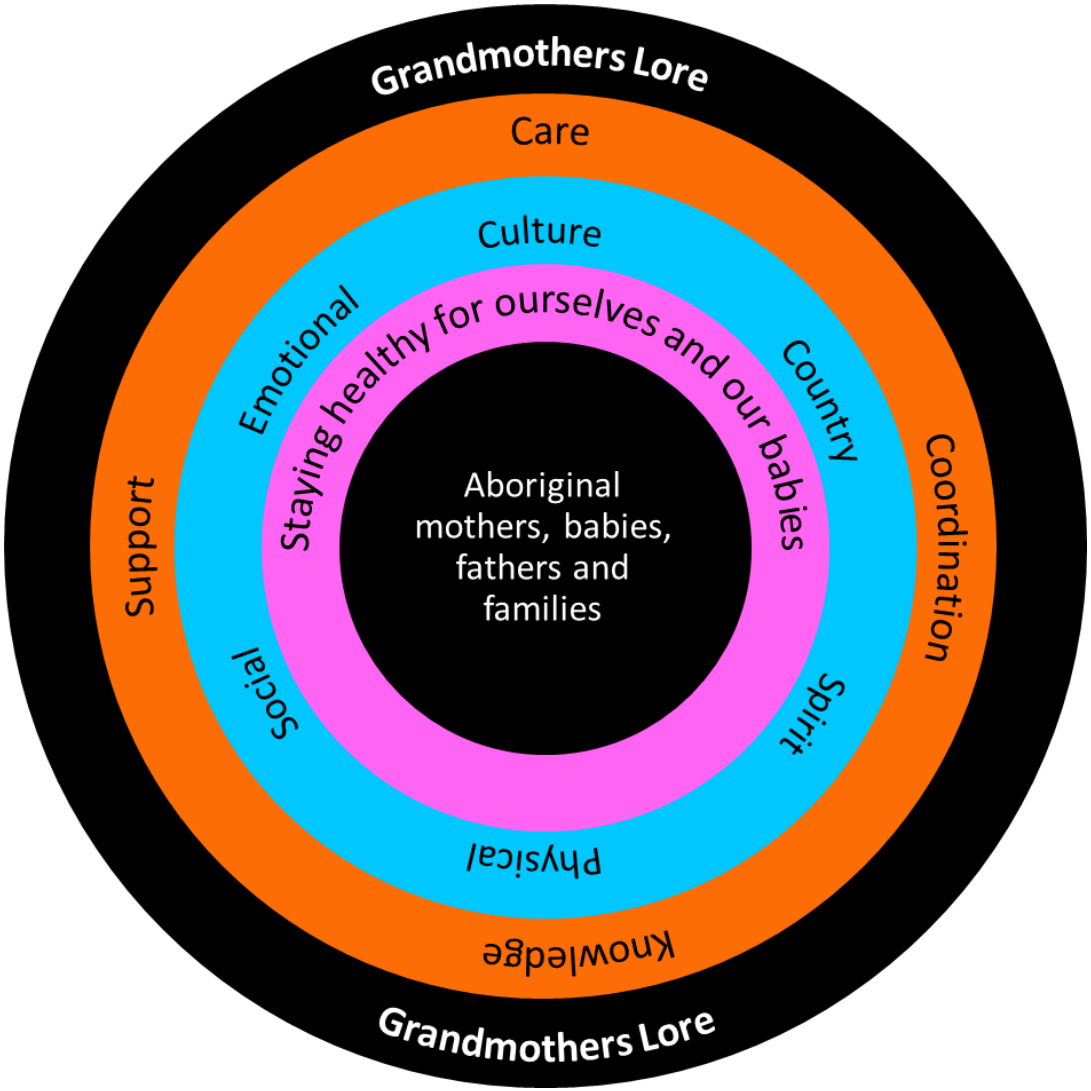
Conceptual Framework

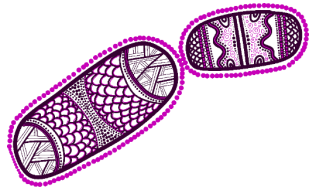
The conceptual framework places Aboriginal mothers, babies, fathers and families at its core, symbolising their central role in the maternal health journey. Surrounding the core, are essential layers that reflect the values and priorities shared by Aboriginal women, with the outer-most layer, Grandmothers Lore, wraps around all others, representing the wisdom, cultural guidance and ancestral strength that sustain Aboriginal families and communities (Beadman et al., 2024).

This Framework embodies the holistic approach that Aboriginal women have identified as vital for their health and cardiometabolic care needs throughout pregnancy and beyond. By embracing and integrating these components, health service providers are invited to create a culturally safe, respectful environment where Aboriginal women feel empowered, supported and deeply valued.

Adopting this framework in everyday practice is an opportunity to foster meaningful connections, improve outcomes and ensure that Aboriginal women's voices and cultural strengths, and cardiometabolic care remains at the heart of maternal healthcare.

Figure 2: Conceptual Framework of holistic maternal health





Cultural Safety: what it means to Aboriginal women

For Aboriginal women across South Australia, cultural safety encompasses a holistic understanding of identity, values and community. It means being in an environment where Aboriginal women feel supported, valued and respected – not only as individuals but as part of a larger cultural network that includes family and community.

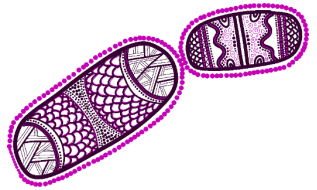
Cultural Safety is felt when there are Aboriginal staff present, when non-Aboriginal allies respect and honour cultural beliefs, where spaces are warm, welcoming and non-judgmental. It includes having a yarn with people who genuinely understand and respect cultural obligations and traditions particularly throughout a complex maternal health journey.

At its core, Cultural Safety during birthing and healthcare is about being able to speak freely (and be heard), to feel confident in one's cultural identity, where Aboriginal ways of knowing, being and doing are valued, and to be surrounded by respect, love and strong Aboriginal role models (National Aboriginal and Torres Strait Islander Health Standing Committee of the Australian Health Ministers' Advisory Council, 2016).

As defined by participating Aboriginal women in the co-design workshops, Cultural Safety, is present when there is:

- An understanding of the whole person and that sometimes decisions aren't our own to make, sometimes we need to consider our Elders, mothers, aunties in our decisions - something mainstream doesn't understand.
- A feeling of being supported, valued, cared for and recognised, treated respectfully, feeling like I belong, and knowledge of community values and beliefs. Seeing Aboriginal workers and staff supporting me, Allies being respectful of my cultural beliefs.
- A space created that is safe for Aboriginal and Torres Strait Islander people. A space that makes you feel comfortable and is warm and welcoming.
- A person you can yarn to that understands/ respects your culture, obligation etc. Non-judgmental and supportive Like having aunties supporting your journey.
- An understanding that birthing should be about respect, love, sacred, and happiness.
- Being comfortable and confident to be able to be yourself and have a voice without fear and surrounded by strong Aboriginal people/leaders.

"It's so important to have a more culturally safe service and culturally safe space at the hospitals so that the journey isn't so traumatic."



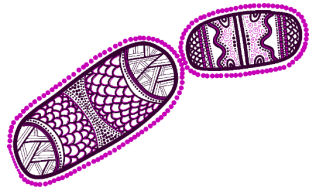
Priority Areas

Addressing the health needs of Aboriginal women who experience cardiometabolic conditions during pregnancy requires a transformative approach that goes beyond conventional health care. The identified 18 priority areas (below) reflect critical aspects of culturally safe, equitable, and comprehensive health system changes, from pre-conception through postpartum and long-term care. Each priority area targets essential supports, resources, and interventions across this journey, emphasising the importance of social, emotional, and physical wellbeing within a culturally resonant framework.

By prioritising actions such as dedicated support for Aboriginal maternal workforce capacity, culturally safe birthing spaces, and tailored resources for cardiometabolic self-management, these areas address longstanding gaps in access, choice, and culturally informed care for Aboriginal women and their families.

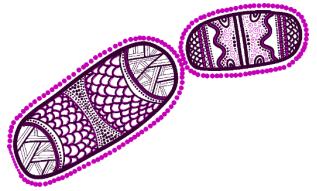
These priority areas underscore the urgency of sustainable, inclusive investment in maternal health infrastructure. Supporting these priorities will enhance care outcomes, empower Aboriginal women in their health choices and decision-making, and ensure a continuum of care that recognises and respects the holistic needs of diverse Aboriginal communities across South Australia.

1. Systems: Culturally safe systems and workforce
2. Systems: Strong, supported Aboriginal workforce
3. Across journey: Social and emotional wellbeing wrap around
4. Across journey: Accommodation and travel supports
5. Across journey: Nutrition
6. Across journey: Information, resources and education
7. Across journey: Peer supports and support people
8. Across journey: Choice and control and consent
9. Across journey: Supporting women whose children are considered ‘high-risk’
10. Pre-pregnancy: Care, management and support
11. During pregnancy: Screening, support, care and management
12. During pregnancy: Ongoing support for monitoring and self-management of cardiometabolic conditions
13. Labour & birth: Support and care during birth
14. Labour & birth: Birthing close to home
15. Labour & birth: Aboriginal birthing space
16. Post birth: What should happen in neonatal intensive care unit (NICU)



17. Post birth: Knowledge on What Comes Next

18. Post birth: Support, care and management after baby born.



System Enablers

To effectively implement the priority areas and achieve meaningful health outcomes, a foundation of robust system enablers is essential. The eight enablers identify the structural supports necessary to sustain long-term health improvements for Aboriginal women with cardiometabolic conditions. These enablers are required to ensure that the model of care is not only effective but also resilient and responsive. The enablers have been adapted from the South Australian Aboriginal Heart and Stroke Plan 2022-2027(Brown et al., 2022).

By fostering Aboriginal partnerships and ensuring community engagement, the enablers align health services with community values and expectations, creating a platform for culturally safe, patient-centred care. For decision makers, managers, and funders, investment in these enablers is paramount; they provide the operational backbone necessary to uphold coordinated services. Together, these enablers create a system equipped to support, adapt, and grow with the needs of Aboriginal communities, enabling health systems to provide the most inclusive, culturally competent, and effective care possible.

1. **Governance: Aboriginal Leadership and Partnerships**
   Establish and maintain robust governance structures, led by Aboriginal professionals and organisations, equipped to foster partnerships and collaboration between the wide range of organisations and stakeholders responsible for implementing this model of care.

2. **Resourcing & Sustainable Funding**
   Allocate adequate, long-term funding within the health system to deliver safe, effective, efficient care.

3. **Workforce: A Strong Cardiometabolic and Maternal Workforce**
   Increase the capacity and capability of the Aboriginal and non-Aboriginal workforce to provide high quality, culturally responsive, collaborative care.

4. **Transport and Accommodation Support**
   Improve access to health care through transportation (ensuring Aboriginal people have safe and appropriate home-to-care-to-home journeys) and culturally appropriate accommodation options for Aboriginal women and their families.

5. **Systems: Information and Communications Technology Solutions**
   Invest in resources, coordination and systems for telehealth and virtual care. Also improve the utilisation and communication of information across patient information management systems.

6. **Community Engagement**
   Meaningful engagement of Aboriginal women, families and communities must underpin the design and implementation of projects and services associated with this model of care.

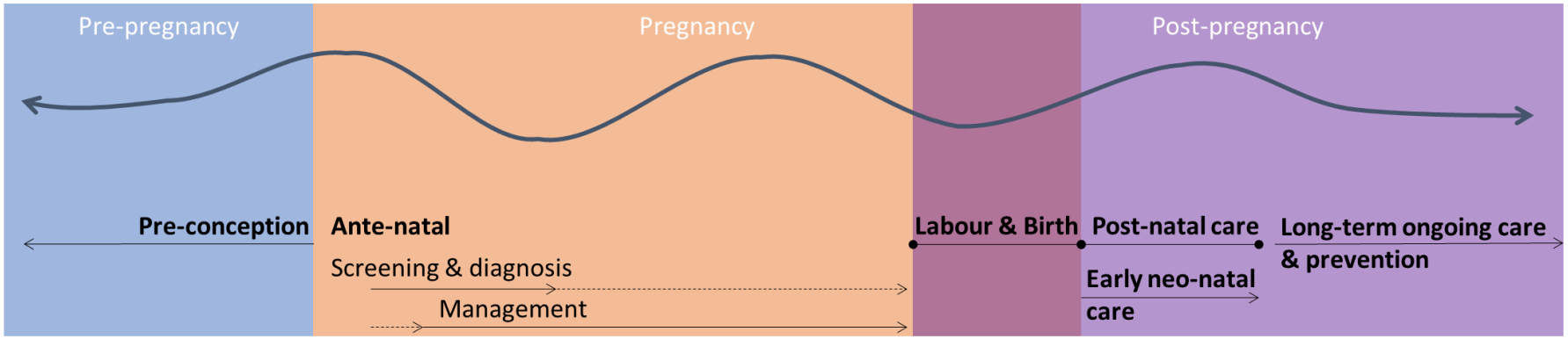
7. **Integrated and Coordinated Services**
   Achieve continuity of care for Aboriginal women and their families through culturally responsive, integrated and coordinated services.

8. **Monitoring and Evaluation**
   Monitor and evaluate the implementation of the model of care and health system changes that result in better health care of Aboriginal women and their families.

The Maternal Health Journey

The maternal health journey encompasses stages from pre-pregnancy through to post-natal support and long-term ongoing care after birth. This pathway represents a seamless journey to promote the health and wellbeing of Aboriginal women and their families. However, for Aboriginal women with cardiometabolic conditions, this journey is often more complex, with additional challenges and medical interventions that can disrupt continuity of care and limit access to culturally safe and holistic supports. Addressing these complexities requires an integrated, responsive approach that prioritises both medical needs and cultural, social and emotional wellbeing across every stage.

Figure 3: Continuum of Care in the Maternal Health Journey



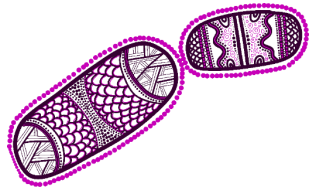
Pathways to action: Priority areas supporting Aboriginal maternal health and wellbeing

The Priority Areas outlined here represent a comprehensive approach to support South Australian Aboriginal women experiencing cardiometabolic conditions during pregnancy.

Each area identifies specific issues (highlighting the voices of Aboriginal women), recommended actions to address the issues raised, and necessary system enablers to guide health service providers in delivering a culturally safe, responsive and effective maternal healthcare journey.

This section invites service providers to take an active role in resourcing, investing in and implementing these priority areas ensuring that Aboriginal women receive the holistic care they need.

By committing to these priorities, service providers can help create a healthcare system that honours cultural values, supports women's health and wellbeing and fosters positive long-term outcome for Aboriginal mothers and their families.



Priority Area 1: Systems - Culturally safe systems and workforce

Strengthening the healthcare environment that respects and supports Aboriginal communities is key to achieving equitable, high-quality care. Culturally safe practices and strengthened workforce roles will foster trust, enhance community relationships, and improve outcomes, building a sustainable healthcare system that benefits all.

Priority Area 1 is dedicated to fostering trust and ensuring healthcare systems effectively respond to the cultural needs of Aboriginal communities, particularly for women navigating complex health journeys. Achieving equitable outcomes for Aboriginal women requires health systems to prioritise culturally safe, trauma-informed care and to strengthen the visibility of Aboriginal health staff. It emphasises the need for service providers to integrate cultural safety training that shapes respectful practices, empowers Aboriginal health staff to lead with confidence, and expand Aboriginal-identified roles across services.

These steps are fundamental to delivering respectful, high-quality maternal care that supports Aboriginal women's health and wellbeing within a culturally attuned and compassionate healthcare system.

1. Recommendations:

1.1. Prioritise and implement mandatory cultural safety and trauma-informed training and policies across healthcare services, ensuring all providers understand and respect the experiences and needs of Aboriginal women.

1.2. Establish frameworks that empower, respect and strengthen/support Aboriginal health staff recognising their roles as essential to providing culturally safe and holistic care.

1.3. Prioritise recruitment, retention and ongoing professional development of Aboriginal health staff across health services.

1.4. Develop initiatives that address and mitigate interpersonal and institutional racism, fostering a more inclusive, culturally responsive healthcare environment where Aboriginal women are respected, informed and given the opportunity to make empowered choices and decision-making.

The Issues:

"I'm working really hard to support women and I'm sitting there getting questioned at every turn, that shouldn't be how it is, if I'm in the room there's a reason I'm in the room"

"I don't think the AMIC workers get enough credit for what they do"

Aboriginal women, both as clients and healthcare staff, face significant barriers in the healthcare system, including interpersonal and institutional racism that undermines trust and quality of care.

Women have expressed a need for respect, holistic treatment, and autonomy in their healthcare. However, gaps in postnatal follow-up and a lack of accountability in maternal care often leaves them without necessary support after birth.

Quick, checklist-style consultations fail to address their social and emotional needs, while Aboriginal health staff report feeling unsupported and disempowered, limiting their ability to advocate for these women.

Addressing these issues is essential to creating a culturally safe, respectful, and empowering healthcare system for Aboriginal women.

Experiences & Voices of Aboriginal women

- Interpersonal racism
- Institutional and systems racism
- Want to be treated with respect
- Want to be seen as a woman- respected, informed and allowed the opportunity to choose

The Solutions:

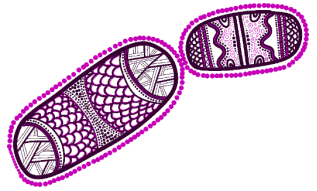
"we need a really really really good cultural awareness training (for non-Aboriginal staff)... That's actually going to be in depth about all these situations that we've been talking about, examples about real life scenarios..."

A comprehensive approach is needed to create a healthcare system that respects, empowers and meets the unique needs of Aboriginal women and their communities.

By embedding culturally safe practices, supporting a skilled and valued workforce, and fostering policies that prioritise holistic, inclusive care, the aim is to build a health system that is both responsive and accountable to the voices and experiences of Aboriginal women across all stages of care.

Suggested Actions (but not limited to)

- Service providers to deliver best practice as a minimum.
- Service providers implement policies that match guidelines for evidence-based, culturally safe care
- Aboriginal maternal and child health is everyone's business
- Aboriginal workforce supported, valued and strengthened to deliver care
- Cultural safety and trauma informed approaches are embedded in all care and policies supporting Aboriginal women
- Non-Aboriginal staff undertake ongoing Cultural Safety training with specific focus on the cultural considerations for their role and region.



- A lack of health follow-up for women post-birth
- Clinical guidelines don't hold medical services accountable for maternal care
- Holistic care with appropriate time to build relationships and provide education – not just a tick and flick obstetric care focused on managing medical needs (considering social and emotional wellbeing)
- Aboriginal health staff are not supported or feel empowered to advocate for Aboriginal women in health services within their roles.

System enablers

The below suggested System Enablers help to action the recommendations for Priority 1. Also refer to System Enablers section for more information.

ENABLER 1: Governance: Aboriginal Leadership and Partnerships
ENABLER 2: Resources: Sustainable Funding
ENABLER 3: Workforce: A Strong Cardiometabolic and Maternal Workforce

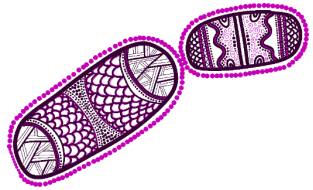
This priority is linked to:

All other priority areas AMIC workforce programs

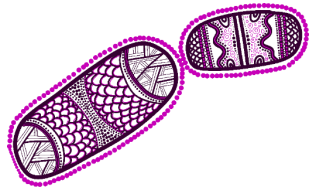
Alignment:

The recommendations align with the following existing programs:

- Continuity of care protocols



“Culturally safe spaces for women usually come at the expense of the Aboriginal staff that are creating a buffer, so they’re kind of absorbing that so that it doesn’t impact the women, but then there’s no support for the staff, the staff are just expected to conform the environment.”



Priority Area 2: Systems – Strong, supported Aboriginal workforce

Strengthening workforce capacity and creating supportive healthcare environments are essential to improving maternal care for Aboriginal women. Addressing systemic issues and empowering Aboriginal leadership will establish a strong foundation for a healthcare system that effectively meets the needs of Aboriginal women, their families, and the dedicated staff who serve them.

2. Recommendations:

2.1. Implement key actions from the Lowitja Institute Career Pathways Project report (Bailey et al., 2020) across all health services to strengthen and expand the Aboriginal and Torres Strait Islander workforce, with a focus on maternal and infant care for women managing cardiometabolic conditions.

2.2. Embed Aboriginal leadership within health services to drive systems change, shaping workforce policies and programs that support culturally safe and responsive maternal care, particularly for complex health needs like cardiometabolic conditions.

The Issues:

"That woman has to go through that hospital whether you're by her side or not, you have to be willing to say I'll walk with you, even though I feel shame because all these midwives make me feel shit"

Aboriginal women experience challenges across the healthcare system that hinder culturally safe, accessible and compassionate maternal health care. Insufficient resources, a lack of cultural understanding and limited support for Aboriginal health staff create barriers to effective care and contributes to not meeting the needs of Aboriginal women and families.

Experiences & Voices of Aboriginal women

- Understaffed – Aboriginal staff don't have the capacity and are significantly under resourced with some Aboriginal maternal services not available at all in some regions and health services.
- Non- Aboriginal staff lack of empathy towards Aboriginal workforce and a deeper cultural understanding of their role and obligations.
- Aboriginal Maternal and Infant Care (AMIC) Worker criteria for women travelling in needs to be expanded to support visits from regional areas
- Significant shortage of Aboriginal midwives and AMIC students in SA.
- Trauma for Aboriginal workforce when they have seen poor practice delivered, they have no voice and no support.

The Solutions:

"Aboriginal hands on Aboriginal women"

Addressing systemic issues is essential to creating a respectful, supportive environment that honours and responds to the unique cultural values and experiences of Aboriginal women.

Suggested Actions (but not limited to)

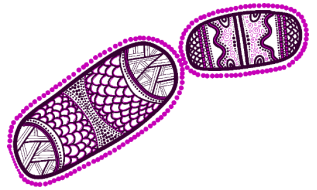
Employ and train more Aboriginal workforce.

- Make jobs more accessible with training
- Promote recruitment of community women within health services
- Create pathways for career development and continual training opportunities

Aboriginal Maternal and Infant Health Workers

- AMIC training – review the scope of practice
- Promote acknowledgment within the health system, including empowering AMIC workforce with well-resourced support and appropriately culturally informed team members
- Implement Cultural Safety within all programs and across service provision.
- Support AMIC Workers to provide comprehensive care for high risk women.
- Capacity to offer every Aboriginal woman a care navigator / AMIC worker.

Aboriginal Liaison Officer (ALO) connections and referrals for women before being referred externally.



System enablers

The below suggested System Enablers help to action the recommendations for Priority 2. Also refer to System Enablers section for more information.

ENABLER 1: Governance: Aboriginal Leadership and Partnerships
ENABLER 2: Sustainable Funding
ENABLER 3: A Strong Cardiometabolic and Maternal Workforce
ENABLER 7: Integrated and Coordinated Services

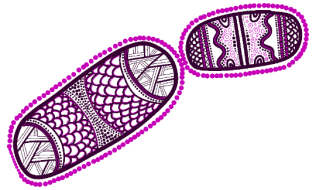
This priority is linked to:

All other priority areas

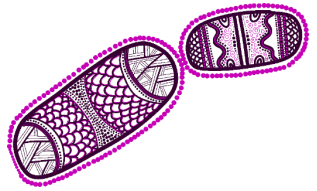
Alignment:

The recommendations align with the following existing programs:

- Continuity of Care Protocols
- AMIC Workforce Programs
- Lowitja Career Pathways Report
- SA Health Aboriginal workforce Strategy



"...it was a lack of education everywhere and (not) considerate of culture... Yes, you could be overcrowded (housing), but that could be a network of support. It doesn't mean that there's issues there. It could be your support network. Having the lens of an Aboriginal person, not what's seen as risky, when at the time Social Workers or Nurses were giving me more risk (DCP intervention) for having you involved in my life."



Priority Area 3: Across journey - Social and emotional wellbeing wrap around

A comprehensive, culturally safe approach to social and emotional wellbeing is essential for Aboriginal women navigating the maternal health journey, particularly for those managing the additional complexities of cardiometabolic conditions during pregnancy. Providing holistic, trauma-informed care and support that addresses mental health, emotional safety and cultural needs allows Aboriginal women to feel respected, heard and empowered throughout their care. To build trust and improve health outcomes, it is crucial that service providers foster a supportive environment with compassionate, healing-centred approaches tailored to each Aboriginal woman's unique experiences and needs.

3. Recommendations:

3.1. Adopt and implement healing-centred approaches across maternal healthcare settings to support Aboriginal women's social and emotional wellbeing throughout the maternal journey.

3.2. Adopt and provide training of Edinburgh Depression Tool (EDT) to ensure it is culturally safe and administered by trained, culturally sensitive maternal health staff, considering the unique challenges posed by cardiometabolic conditions.

3.3. Establish trauma-informed culturally safe workforce roles, including navigator roles, to support Aboriginal women with consistent, holistic care that is attuned to their social, emotional and physical needs.

3.4. Develop coordinated, wrap-around care models that integrate clinical, social, and emotional wellbeing support, alleviating the burden on individual Aboriginal health professionals and ensuring a comprehensive approach to care for women managing cardiometabolic complexities.

The Issues:

Experiences & Voices of Aboriginal women

Considered High risk and trauma

- Being asked questions during pregnancy care about previous experiences can be triggering, combined with the worry for the current complicated pregnancy
- Health professional making assumptions of risk and bias based on race and patient electronic alert systems
- Previous mental health conditions there are often mis-diagnosed and mis-managed with inadequate assessments and referrals.

Tools and communication

- Current Edinburgh Depression Tool assessment not considered culturally safe or administered by an appropriate person, i.e. the administration person in the waiting room.
- Women are worried that being truthful in the depression screening tool will identify them as 'High risk' and result in involvement by Department of Child Protection.

Workforce

- Overburdening Aboriginal health professionals taking on all roles to provide clinical and social and emotional wellbeing care.
- Disjointed providers and services not unable to provide wrap around holistic care.

Broader social factors within communities

The Solutions:

"I used to have phone consults and I could tell you they were probably better than face-to-face… you don't feel as shame… for me, I feel better talking over the phone than face-to-face. You don't know who they are, they don't know who you are."

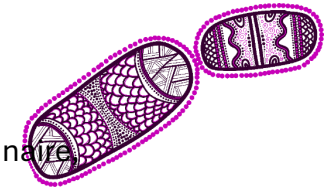
Suggested Actions (but not limited to)

A wrap-around social and emotional support program, focused on strength and empowerment in pregnancy, that includes:

- Not having to repeat your story every time
- Draws on and incorporate cultural practices like weaving and Narrative Therapy with a focus on healing
- Supports connection with Aunties or women
- Adaptation of the depression tool and culturally safe follow up,
- Time to discuss the responses to depression screening, with partner and family involvement in screening and solutions, and potential to have home visit, involving family in solutions
- Access to psychologists
- Extends from pre-conception to 2 years after birth
- Links to social and emotional wellbeing resources, how to seek information and help, and support groups.

A navigator role to walk beside women from before conception to up to 2 years after baby's birth, knowing a woman's story:

- Aboriginal or culturally safe non-Aboriginal professional to yarn to and be key support person Aunty or elder (Nunga worker) about social and emotional wellbeing



- Trauma including suicides in community
- Concerns about confidentiality and judgement when there are limited services, particularly within small communities

Limited options of and/or access to services:

- particularly in regional and remote communities
- Reliance on mainstream services
- long wait times

- Incorporating home visits, depression questionnaire, Mental health care plan, ongoing care.

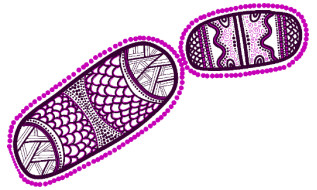
System enablers:

The below suggested System Enablers help to action the recommendations for Priority 3. Also refer to System Enablers section for more information.

ENABLER 1: Governance: Aboriginal Leadership and Partnerships
ENABLER 2: Sustainable Funding
ENABLER 3: A Strong Cardiometabolic and Maternal Workforce
ENABLER 7: Integrated and Coordinated Services

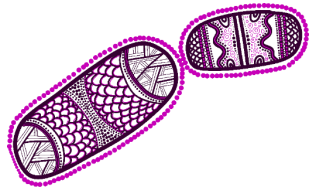
This priority is linked to:

Systems: Cultural safe systems & workforce
Systems: Aboriginal workforce & system capacity
Across journey: Information, resources & education
Across journey: Peer supports & support people
Across journey: Choice and control and consent
Across journey: Supporting women whose children are considered ‘high-risk’
Pre-pregnancy: Care, management & support
Birthing on Country
During pregnancy: Screening, support, care and management
During pregnancy: Ongoing support for monitoring & self-management
Labour & birth: Support & care during birth
Labour & birth: Birthing close to home
Labour & birth: Aboriginal birthing space
Post birth: What should happen in NICU
Post birth: Support, care and management after baby born

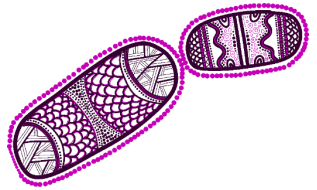


Alignment:

- Continuity of Care protocols
- AIM High
- Kimberly Health Edinburgh Depression Tool contextualised to SA
- Nunkuwarrin Yunti Aboriginal Nurse-Family Partnership Program (ANFPP) model support throughout the journey up to 2 years – could consider high risk pregnancies too not just first-time mums
- Apps: Solid start, Boobs to food
- Australian Birthing program - a group which was helpful
- Stronger Families program



“Over where I live, it’s hard to go and see a psychologist or even counselling. It’s very hard so myself and my partner have recently asked to see a counsellor and we still haven’t heard anything. I can see where they’re failing – the mental health system – over that way. You don’t have no support. They just throw all this medication at you. We don’t want medication. Sometimes it’s [almost] just talking to someone.”



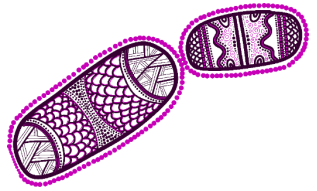
Sarah is a 29-year-old Aboriginal woman from a remote community in South Australia (over 600 kms from Adelaide). Sarah lives 60 km from town, and she does not own a car. Sarah had her first antenatal appointment when she was six weeks pregnant and was told that she would have to give birth in Adelaide due to her high BMI. Sarah was diagnosed with gestational diabetes at 15 weeks and was started on Metformin and insulin. Throughout Sarah's journey she was repeatedly told to lose weight without being offered support. Sarah was required to attend antenatal doctors' appointments every week, so she had to ask relatives to take time off work to drive her to these appointments. This caused Sarah and her relative's significant stress. Sarah was also required to fly to Adelaide several times during her pregnancy for specialist appointments. Sarah has two other young children that travelled with her to her appointments. She found this experience overwhelming and exhausting. Sarah was frustrated when she was told to fly to Adelaide and remain there from when she was 36 weeks pregnant. She was required to find her own transport and accommodation until she was induced at 38 weeks. Sarah and her children had to stay with a cousin in Northern Adelaide and catch Taxi's to and from the Hospital. This experience was highly stressful for Sarah. Sarah is unfamiliar the public transport system in Adelaide and did not have a metro card or a bus timetable. Sarah paid out of pocked for Taxi fares and was later reimbursed by native title funds. Sarah had several negative experiences when travelling to and from the hospital with her two children and while heavily pregnant. Several Taxi drivers made racist remarks and sometimes refused to pick her up. At other times Taxi drivers requested an upfront payment because they did not believe that she had the money to pay them at the end of the journey.

"Well, they want us to come over this early because of the diabetes but they don't want to help us – like support us with travel and accommodation. The native title funds – they can only do so much, but majority of the trustees – you have to provide PATS forms."

When Sarah arrived at the hospital for her appointment, the Aboriginal Birthing Program staff were unaware that she was coming in. Sarah was completely overwhelmed by the being in an unfamiliar hospital and city without any supports. Sarah was also disappointed that she had minimal contact with the AMIC workers throughout her time in Hospital. She had one visit from an AMIC worker after giving birth but had no other support. Sarah had no complications during birth and her baby were both healthy with normal blood sugar levels. Sarah was required to stay in hospital for 3 nights after giving birth. Sarah and her baby were discharged from hospital at 5:30pm on a Tuesday afternoon. Sarah and her partner had to travel by car with their newborn for seven hours and arrived home at 1am the following morning. Sarah felt frustrated and exhausted by the lack of support offered throughout her pregnancy and not being given the choice to birth locally.

"My main concern was, why do we have to come over that early? For larger women these days, you can't birth in your hometown so it's an automatic, off to Adelaide, you go. It's like, well, what about if we want to stay home? If other people can do it, why can't we do it? Then after she was born, we got back and the doctor was like, oh, you could have birthed here. I'm like, really? Because I had no problems. I had no complications. Nothing was wrong with the baby. I was like, well, that's nice to know. It's a bit late to say that now."

Sarah recently became pregnant again and has been told that she must give birth in Adelaide due to her BMI. Sarah feels frustrated that once again she is not being given a choice and her voice is not being listened to.



Priority Area 4: Across journey - Accommodation and travel supports

Many Aboriginal women who must travel long distances for maternal care, particularly those managing the additional complexities of cardiometabolic conditions during pregnancy, face significant financial, logistical and emotional challenges. Reducing these travel related burdens and offering comprehensive support ensures that Aboriginal women and their families receive equitable, respectful and safe maternal care. By addressing these barriers, the healthcare system can create a more inclusive supportive environment that respects the cultural and medical needs of Aboriginal women and families.

4. Recommendations:

4.1. Implement changes to the state-wide Patient Assistance Transport Scheme (PATS) to reduce out-of-pocket expenses for Aboriginal women, including expanded coverage for travel-related expenses such as food, accommodation and local transportation especially for those managing cardiometabolic conditions.

4.2. Create a clear protocol for developing individualised birthing and travel plans for all Aboriginal women outside metropolitan Adelaide who have medical complications, ensuring that travel arrangement, cardiometabolic care needs and necessary supports are in place.

The Issues:

"No-one should be left sleeping outside [the hospital]"

"Transport is one of the biggest issues so if you're genuinely committed to improving outcomes then that's one of your number one things"

Experiences & Voices of Aboriginal women

- Women having to travel to Adelaide on multiple occasions, for extended periods to give birth without financial support and with no relationships with Adelaide services
- Often, Native Title groups incur cost of travel
- Women having to stay with family given lack of accommodation options
- Women sleeping rough outside hospitals to be close to baby
- Long waiting times for an appointment when women have travelled hundreds of kilometres
- Applying for PATS is difficult
- Corporate shuttle is culturally unsafe, with some drivers racist and rude, women not feeling safe
- Costs of travel such as food and travel in Adelaide not covered
- Inaccessibility to child minding (i.e. creche) when having to travel with children.

The Solutions:

"Wouldn't it be deadly if there was dedicated houses nearby (to hospital)."

Suggested Actions (but not limited to)

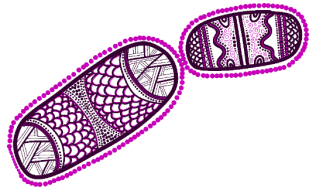
Improved planning of care that involves women in decision making to improve continuity of journeys between services

- A birthing plan completed at 32 weeks gestation with woman, local health service and Adelaide health services.
- Involves information for the woman and family on choices and discussion on where birth will occur.

Coordinated and system-funded travel that:

- Is planned so that women know what to expect
- Is fully covered by PATS, including accommodation close to hospital, travel, food.
- Connects to Aboriginal Family Birthing Program, Aboriginal Liaison unit, social worker and supports, so women have a connection point prior to arrival
- Minimizes number of visits required to Adelaide
- Compliments specialist outreach and tele/video-health
- Considers antenatal clinics at SA Health accommodation facilities where women are staying.

SA Health accommodation available close to major birthing hospitals to support women who have to travel.



System enablers:

The below suggested System Enablers help to action the recommendations for Priority 4. Also refer to System Enablers section for more information.

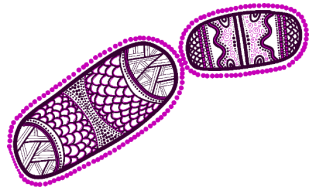
ENABLER 2: Sustainable Funding
ENABLER 4: Transport and Accommodation Support
ENABLER 5: Information and Communications Technology Solutions
ENABLER 6: Community Engagement
ENABLER 7: Integrated and Coordinated Services

Alignment:

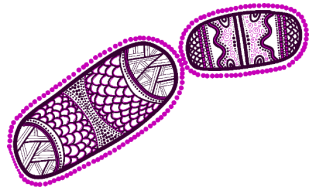
- Aboriginal Family Birthing program
- Similar model already in place for women coming from the NT

This priority is linked to:

Systems: Cultural safe systems & workforce
Systems: Aboriginal workforce & system capacity
During pregnancy: Screening, support, care and management
Labour & birth: Support & care during birth
Labour & birth: Birthing close to home
Labour & birth: Aboriginal birthing space
After birth: What should happen in NICU



“Culturally safe allied health, like the dietician, specialists… I want them to do in depth cultural awareness training too”



Priority Area 5: Across journey –Nutrition

Ensuring access to nutritious food and culturally appropriate guidance is essential for supporting the health and wellbeing of Aboriginal women during pregnancy. Accessible, healthy food options and tailored nutritional support promote optimal maternal and infant health outcomes, fostering a healthcare environment that values and respects the unique needs of Aboriginal communities.

5. Recommendations:

5.1. Promote the essential role of nutrition in maternal health, providing greater access to healthy food options for Aboriginal women and their families

5.2. Develop, trial and evaluate culturally tailored food plans, recipes and services that support healthy eating for Aboriginal women with cardiometabolic conditions.

The Issues:

"They have things on the food chart that black fellas don't eat … People don't have money for healthy food, and fruit can be expensive and so can veggies"
"It's all by email.. they've given blanket information about foods…nothings individualized anymore because of funding, where ideally everything should be individualized , or at least the option too"

Experiences & Voices of Aboriginal women

- Food plays a key role in managing cardiometabolic complications in pregnancy.
- Providing healthy food to family is a daily struggle for some women
- High cost of living is having a huge impact on families
- Fast food and processed food are easier and cheaper to access
- Despite barriers, women are motivated to cook healthy meals at home
- Importance to understand food within broader cultural context: bonding with family, honouring the animals, nurturing your body and family, ancestry
- Access to community-controlled health services to provide services like dieticians

The Solutions:

Suggested Actions (but not limited to)

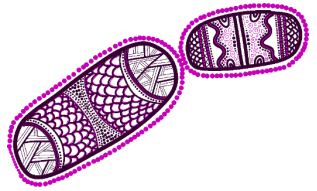
Approaches to nutrition should be holistic and incorporate cultural knowledge. This can include learnings from Elders and community gardens / pantries.

Support pregnant women with cardiometabolic complications to access quality, nutritious and affordable food, this may include:

- A food box scheme specific for condition
- Options of accessing food through Foodbank.

Develop information resources and education package around healthy eating when pregnant with cardiometabolic complications, incorporating:

- meal plans and weekly menus
- information for specific conditions, by stages of pregnancy and early motherhood.
- food education groups - cooking classes - have recipes and take home to cook
- education on dietary needs specific to condition and chemicals in foods that may impact condition
- A phone app: boob to food App
- Videos of how to prepare meals with recipe
- Incorporates the whole family and supports young children's needs
- Information on how to read food labels and what to look for when pregnant with a cardiometabolic complication
- available to all family members.



System enablers:

The below suggested System Enablers help to action the recommendations for Priority 5. Also refer to System Enablers section for more information.

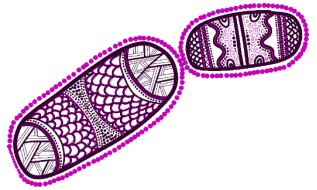
ENABLER 1: Governance: Aboriginal Leadership and Partnerships
ENABLER 2: Sustainable Funding
ENABLER 3: A Strong Cardiometabolic and Maternal Workforce
ENABLER 5: Information and Communications Technology Solutions
ENABLER 6: Community Engagement
ENABLER 7: Integrated and Coordinated Services

This priority is linked to:

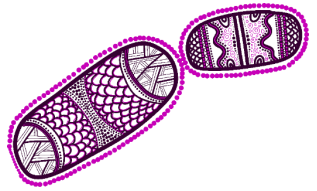
Systems: Cultural safe systems & workforce
Systems: Aboriginal workforce & system capacity
Across journey: Information, resources & education
Pre-pregnancy: Care, management & support
During pregnancy: Screening, support, care & management
During pregnancy: Ongoing support for monitoring & self-management
Post birth: Knowledge on ‘what’s next’
Post birth: Support, care and management after baby born

Alignment:

- Continuity of Care Protocol



“So the pyramid should be of seasons of hunters and gatherers, because whether you’re out bush and you don’t have a shop or whether and you have many shops, I can still get Kangaroo meat… because that’s what we were traditionally eating anyways. We could source it from the land, we could source it from a big shop here in the city and not only that, it should be benefiting our diabetes management”



Priority Area 6: Across journey - Information, resources and education

Clear, accessible information and culturally relevant resources are essential for supporting Aboriginal women and their families throughout the maternal health journey. Ensuring that Aboriginal women receive consistent, meaningful education and resources empowers them to make informed decisions, feel supported and navigate the healthcare system with confidence. Enhancing access to information and culturally sensitive education helps bridge communication gaps and fosters a respectful, responsive environment for Aboriginal women and their families.

6. Recommendations:

6.1. Ensure a comprehensive suite of culturally tailored resources and information packs are available and accessible, providing clear guidance and support for Aboriginal women and their families.

6.2. Enhance access to telehealth and increase the availability of visiting specialists to regional and remote areas to ensure that Aboriginal women and their families receive consistent, high-quality care close to home.

The Issues:

"It was a lot of different appointments to get what I needed, that would be really hard for the rural mob"

Experiences & Voices of Aboriginal women

- Lack of information provided to women and their families.
- Too many appointments with limited information given.
- Lack of SA specific resources
- Traumatic experience giving birth and being in hospital
- Racism towards Aboriginal mothers and their families (partners experiencing even more racism than the women)

"I went on google and googled a lot of stuff to understand what it was talking about"

The Solutions:

Suggested Actions (but not limited to)

A suite of resources to support women before, during and after pregnancy with a cardiometabolic complication. Resources should:

- Be available online, either through the online blue book or app
- Include: communication with health professionals online, monitoring of biomarkers (i.e. glucose, blood pressure), list prescriptions, a calendar with reminders for appointments
- Provide information on each condition, what to expect for across the pregnancy at what stages, what screening involves, what management options may be available, medications and how to administer, breastfeeding, mental health

System enablers:

The below suggested System Enablers help to action the recommendations for Priority 6. Also refer to System Enablers section for more information.

ENABLER 1: Governance: Aboriginal Leadership and Partnerships
ENABLER 5: Information and Communications Technology Solutions
ENABLER 6: Community Engagement
ENABLER 7: Integrated and Coordinated Services
ENABLER 8: Monitoring and Evaluation

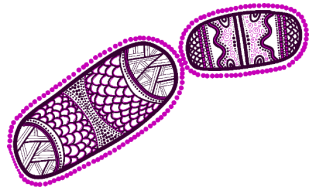
This priority is linked to:

Systems: Cultural safe systems & workforce
Systems: Aboriginal workforce & system capacity
Across journey: Social & emotional wellbeing wrap around
Across journey: Healthy food
Pre-pregnancy: Care, management & support
During pregnancy: Screening, support, care & management
During pregnancy: Ongoing support for monitoring & self-management
Labour & birth: Support & care during birth
Post birth: Knowledge on 'what's next'
Post birth: Support, care and management after baby born

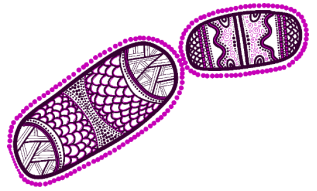
- Have contact information for hospital with a safe contact to advocate and number to make complaints
- Be accessible to partners, with a dedicated section
- Include videos, audio and written information in different languages
- Accessible offline, work without internet connection
- Consider cultural appropriateness including representing many Aboriginal people, have real-life and animated resources
- Be promoted by all health professionals as a single source of information and communication.
- Health services build into appointments time for women and families to access information, discuss and make informed choices.
- Statewide options and models to increase the number of specialists visiting regional communities, increase access to telehealth options and upgrade equipment in regional hospitals

Alignment:

- ICARE – Baby Coming You Ready
- Diabetes across the Lifecourse
- Existing APPS/ programs



Doctors and nurses could add (to the app) what they've diagnosed you with and then you've got all the information there instead of googling it... (with) videos because not everybody's good with literacy, reading"



Priority Area 7: Across journey - Peer supports and support people

Peer support and community connections play a crucial role in the maternal health journey, providing Aboriginal women and their families with culturally relevant guidance, shared experiences and a sense of belonging. Establishing robust peer support networks for Aboriginal mothers and strengthening support systems for Aboriginal health professionals can help alleviate feelings of isolation, enhance access to information, and empower women to navigate pregnancy and parenthood with confidence. Creating these connections fosters a supportive environment that values cultural understanding, resilience, and shared knowledge, benefiting both mothers and health professionals.

7. Recommendations:

7.1. Develop and implement tailored Aboriginal peer support programs that provide culturally relevant support networks for mothers across all stages of pregnancy and post-partum and ensure recognition and sustainable support for Aboriginal health professionals

The Issues:

Experiences & Voices of Aboriginal women

Mothers

"A lot of us don't get followed up after we leave the hospital"

- Women feel isolated and alone, without information or support to access information on pregnancy, and no-where to share experiences and journeys.
- Lack of Aboriginal specific services such as playgroups, CAHFS. Some programs for first time mums but needed for additional pregnancies.
- Very challenging for remote mums with little support or groups
- There are examples of Mums Groups and Playgroups that foster connection. These programs are region-specific and often don't have sustained funding

Aboriginal Health Professionals

"You're taking on that stress because women are coming to you and saying I need support and you're saying I can't"

- AMIC workers not getting the recognition they deserve, burnout, workloads,
- Restricted by catchment area and ability to do home visits (limited flexibility)

The Solutions:

Suggested Actions (but not limited to)

A peer-support program specifically for Aboriginal mothers, that:

- connects new mums who have recently birthed
- Provides support with postnatal wellbeing for mother and baby, including breastfeeding, and provides a group for ongoing connection and support
- Offers a space for 'private business'
- Welcomes in Elders and nanas to provide support.

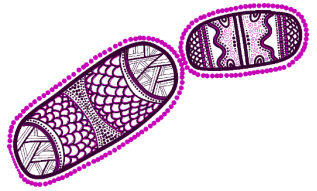
Incorporate a mind-mapping tool in pregnancy and antenatal care plans so that women can identify and map their support people and what their roles are, and can be shared with these support networks.

Having access to a support person through the pregnancy journey, that:

- Is continuous
- Builds rapport and trust
- Is culturally safe and informed
- Can act as a navigator and support.

A peer-support program for Aboriginal health professionals that:

- provides support to Aboriginal health professionals, that includes Aboriginal maternal and infant care (AMIC) workers, midwifes, social workers and other professionals
- Includes a AMIC worker support program, with a dedicated midwife to walk alongside and provide mentorship.
-



System enablers:

The below suggested System Enablers help to action the recommendations for Priority 6. Also refer to System Enablers section for more information.

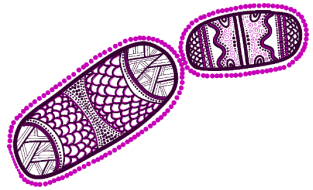
ENABLER 3: A Strong Cardiometabolic and Maternal Workforce
ENABLER 4: Transport and Accommodation Support
ENABLER 6: Community Engagement
ENABLER 7: Integrated and Coordinated Services

This priority is linked to:

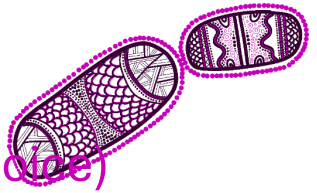
Systems: Cultural safe systems & workforce
Systems: Aboriginal workforce & system capacity
Across journey: Social & emotional wellbeing wrap around
During pregnancy: Ongoing support for monitoring & self-management
Post birth: Knowledge on ‘what’s next’
Post birth: Support, care and management after baby born

Alignment:

- Professional support networks through Diabetes through the Lifecourse
- KWY program - peer to peer support for high-risk children.



“I just want to come to work and for people to be appreciative of why I’m here.”



Priority Area 8: Across journey – Consent & Empowered Voices (Control & Choice)

Promoting empowered voices and informed consent throughout the maternal journey is essential for respectful, woman-centred care. Providing clear pathways for women to express concerns and facilitating collaborative pregnancy planning, ensures that Aboriginal women, their partners and families are active participants in decision-making, fostering a healthcare environment built on respect, autonomy and shared understanding.

8. Recommendations:

8.1. Develop accessible resources that clearly outline steps for women to escalate concerns if they are not treated respectfully or are unable to give informed consent.

8.2. Implement improved pregnancy planning that fosters shared decision making, actively involving women, their partner and families.

The issues:

"I said no, and she was forcing it (epidural) on me."

Experiences & Voices of Aboriginal women

Consent and safety

- Women said no and refused consent to interventions, and they were ignored - No means no
- Inadequate information was provided to be able to give informed consent, women felt like they were told what they 'must do
- Many women feel that judgements are made about being high risk, both as an Aboriginal woman and having a cardiometabolic complication.
- Women were unsure how to escalate their concerns and what protocols were in place
- Women from regional and remote areas without supports.

Choice

- Aboriginal women feel like they have no choice and are not heard, especially when they have cardiometabolic complications which makes their pregnancy high-risk
- Questioning decisions where women were not involved was considered as challenging the judgement of clinicians
- Women were challenged and judged on personal choices
- Lack of information, choice and prior planning on clinical decisions
- Women want choice of hospital to birth where they feel culturally safe
- Forced COVID jabs

The solutions:

Suggested Actions (but not limited to)

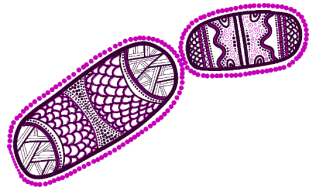
Have well-established and clear escalation protocols which are easily available and accessible to women, and for which women are informed and empowered to use.

Improved planning of care that involves women in decision making around their pregnancy journey with a cardiometabolic condition, including:

- A birthing plan completed at 32 weeks gestation with woman, local health service and Adelaide health services.
- Involves information for the woman and family on choices and discussion on where birth will occur.

Improved communication of information around cardiometabolic complications in pregnancy and what this can mean for the pregnancy journey, with time built into appointments for women and families to access information, discuss and make informed choices.

All pregnant Aboriginal women having choice to access an Aboriginal maternal and infant care (AMIC) worker and/or navigator.



System enablers:

The below suggested System Enablers help to action the recommendations for Priority 8. Also refer to System Enablers section for more information.

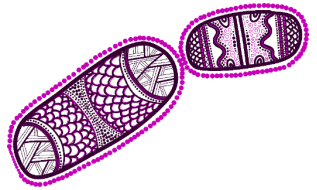
ENABLER 1: Governance: Aboriginal Leadership and Partnerships
ENABLER 3: A Strong Cardiometabolic and Maternal Workforce
ENABLER 6: Community Engagement
ENABLER 7: Integrated and Coordinated Services
ENABLER 8: Monitoring and Evaluation

This priority is linked to:

Systems: Cultural safe systems & workforce
Systems: Aboriginal workforce & system capacity
Across journey: Social & emotional wellbeing wrap around
Across journey: Accommodation & travel supports
Across journey: Information, resources & education
During pregnancy: Screening, support, care & management
Labour & birth: Support and care during birth
Labour & birth: Birthing close to home
Labour & birth: Aboriginal birthing space After birth: What should happen in NICU

Alignment:

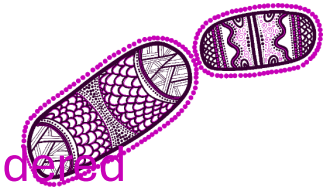
- Continuity of Care protocols



“a telephone number you can call in case you need someone to advocate on your behalf….for me, they didn’t believe I was in labour, she refused to check me and then I basically gave birth on the floor.. so I didn’t get any pain relief… If you feel like someone’s on your side and actually listening, that’s going to be a big difference”

“DCP scares me to tears and I haven’t had any direct family members (removed), obviously past generations have been taken, but it’s such a fear, so the moment I get pregnant, I’m going to tell you lies. If I want that involvement it’s because I want to build that trust and I feel like you’re a good person but I’m going to ask you what’s your purpose here and if you can’t tell me how you’re going to help my baby then I’m going to tell you to get out.”

“I said for DCP… why don’t you create a matrix?… a matrix to say consider the cultural element… There should be something for the person that doesn’t have common sense or cultural knowledge”



Priority Area 9: Across journey - Supporting women whose children are considered 'high-risk'

Supporting Aboriginal women whose children are considered 'high-risk' requires a compassionate, culturally respectful approach that addresses both immediate needs and long-term wellbeing. For Aboriginal mothers, particularly those managing cardiometabolic conditions, the trauma, stress and anxiety surrounding the 'high-risk' labelling compounds an already complex health journey.

Barriers to effective engagement can intensify fear, shame and distrust, often deterring women from accessing essential and critical care. A preventative, supportive approach is essential, one that prioritises culturally informed advocacy, transparent communication and holistic resources to empower women and families.

By addressing systemic issues, a more just, understanding and supportive framework can be developed, allowing Aboriginal mothers to engage confidently with services that recognise and respect their unique circumstances and strengths.

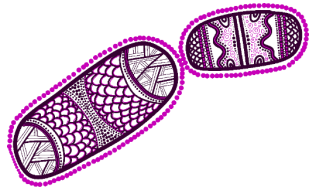
9. Recommendations:

9.1. Redesign the approach to identifying 'high-risk' children, emphasising cultural understanding, transparency and supportive engagement with Aboriginal women and families to reduce trauma and stress.

9.2. Establish clear, trauma-informed communication protocols to ensure Aboriginal women are fully aware of any potential child protection actions, providing them with an opportunity to engage in preventative and supportive measures.

9.3. Provide specialised training for health and child protection staff on cultural sensitivity, unconscious bias and Aboriginal family structures to foster respectful, supportive engagement.

9.4. Develop preventative and strengths-based programs focussed on early intervention and culturally tailored support, reducing reliance on punitive 'risk' labelling and alleviating stress on mothers managing complex health conditions.



The Issues:

Experiences & Voices of Aboriginal women

- Bias, judgement and racism influences reporting that babies of Aboriginal women are 'high-risk'
- Having a 'high-risk' flag impacts women's engagement and care and ability to access support across the pregnancy
- Having a history of engagement child protection follows women their whole life, regardless of what changes they have made
- Many experience fear and shame at being labelled 'high-risk'
- Lack of cultural supports available to support women
- A risk approach not a preventive approach is taken:
    - No support for women who have had previous children removed
    - Women not informed that child may be removed, so not given opportunity to change
- Women who don't engage with health services flagged as 'neglect', this can influence women's decision to engage in assessment for diabetes
- Child protection services and reporting:
    - Focus on risk identification, not prevention and support
    - Lack of cultural information in health professional training.
- Babies are removed from special care nursery because more staff and secure room. Need an advocate from the

The Solutions:

Suggested Actions (but not limited to)

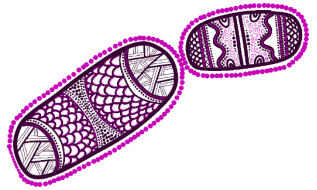
Revise the training of reporting to ensure that workforce is not perpetuating biases and assumptions and is culturally safe.

Institute support services that enable a preventive approach to child protection when a child is flagged as 'high' risk':

- Develop and initiate a protocol that facilitates a discussion and supports for women and families:
    - That occurs early after reporting and is transparent
    - Details to women and family what needs to change
    - Develops and initiates a plan for supports
- Have supports that are able to wrap around women and family
- Initiates a navigator to support women
- Looks at the whole picture.

When babies are removed:

- women have a dedicated advocate from the birthing program to support them.
- Department of Child Protection (DCP) support another safe family member so that baby can go straight home with family instead of to emergency care.



birthing program to support them. What is going to work and need flexibility and support to help them.

- Women considered being in a regional or remote location places them at greater risk as they may be known by health staff or have family connections who have had interactions with Department of Child Protection (DCP).

System enablers

The below suggested System Enablers help to action the recommendations for Priority 9. Also refer to System Enablers section for more information.

ENABLER 1: Governance: Aboriginal Leadership and Partnerships
ENABLER 3: A Strong Cardiometabolic and Maternal Workforce
ENABLER 6: Community Engagement
ENABLER 7: Integrated and Coordinated Services
ENABLER 8: Monitoring and Evaluation

This priority is linked to:

Systems: Cultural safe systems & workforce
Systems: Aboriginal workforce & system capacity
Across journey: Social & emotional wellbeing wrap around

Alignment:

- Continuity of Care protocols

Della is 33-year-old Aboriginal woman living in Adelaide and working as an Aboriginal Maternal and Infant Care (AMIC) worker in a hospital. Della has a large caseload of clients with complex needs. In addition to her workload, Della is pulled aside by non-Aboriginal managers and asked for cultural advice about hospital systems. Della feels a lot of stress from this expectation and has explained that an informal conversation is not community consultation and there needs to be criteria set up within the hospital.

"(we need) community consultation to work out what criteria needs to be met in order to be considered a

consultation and I think first and foremost there needs to be an aspect that includes elders…One

Aboriginal person doesn't speak for all Aboriginal people."

Della began working with Tanya, a 28-year-old, pregnant Aboriginal woman living in Port Adelaide. Tanya does not have a car and is experiencing domestic violence at home. Tanya frequently missed her antenatal appointments. Della was aware that Tanya had been reported to DCP and wanted to talk to her directly about the risk of her not attending her antenatal appointments. Della's non-Aboriginal manager believes that if Della has this conversation, Tanya would become a flight risk and not come to the hospital to give birth. Della felt upset as she feels transparency would be the best approach.

"Having conversations with women that are high risk of having their child removed – (saying) this is the situation, these are our concerns, how can we address them before you actually give birth, so we know that you're making an active effort to reduce that risk… so that gives the woman the option to connect with these services and engage and I think they need to be told as well, if you're not going to engage with these services, your child will get removed, a lot of the time they get connected (with services) but they're not actually told that this is the last step."

"Engagement with the services is crucial to reduce risk of DCP involvement and/or child removal."

Della felt strongly that a preventative approach would reduce the chance of Tanya's baby being removed or at least prepare the family

"If you have that conversation during pregnancy and the mother knows she can't take her baby from the hospital and the baby will be removed. At least she can then name safe family members that would be able to care of the child. So then straight from the hospital, it's the family member taking baby home. It's not child's going into emergency care."

Each time she approached management about speaking with Tanya she was warned against taking action.

"it's a blanket thing they say, we want them to engage, and we want them to come to the health service so we don't want to have that conversation."

Della repeatedly saw her non-Aboriginal colleagues making reports to DCP without offering support to the women. Della felt that staff were focused on covering themselves and wanted to pass the responsibility over to the next service.

"It's easier to CARL report than to deal with the situation."

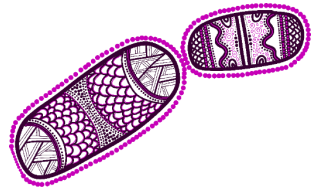
I witnessed medical staff report on 'suspicion' rather than facts, this contributes to the overrepresentation of Aboriginal families being reported to DCP"

Della attended a Child Safe training for work and noticed that there was a lack of cultural consideration within the training. She asked if there was any cultural consideration when looking at reports made and was told that it was subjective and dependent on the individual staff member's perspective that picks up the case

Della feels disheartened by the system and has decided to take a break from working at the hospital.

"I was so burnt out. I have empathy for everyone but I just got to a point where I was done."

She receives great feedback from the women she supported and many of them have said that they were the best thing about the care they received. Della cares deeply for the women on her caseload but in many ways feels powerless to help them due to the system.



Priority Area 10: Pre-pregnancy - Care, management and support

Ensuring healthier pregnancy outcomes and reducing complications is essential, particularly for Aboriginal women at risk of, or experiencing cardiometabolic conditions. A focus on accessible healthcare, preventative education and increased health promotion empowers women to take proactive steps for their wellbeing and that of their future families.

10. Recommendations:

10.1. Incorporate comprehensive women's health assessments, including pre-pregnancy planning into the Medicare Health Assessments for Aboriginal and Torres Strait Islander People (MBS 715) to improve early engagement.

10.2. Collaborate with SA Government to expand health promotion of women's health integrating pregnancy and reproductive health education into school curriculums.

10.3. Increase training and awareness in primary health care settings on the importance of proactive pregnancy planning, especially for Aboriginal women with or at risk of cardiometabolic conditions.

10.4. Enhance data collection on pre-existing and at-risk cardiometabolic conditions among Aboriginal women to inform targeted health programs and improve pre-pregnancy outcomes.

The Issues:

Experiences & Voices of Aboriginal women

- General Practitioners (GPs) have limited time during appointments, difficult to have discussion around pregnancy planning
- Long wait list to get into see GP at primary health care services
- Often pregnancies are unplanned, therefore difficult to prepare and unable to do planning
- Missing key information in statistics on women experiencing pre-existing or at risk cardiometabolic conditions and many not engaging in the system prior to pregnancy
- GP appointments not bulk billed
- Women aren't registered to the Aboriginal health clinic because booked out.

The Solutions:

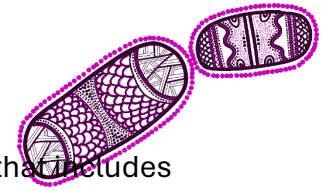
Suggested Actions (but not limited to)

Early health promotion and disease prevention in school, including Adult Health Assessment for Aboriginal and Torres Strait Islander People (MBS 715), education on diabetes and heart health, education on health in pregnancy including cardiometabolic complications.

Increased education and incidental health promotion in primary health care on pregnancy planning for all young women:

- incorporated into a MBS715 for young women
- considering health, if heart disease and diabetes a concern
- including how to prepare for pregnancy
- including nutrition and important supplements to take
- including information on genetic testing and options
- condition specific information and discussion on outcomes, if and where services are available if there is a complication
- Counselling and support with proactive pregnancy planning for women with existing cardiac complications including congenital heart disease and rheumatic heart disease.

As part of the suite of resources to support women with a cardiometabolic complication, dedicated pre-pregnancy resources that outlines how to plan and what is important to consider.



Have a women's health focus within the MBS715 that includes pregnancy planning and discussion.

System enablers

The below suggested System Enablers help to action the recommendations for Priority 10. Also refer to System Enablers section for more information.

ENABLER 1: Governance: Aboriginal Leadership and Partnerships
ENABLER 2: Sustainable Funding
ENABLER 3: A Strong Cardiometabolic and Maternal Workforce
ENABLER 4: Transport and Accommodation Support
ENABLER 5: Information and Communications Technology Solutions
ENABLER 6: Community Engagement
ENABLER 7: Integrated and Coordinated Services
ENABLER 8: Monitoring and Evaluation

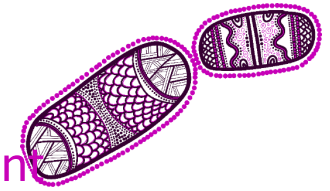
This priority is linked to:

Systems: Cultural safe systems & workforce
Systems: Aboriginal workforce & system capacity
Across journey: Healthy food
Across journey: Information, resources & education
Post birth: Knowledge on 'what's next'

Alignment:

- Continuity of Care

“I also love the idea of building a rapport and having someone that understood my culture without explaining it, hence why I wanted AMIC”



Priority Area 11: During pregnancy - Screening, support, care and management

For those at risk of or managing conditions like diabetes or pre-eclampsia, timely and appropriate care requires clear communication, consistent support, and culturally responsive practices that empower women to actively participate in managing their health. Addressing barriers to screening, ensuring access to resources and offering compassionate well-informed guidance throughout pregnancy helps create a healthcare journey that is respectful and meets the needs of Aboriginal women.

11. Recommendations:

11.1. Implement flexible models of service delivery that enable Aboriginal women to access and engage in healthcare services in ways that align with their cultural and health needs.

11.2. Evaluate and integrate screening methods to increase access and uptake of diabetes testing early in early pregnancy, reducing the need for lab-based procedures.

11.3. Ensure comprehensive access to essential equipment, medications and resources, empowering Aboriginal women to manage their health throughout pregnancy.

11.4. Offer continuous, culturally safe support from trained healthcare providers who can offer consistent, clear communication, minimise provider changes, and ensure Aboriginal women feel safe and respected in all healthcare settings.

The issues:

Experiences & Voices of Aboriginal women

Screening

- Screening test for diabetes currently has to occur in a pathology lab. Taking the time to do this test is difficult and a barrier to access.

Diagnosis support- Education and information

- Don't know what to expect
- Lack of information on what condition, why, impact, about our bodies, from providers like diabetes educator
- More information about condition pre-eclampsia – how to prevent getting it again
- Communication is key

Cultural support

- perception of needs
- Changing and many care providers
- Racism and unsafe organisation across the continuum
- Aboriginality ID

Glucose management/ advocacy

- Blame and explanation
- Alternative method on monitoring blood glucose
- Easier ways to monitor BSL – busy mums doing 4x checks a day

The solutions:

Suggested Actions (but not limited to)

Provide alternative options for diabetes screening test for women who are known to be at high risk, or who refuse oral glucose tolerance test (OGTT), including potential for HbA1c.

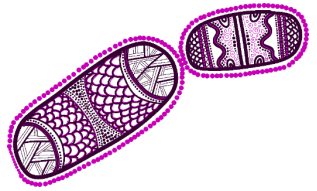
All women with diabetes and/or hypertension in pregnancy provided with equipment and medicines at point of diagnosis.

Provide alternative models of service provision to support access to care that meets women's varied needs. This can include

- Services all online or in-person, including in-home, options
- One on one and group education options
- Offers cultural supports to all Aboriginal women, including option of cultural dhoula, navigator (see other priority areas)
- Promotes continuity of care, regardless of pathway
- Options to still engage with midwife and Aboriginal Maternal and Infant Care (AMIC) worker when in obstetric care pathways

As part of the suite of resources to support women with a cardiometabolic complication, dedicated pregnancy resources that provides information on how and why screening, testing and management is required.

Ensure that escalation protocols are promoted.



System enablers

The below suggested System Enablers help to action the recommendations for Priority 11. Also refer to System Enablers section for more information.

ENABLER 1: Governance: Aboriginal Leadership and Partnerships
ENABLER 3: A Strong Cardiometabolic and Maternal Workforce
ENABLER 5: Information and Communications Technology Solutions
ENABLER 6: Community Engagement
ENABLER 7: Integrated and Coordinated Services
ENABLER 8: Monitoring and Evaluation

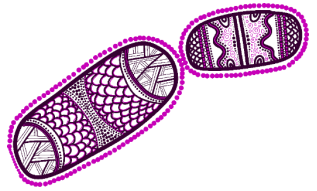
Alignment:

- Continuity of Care
- Existing models of care:
    - Bibi program supporting team of midwives and AMIC workers together

Flinders Medical Centre online program, group programs

This priority is linked to:

Systems: Cultural safe systems & workforce
Systems: Aboriginal workforce & system capacity
Across journey: Social & emotional wellbeing wrap around
Across journey: Accommodation & travel supports
Across journey: Healthy food
Across journey: Information, resources & education
Across journey: Choice and control and consent



Priority Area 12: During pregnancy - Ongoing support for monitoring and self-management of cardiometabolic conditions

Aboriginal women have access to necessary tools, resources and guidance to enable them to manage their health effectively and with confidence. This journey requires culturally responsive communication, accessible equipment and a supportive framework that reduces stress and fosters empowerment in self-care. Addressing these needs provides a stable foundation for Aboriginal women to manage cardiometabolic conditions with greater ease, ensuring positive outcomes for both mother and baby.

12. Recommendations:

12.1. Provide immediate access to essential equipment and medications from the point of diagnosis to enable effective, stress-free self-management of cardiometabolic conditions.

12.2. Establish coordinated, culturally sensitive support systems that empower Aboriginal women to self-manage their conditions, including streamlined access to educational resources.

12.3. Develop accessible and affordable , including home-based alternative and National Diabetes Services Scheme (NDSS) resources, to remove cost barriers for frequent testing supplies and ongoing support.

12.4. Implement clear, supportive communication protocols to help Aboriginal women interpret blood glucose levels and make informed health decision, reducing anxiety and ensuring they feel supported at every stage.

The issues:

"I do acknowledge that you do need to have regular contact but to be honest if someone's calling me regularly and I know my levels are bad, I'm not answering"

"Take home blood test pack- have access to what we need"

Experiences & Voices of Aboriginal women

Home monitoring

- The current processes of home testing and documenting test results is stressful
- Poor communication on levels and what to do
- Needs to be supportive communication

"Support and equipment free at start of care or when diagnosed"

- NDSS (National Diabetes Services Scheme) access
- Need equipment when first diagnosed, not weeks later.
- Consider how these could be connected to monitoring supports.
- Alternative method on monitoring blood glucose
- The significant costs for strips and equipment
- Additional challenges for women in regional and remote areas to access equipment and communications

The solutions:

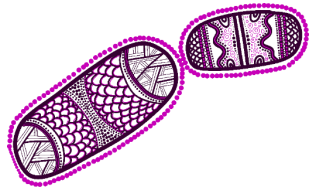
"If it was the app then I would have felt good with that because then its like I'm not getting judged.. if I did stuff up on my eating, I'm already feeling bad about myself."

Suggested Actions (but not limited to)

A range of coordinated supports to promote self-management by women during their pregnancy. is communicated by all health care professionals consistently, that include:

- information on testing, medications, behavioural risk factors advice (i.e. nutrition) and what to expect as part of a suite of resources
- Single point of data entry (i.e. App)
- Clear and consistent communication with single person/team, with scripts for health professionals to convey information
- Choice of communication approach for each woman in management of medications
- Support, especially when levels are not good.
- Acknowledges, monitors and supports 'diabetes blues'.

All women with diabetes and/or hypertension in pregnancy provided with equipment and medicines at point of diagnosis. This should be provided through NDSS (National Diabetes Services Scheme) for women with diabetes.



System enablers:

The below suggested System Enablers help to action the recommendations for Priority 12. Also refer to System Enablers section for more information.

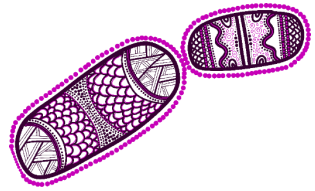
ENABLER 1: Governance: Aboriginal Leadership and Partnerships
ENABLER 3: A Strong Cardiometabolic and Maternal Workforce
ENABLER 5: Information and Communications Technology Solutions
ENABLER 6: Community Engagement
ENABLER 7: Integrated and Coordinated Services
ENABLER 8: Monitoring and Evaluation

Alignment:

- iCCnet
- National Diabetes Services Scheme
- Continuity of Care

This priority is linked to:

Systems: Cultural safe systems & workforce
Systems: Aboriginal workforce & system capacity
Across journey: Social & emotional wellbeing wrap around
Across journey: Healthy food
Across journey: Information, resources & education
Across journey: Peer supports & support people.



Priority Area 13: Labour & birth - Support and care during birth

For Aboriginal women and families, labour and birth are not only medical event, but also deeply cultural experiences where connection to family and community support is essential. Culturally responsive care, respectful communication and the ability to exercise choice and informed decision-making, are key components that empower Aboriginal women to feel safe, respected and heard during this transformative time. Addressing these needs allows for a birth experience that honours both medical and cultural values, fostering a supportive environment where women and their families can feel confident and connected.

13. Recommendations:

13.1. Enhance cultural and social supports for Aboriginal women with cardiometabolic complications during birth by ensuring continuous access to Aboriginal Maternal and Infant Care Workers and other culturally aligned support services.

13.2. Increase opportunities for partner and family involvement labour and birth, especially when complex care is required, recognising the importance of family presence for cultural, kinship and emotional supports.

13.3. Enhance decision making and choice for Aboriginal women by implementing clear pre-birth planning processes and open communication protocols that respect their birth preferences and cultural values.

The issues:

"I didn't have a really good midwife. Throughout the whole day, she was rude. She tried to force me to have an epidural after I said throughout the whole pregnancy, I didn't want – I don't want – I was just happy with the gas – I don't want an epidural – but she kept forcing it onto me. Then my mum left the room. As soon as my mum left the room, she goes, oh yeah, I'll get the anaesthetist to come and speak to you. The anaesthetist came in and I was pushing the baby out so they just walked in and walked out."

Experiences & Voices of Aboriginal women

- Pressure not give birth close to home because of complications
- Unable to have family support / support forced to leave
- Clinical setting and risk takes choice and control away
- Judgement regarding pain medications – what you can have
- Hospital zoning – lack of decision making, particularly with cardiac conditions
- Visiting hours are restrictive
- Aboriginal birthing unit and Aboriginal maternal space needed
- Birthing on country- supports in hospital low risk birthing options taken away due to medical risks
- Baby taken directly after birth without explanation of why or what for.

The solutions:

Suggested Actions (but not limited to)

Aboriginal women who want an Aboriginal Maternal and Infant Care (AMIC) Worker to have support, with an AMIC Worker to advocate for them particularly when complex, this can include:

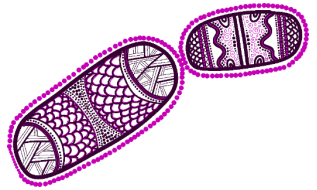
- AMIC Worker in theatre during C-section
- AMIC Worker /midwife support in obstetric care
- AMIC and midwife home visit with partner

Increase the capacity for partners / support people to be active advocates during birth, with focus is on the family unit:

- Health professionals to support role of partners / supports
- Having family in the room and involved in birthing process
- Have reference to the orange book and birthing plan
- Extended visiting hours
- Partner to be informed prior on potential procedures i.e. epidural and c-section, including why and it to expect
- Antenatal classes for partners
- Information about what to expect, antenatal appointments, steps, birth and post birth.

Support decision making during labour and birthing, that considers:

- Choice of medication during C-section
- Options for heartrate monitoring to support labour and various birthing methods including water birth
- Information and choice on treatments such as epidural, c-section, including information on side effects



System enablers:

The below suggested System Enablers help to action the recommendations for Priority 13. Also refer to System Enablers section for more information.

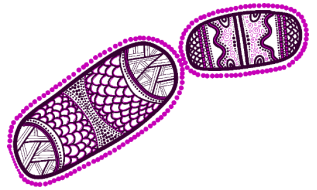
ENABLER 1: Governance: Aboriginal Leadership and Partnerships
ENABLER 2: Sustainable Funding
ENABLER 3: A Strong Cardiometabolic and Maternal Workforce
ENABLER 4: Transport and Accommodation Support
ENABLER 5: Information and Communications Technology Solutions
ENABLER 6: Community Engagement
ENABLER 7: Integrated and Coordinated Services
ENABLER 8: Monitoring and Evaluation

This priority is linked to:

Systems: Cultural safe systems & workforce
Systems: Aboriginal workforce & system capacity
Across journey: Social & emotional wellbeing wrap around
Across journey: Accommodation & travel supports
Across journey: Information, resources & education
Across journey: Choice and control and consent

Alignment:

- Continuity of Care Protocols



Rachel is a 24-year-old Aboriginal woman. Rachel lives in Aldinga and attended her antenatal appointments with minimal cultural support from the hospital. She went through the Aboriginal Birthing Program but had limited contact with AMIC workers. At 18 weeks Rachel was diagnosed with gestational diabetes and was planned to be induced at 39 weeks. Rachel required an emergency caesarean due to her baby's heart rate dropping. Rachel was feeling overwhelmed and anxious as she went into the operation. She was trying to manage questions and phone calls from her family and friends and was also going through a recent Break up with the baby father. She did not feel that the doctors explained things clearly and found it hard to make decisions when overwhelmed and with such short notice.

"no matter your situation and your age and how healthy you are, it would have benefited me if I knew a worst-case scenario, what was it, and how would you want to be treated, and what medication you would like, instead of being under the influence of too much gas or stress and whatever and then you're making these hard decisions. I felt I was young and healthy and wouldn't experience a C-Section, it was a shock."

There were medical complications during the caesarean which was highly stressful, but Rachel gave birth to a healthy baby girl.

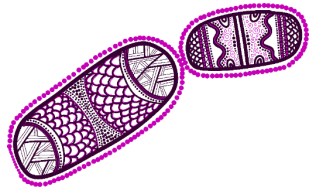
"I remember still today, it was like, you tried so hard to have a baby and to be so relaxed and meditate, while going through contractions and stress and that and all that you could do in your own will, it still wasn't enough to ensure you or your baby's safety. That contributed to post-natal depression."

Rachel felt a lack of respect and support from staff in the hospital and was feeling severely depressed.

"I was not attaching to my daughter. Not only was it epidural... because they hit the nerve and it affected my left leg.. I also wasn't attaching to my daughter because they would come in and say, it's feed time... just chuck her on me. They weren't working with me. I felt I was treated as a canvas by the medical team in the hospital.. But it happened right from the moment when they said they were going to slice me. The moment they said they were going to do a C-section, that's when I believe my postnatal (depression) started to kick in... It was severe. If I had a supportive team working with me i don't think my depression would have been as bad, I felt like they stole that away from me- my chance to connect with my baby from birth."

After discharge Rachel was allocated a nurse to regularly visit her in her home to monitor and support her baby developmental and health needs. At the start, Rachel felt like she was under surveillance, however, in time the relationship and trust grew to be positive and supportive.

"a nurse would visit me for the next two years at home, which was good. I guess I had trust issues with the system. I did say to her, if your intentions are for me and my baby to be well and to support us, then you can work with me, otherwise get out, I don't want you to be hanging around me and then call DCP for an intervention. She said, no, I want to work with you,. and she ended up being really supportive and helped me with housing and stuff."



Priority Area 14: Labour & birth - Birthing close to home

Strict policies and limited resources often force Aboriginal women with cardiometabolic conditions to travel far from home for delivery, leading to increased physical, financial and emotional challenges. Prioritising access to culturally safe birthing options in regional areas supports Aboriginal women's health and autonomy, enabling them to make informed decisions about where and how they give birth, surrounded by the support and care that best meets their needs.

14. Recommendations:

14.1. Expand access to culturally safe birthing options in regional areas, including access to Aboriginal birthing units, telehealth appointments, upgraded equipment and an increased presence of specialists in regional hospitals.

14.2. Strengthen the regional Aboriginal maternal workforce by increasing recruitment and support for Aboriginal midwifes and Aboriginal Maternal and Infant Care (AMIC) workers to provide continuity of care close to home.

14.3. Develop flexible policies that allow women with well-managed cardiometabolic conditions to safety deliver in regional hospitals, reducing the need to travel far from home whenever possible.

The issues:

Experiences & Voices of Aboriginal women

"Birthing on country- supports in

hospital low risk birthing options taken

away due to medical risks"

Women with cardiometabolic complications are birthing away from their home.

- Cut off for birthing in regional is too strict, even if condition is well managed over time
- Lack of information and choice is given to women about risks of birthing regionally versus metropolitan hospital
- women are away from their support system, family, friends, health professionals they feel connected to
- There is often significant physical pain with traveling after a c-section (seatbelts, bumpy roads) and with a newborn
- Unable to access a kitchen and cook healthy food for an extended period before giving birth
- lead to significant, negatively impacting maternal health.

Significant financial pressure for women and family

- women often have to stop work to travel to Adelaide months before giving birth. Family have to stop working to give support.
- Support options are costly in the city

Family considerations

- Women are sometimes separated from their other children for extended periods while in Adelaide.
- Partner and family often miss the birth

The solutions:

Suggested Actions (but not limited to)

As part of improved planning of care that involves women in decision making around their pregnancy journey, women in regional and remote locations have a birth plan established in advance that involves:

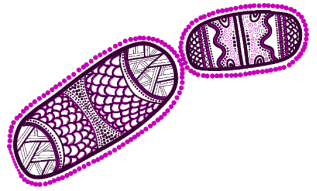
- discussion of potential locations to birth, with options and risks
- women and family knowing birthing plan and reasoning
- Cultural Care Plan for Birthing
- Connections and communication between health professionals
- 'My home hospital' to expand and include more involvement from Aboriginal Maternal and Infant Care (AMIC) workers.

Enhanced birthing facilities in regional communities with equipment and access to specialists.

Enhanced workforce capacity and capability in selected regional and remote locations including:

- More AMIC home visits following birth
- AMIC workers to travel with mum.

As part of the Aboriginal Birthing Space priority, having local hospitals able to respond to cardiometabolic complications and provide care within an Aboriginal Birthing Unit with cultural support.



System enablers:

The below suggested System Enablers help to action the recommendations for Priority 14. Also refer to System Enablers section for more information.

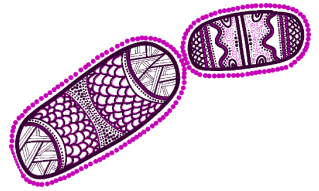
ENABLER 1: Governance: Aboriginal Leadership and Partnerships
ENABLER 2: Sustainable Funding
ENABLER 3: A Strong Cardiometabolic and Maternal Workforce
ENABLER 4: Transport and Accommodation Support
ENABLER 5: Information and Communications Technology Solutions
ENABLER 6: Community Engagement
ENABLER 7: Integrated and Coordinated Services
ENABLER 8: Monitoring and Evaluation

This priority is linked to:

Systems: Cultural safe systems & workforce
Systems: Aboriginal workforce & system capacity
Across journey: Social & emotional wellbeing wrap around
Across journey: Accommodation & travel supports
Across journey: Choice and control and consent
Labour & birth: Aboriginal birthing space

Alignment:

- Replanting the Birthing Tree – University of Melbourne.
- The Molly Wardaguga Research Centre -CDU



Priority Area 15: Labour & birth - Aboriginal birthing space

The absence of culturally designated spaces, coupled with challenges like staff turnover and limited birthing options for regional women, often leads to feelings of isolation, judgement and disconnect from the healthcare team. Establishing dedicated Aboriginal birthing spaces and programs can help address these challenges, offering a respectful environment where aboriginal women feel safe and supported, valued and able to access continuity of care that aligns with cultural needs and preferences.

15. Recommendations:

15.1. Establish a statewide Aboriginal birthing program that includes culturally oriented care protocols, such as orientation for midwives, home visits, partnerships with Aboriginal Community Controlled Health Organisations (ACCHOs) and comprehensive cultural care plans to support Aboriginal women throughout the birthing journey.

15.2. Increase recruitment and establish retention strategies of Aboriginal health staff including midwifes and Aboriginal Maternal and Infant Care (AMIC) workers, to ensure culturally continuous care for Aboriginal women in both metropolitan and regional settings.

15.3. Expand dedicated Aboriginal birthing spaces in metropolitan hospitals that prioritise culturally safe practices, offering a welcoming, respectful environment for women who must travel from regional areas to deliver.

15.4. Implement continuity of care models that allow regional women to connect with their metropolitan birthing team before arrival, ensuring familiar and supportive relationships throughout labour, birth and postnatal care.

The issues:

"we don't have a dedicated room for our women"

Experiences & Voices of Aboriginal women

- Racism towards Aboriginal mothers and staff
- Women face judgement before they step through the door
- Lack of continuity: core staffing issues and rotation of midwives
- Limited birthing space/place options for regional women when transferred to metropolitan hospitals
- Women from regional areas who birth in Adelaide don't meet their birthing team
- No post-natal home visits for women from regional areas

The solutions:

Suggested Actions (but not limited to)

An Aboriginal dedicated antenatal and birthing space that is familiar and safe, and includes family clinic, birthing rooms close to the Aboriginal space, and dedicated space for Aboriginal staff.

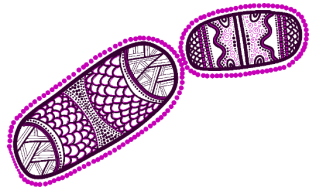
All Aboriginal women to have a birthing plan that is culturally responsive, is developed in partnership across all levels, and considers:

- removal and use of human tissue
- Information and choice about what happens to the placenta
- Is incorporated into the orange book
- Sand from Country
- Someone that can be an advocate to stand up to clinicians – someone can come in and tell staff member to leave if needed

A workforce that:

- Has Aboriginal Maternal and Infant Care (AMIC) Workers available in every hospital/service and available to all women, who have a voice and able to advocate, throughout the pregnancy
- Is practicing culturally safe practices, including understanding the role of the AMIC worker, culturally informed practices, birthing space

A dedicated birthing space for women who are pregnant and incarcerated, to feel safe



System enablers

The below suggested System Enablers help to action the recommendations for Priority 15. Also refer to System Enablers section for more information.

ENABLER 1: Governance: Aboriginal Leadership and Partnerships
ENABLER 2: Sustainable Funding
ENABLER 3: A Strong Cardiometabolic and Maternal Workforce
ENABLER 6: Community Engagement
ENABLER 7: Integrated and Coordinated Services
ENABLER 8: Monitoring and Evaluation

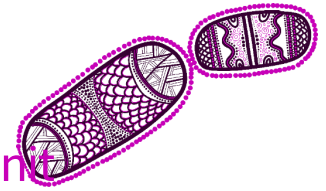
Alignment:

- Continuity of care implementation and recommendations
- Birthing on Country

Replanting the Birthing Tree

This priority is linked to:

Systems: Cultural safe systems & workforce
Systems: Aboriginal workforce & system capacity
Across journey: Social & emotional wellbeing wrap around
Across journey: Accommodation & travel supports
Across journey: choice and control and consent
Labour & birth: Birthing close to home



Priority Area 16: Post birth - What should happen in neonatal intensive care unit (NICU)

The experience in the Neonatal Intensive Care Unit (NICU) is a critical time for both newborns and their families, especially for Aboriginal mothers who may already face unique challenges, stresses and cardiometabolic conditions. When Aboriginal mothers are kept informed, empowered in decision-making and supported in staying close to their newborns, the NICU can be more manageable and less isolating. Addressing these needs fosters trust, strengthens family bonds and supports the wellbeing of both mother and baby in a respectful, culturally aligned environment.

16. Recommendations:

16.1. Provide targeted training for NICU staff on culturally safe practices, informed consent and effective communication with Aboriginal mothers and families to ensure respectful, transparent care.

16.2. Enhance accommodation and transport support for families with babies in the NICU, especially for those who have had a recent C-section and/or who face travel challenges, enabling mothers to stay close to their newborns without financial burden.

16.3. Ensure Aboriginal families are consistently informed and consulted about their baby's care and any medical procedures, establishing a clear and respectful consent process.

16.4. Implement NICU policies and protocols that recognise the emotional and cultural significance of the newborn-mother connectedness, providing supportive services such as Aboriginal liaison officers and peer support, prioritise family presence and bonding, allowing mothers and families to stay as close to their babies as possible and reducing the sense of isolation often experienced in these settings.

The issues:

Experiences & Voices of Aboriginal women

Consent and information

- Babies were often taken away from mother and family without explanation
- Not telling parents what is going on
- No notification of procedures, lack of consent process
- Example of major incident – concerns raised with Nurses, then Drs with inadequate response regarding invasive procedures and mother not being consulted. Mother deemed aggressive and police called (baby in NICU for over a month and walked away to go to bathroom)

Staying with baby

- Mother and family unable to stay at the hospital, accommodation at distance
- Post C-section discharged unable to drive, paying for parking and travelling each day when baby in the NICU
- Challenges in accommodation and transport

COVID

- Isolation and emergency scenario with C-section, neonatal resuscitation and ongoing care for the baby in the NICU can contribute to stress, worry, anxiety and issues bonding with baby
- Challenges in order to board at hospital, not routine

Babies are often removed by DCP in the NICU so for Aboriginal people this is not a 'safe space'.

Culturally safe supports

- Some regional mothers had limited or no support from Aboriginal Family Birthing Program

The solutions:

Suggested Actions (but not limited to)

An approach that supports mothers and family be close to baby and have informed choice over baby's care, that includes:

- Providing mothers with the option to stay at the hospital
- Improved processes and training for NICU health practitioners that involve:
    - Providing information on procedures for family to provide informed consent
    - Does not remove Aboriginal babies from parents' presence for care without consent, unless required for infant's immediate safety as determined by DCP
    - Improved communication with family
- Mother's consent before any procedure are undertaken and baby taken away from mother

Enhanced capacity for cultural, social and emotional support for families, with a strong, culturally safe workforce

- Connection to social and cultural supports for the families of all Aboriginal babies, including social supports and Aboriginal Liaison Unit
- Each baby with an Aboriginal staff member to advocate
- Process in which to escalate major concerns with Aboriginal people in a culturally safe way
- AMIC model incorporates into supporting these babies and Mums, irrespective of their location or in the program

System enablers

The below suggested System Enablers help to action the recommendations for Priority 16. Also refer to System Enablers section for more information.

ENABLER 1: Governance: Aboriginal Leadership and Partnerships
ENABLER 2: Sustainable Funding
ENABLER 3: A Strong Cardiometabolic and Maternal Workforce
ENABLER 4: Transport and Accommodation Support
ENABLER 5: Information and Communications Technology Solutions
ENABLER 6: Community Engagement
ENABLER 7: Integrated and Coordinated Services
ENABLER 8: Monitoring and Evaluation

Alignment:

- Continuity of care implementation and recommendations
- Birthing on Country
- Replanting the Birthing Tree

This priority is linked to:

Systems: Cultural safe systems & workforce
Systems: Aboriginal workforce & system capacity
Across journey: Social & emotional wellbeing wrap around
Across journey: Accommodation & travel supports
Across journey: Choice and control and consent

“no one had an answer (about procedure done with baby) and I said well I’m not talking to you, I want someone above you then, and every time, I want someone above you, I want someone above you then, if you can’t bloody tell me why this happened and I wasn’t involved in it, and because I kept going from one person to another to another (they called security and said) I was aggressive”

Rebecca is a 31-year-old Aboriginal woman living in Port Adelaide. Rebecca had diabetes and pre-eclampsia in a previous pregnancy so when she found out she was pregnant again, she was vigilant with monitoring her symptoms and advocating for her needs. Rebecca attended her first antenatal appointment at 12 weeks and started in the Aboriginal Birthing Program at the hospital. There were limited staff available to support her so she transferred across to mainstream service. Rebecca found it frustrating that she had different staff at every visit in the family clinic and had to repeatedly remind staff to monitor her symptoms. Rebecca often felt overwhelmed by the clinical jargon staff used and upset when staff spoke to each other instead of to her. Rebecca often had to google information after her appointments to make sense of her condition and to find out more details. Rebecca was particularly concerned about her pre-eclampsia and had to repeatedly ask staff for this to be monitored.

Rebecca was told to go into hospital a month before her due date because she was high risk. While in hospital staff made complaints about her partner visiting and disrupting their ability to do observations. Rebecca felt upset by the lack of communication from staff. Her partner would have been happy to step away if staff had asked him. Rebecca had a caesarean at 35 weeks. Rebecca's baby had low insulin levels and was transferred between SCBU and NICU for the next two months. There was no accommodation available at the hospital so Rebecca had to travel to the hospital every day. This experience was painful and exhausting after having a caesarean. Due to the long days travelling Rebecca's stiches began bleeding and ripped open which required medical attention. Rebecca had no support from Aboriginal birthing program during this time and didn't see any staff.

"..the doctors wouldn't talk to ya.. they're just talking to each other about my son they weren't telling me what's happening with him."

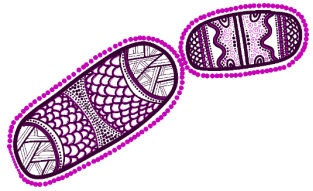
Rebecca sat in the SCBU with her baby every day from 9am until 5pm. She only left her baby to go to the toilet and eat meals. Rebecca also gave her phone number to four different nurses in the SCBU so that they could contact her. Staff repeatedly failed to communicate information with her and made changes in their treatment without informing Rebecca of the details.

"so they would only call if it was really, really bad. Other than that, they're not calling when they're changing his milk formula, or they're changing his - I want to be acknowledged every time you touch my son."

Rebecca was distraught after returning from a toilet break one day to hear her baby crying but not being able to see him. After repeatedly asking she was told that the doctor had done a (non-urgent) surgical procedure on her baby without her consent or knowledge.

"(staff said) ..it just needed to be done. I said no. I said, you've got my phone number. I was up here two minutes ago. There is no reason why you did that operation without my knowledge... I was arguing with the nurses and then they got the doctor and then they got another doctor and then I was arguing with them and then they called security up.. and they were holding my kid, they weren't letting me get to my kid while my kid was hysterically .., they weren't even calming him down or nothing and he was hysterically crying.. if they called me and said we're doing this operation I would have come back up and stood there."

Rebecca continued to experience ongoing issues with the lack of communication from staff. After two months Rebecca's baby was discharged from hospital. Rebecca was upset to receive a call one week later from the hospital saying that a bed had finally become available for her.



Priority Area 17: Post Birth – Knowledge on What Comes Next

Many Aboriginal mothers with cardiometabolic conditions do not have information and knowledge about managing their own health needs in relation to their cardiometabolic complication experienced. Providing clear, culturally relevant information on next steps and available supports can empower women to navigate the journey of secondary prevention. A holistic approach that priorities ongoing health education and follow up support will ensure that Aboriginal mothers feel informed, valued and equipped to maintain their health after birth.

17. Recommendations:

17.1. Develop a digital toolkit with accessible, culturally relevant resources detailing post-birth care, support options and health management for Aboriginal women and their healthcare providers.

The issues:

"the education is not good enough, and then they tell us as a diagnosis when they didn't help us along the way"

Experiences & Voices of Aboriginal women

- Women go home with little knowledge of what is next in terms of their diabetes / heart complication.
- Women want information on what it means long-term for their health.
- There is not any discussion happening with GPs
- More on mum Post birth (not only child)
- Limited follow up by health staff on key health concerns Infection management
- Minimal interactions not always the right support
- Wellbeing across journey – really need after baby is born – AMIC 4-6 weeks after then little staff supporting women
- There is limited coordination of communication, particularly when changing hospitals or birthing away from home.

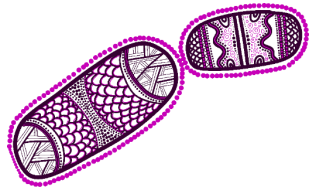
The solutions:

"If there's anything, when you leave the hospital, our mums need to be prepared with the information on how well to look after you and baby and what's expected"

Suggested Actions (but not limited to)

A digital toolkit that includes:

- Information that starts during pregnancy, preparing women for after baby is born.
- Support and information when you leave hospital
- A plan for when health checks should be when provided by a navigator
- Information on follow-ups, checks should you expect, knowing what to expect when you leave hospital
- Information on the risk of diabetes / heart disease in 5 and 10 years
- What additional supports/ services are available
- Healthy living messaging
- Information for GPs to support mums
- Online accessible South Australian specific on-line Toolkit covering key topics relevant to pregnancy, conditions, services and support for mothers, families and practitioners



System enablers

The below suggested System Enablers help to action the recommendations for Priority 17. Also refer to System Enablers section for more information.

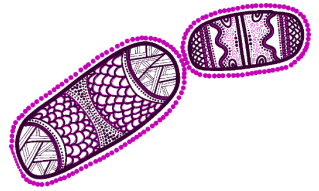
ENABLER 1: Governance: Aboriginal Leadership and Partnerships
ENABLER 2: Sustainable Funding
ENABLER 3: A Strong Cardiometabolic and Maternal Workforce
ENABLER 4: Transport and Accommodation Support
ENABLER 5: Information and Communications Technology Solutions
ENABLER 6: Community Engagement
ENABLER 7: Integrated and Coordinated Services
ENABLER 8: Monitoring and Evaluation

This priority is linked to:

Systems: Cultural safe systems & workforce
Systems: Aboriginal workforce & system capacity
Across journey: Healthy food
Across journey: Information, resources & education
Across journey: Peer supports & support people
Pre-pregnancy: Care, management & support
Post-birth: Support, care and management after baby born

Alignment:

Continuity of care implementation and recommendations



Priority Area 18: Post birth - Support, care and management after baby born

The postnatal period is a critical time when mothers require ongoing care, education, and access to resources from breastfeeding support to managing their own long-term health needs. Aboriginal mothers require access to coordinated, continuous care after birth to support the transition into parenthood and to prevent or delay future onset of cardiometabolic conditions. Culturally aligned, sustained support within the healthcare system can help address the unique challenges Aboriginal mothers face, fostering improved health for mothers and babies.

18. Recommendations:

18.1. Establish sustainable funding models to support a culturally safe, wrap-around workforce that provides continuous postnatal care for Aboriginal mothers with cardiometabolic conditions extending support up to two years postpartum.

18.2. Develop and expand accessible breastfeeding support programs for Aboriginal mothers including access to lactation consultants, equipment and culturally relevant guidance to address unique challenges related to cardiometabolic complications.

18.3. Introduce clear pathways to postnatal care services before and after discharge and extending into secondary prevention in primary health care, ensuring Aboriginal mothers are connected with ongoing support networks and informed of any potential out-of-pocket costs for necessary postpartum tests and scans.

18.4. Implement a coordinated follow-up care plan that prioritises regular check-ups, ongoing health education and accessible referrals to specialists, providing Aboriginal women with continued support in managing postpartum and long-term health concerns.

18.5. Expand postnatal care options for regional mothers, including home visit programs and culturally aligned support, to promote ongoing wellbeing and continuity of post birth.

The issues:

Experiences & Voices of Aboriginal women

Breastfeeding

- Women seek additional breastfeeding supports, including equipment, advice and support at Torres House
- Difficult to access to a Lactation Consultant and equipment due to cost, availability and accessibility

Post-natal support

- Unknown out of pocket costs for scans and tests post-partum
- Women would like to be engaged in postnatal support services before discharge
- Lack of support for mothers with complications if re-admitted

Ongoing maternal health care

- Women seek ongoing care on condition, support and education: when to get tested for what
- Often, support is stopped after 8 weeks
- Little or no follow up on complications ongoing and for future pregnancies
- Difficult to access specialists for complication
- Women want to know of services, and these should be streamlined and communicate with one another
- MBS 715 health check– pregnancy complications with referrals to allied health, women eligible to additional services

The solutions:

Suggested Actions (but not limited to)

Provide information, support and resources to support breastfeeding, which can be difficult after a cardiometabolic complication. This can include:

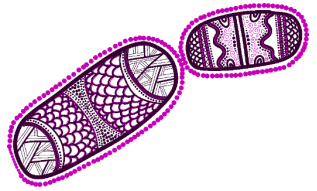
- Expressing kits at 36/37 weeks, prior to birth in preparation
- Information and discussions about breastfeeding across pregnancy
- Additional access to breastfeeding supports for women who experienced major clinical intervention in labour.

Additional, extended short to medium-term support for mother and family following the birth to support post-birth journey, including

- Information and resources for partner and family
- Care beyond 6-8 weeks
- Culturally safe care in-home.

Ongoing maternal health care that supports health and wellbeing beyond pregnancy and has focus on long-term cardiometabolic wellbeing, incorporating:

- Mums' health checks aligned with baby immunisations
- A chronic conditions care plan that is delivered in primary care and extends beyond 2 years from pregnancy, with wrap around support, nutrition advice, food being delivered, support with navigator, social and emotional wellbeing support
- Advice and counselling on future pregnancies.



System enablers:

The below suggested System Enablers help to action the recommendations for Priority 18. Also refer to System Enablers section for more information.

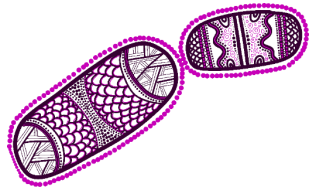
ENABLER 1: Governance: Aboriginal Leadership and Partnerships
ENABLER 2: Sustainable Funding
ENABLER 3: A Strong Cardiometabolic and Maternal Workforce
ENABLER 4: Transport and Accommodation Support
ENABLER 5: Information and Communications Technology Solutions
ENABLER 6: Community Engagement
ENABLER 7: Integrated and Coordinated Services
ENABLER 8: Monitoring and Evaluation

This priority is linked to:

Systems: Cultural safe systems & workforce
Systems: Aboriginal workforce & system capacity
Across journey: Social & emotional wellbeing wrap around
Across journey: Healthy food
Across journey: Information, resources & education
Across journey: Peer supports and support people
Post birth: Knowledge on ‘what’s next’

Alignment:

- Continuity of care implementation and recommendations
- Diabetes Across the Lifecourse



Discussion

This model of care highlights the urgent need for a healthcare model that not only meets the immediate needs of Aboriginal women who experience cardiometabolic conditions during pregnancy, but also fosters a foundation for intergenerational health and wellbeing.

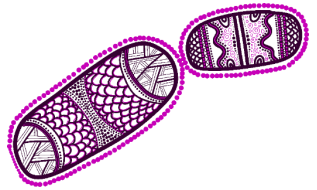
Throughout each priority area, the experiences and voices of Aboriginal women have guided the development of culturally safe and holistic care approaches, emphasising the importance of Aboriginal ways of knowing, being and doing within the healthcare system. By blending culturally aligned care with the medical paradigm, this model seeks to create a healthcare environment where Aboriginal women can experience optimal health, empowerment and respect of cultural identity.

Investing in this model of care will gain significant long-term benefits, for both Aboriginal communities and the broader healthcare system. By addressing issues such as travel and accommodation barriers, system capacity, workforce empowerment, and culturally responsive care, the Priority Areas not only support the health of Aboriginal mothers and babies, but also reduce preventable health complications, foster trust and decrease the overall burden on the healthcare system. Through targeted, sustainable funding, this investment and commitment can ensure that Aboriginal women receive the continuity of care, support and resources needed for healthy pregnancies and births, ultimately contributing to stronger, healthier families and communities.

Such investment is an opportunity to reframe the narrative, stimulating a new generation of strong, confident Aboriginal mothers, babies and families who are well-supported to thrive within broader society. This not only a matter of equitable healthcare access but a commitment to fostering intergenerational strength, resilience, and fully realised potential within Aboriginal communities.

This model calls for respectful collaboration, shared decision-making and ongoing partnerships with Aboriginal communities to uphold and strengthen a healthcare system that genuinely respects and supports Aboriginal mothers and their families across South Australia.

While the co-design process did not address the grief and pain when a child is lost during pregnancy, we recognise it is an important issue. Future work should explore the priorities in this space.



Method

This project received MRFF funding from the Australian Government's Targeted Translation Research Accelerator program, delivered by MTPConnect ($998,685). The funding is for 2 years and funds development and initiating implementation of the model of care.

Project partners include The Kids Research Institute Australia, Australian National University, South Australian Health and Medical Research Institute (SAHMRI), Aboriginal Communities and Families Health Research Alliance (ACRA), Lowitja Institute and the Australian Centre for Health Services Innovation (AusHSI).

Governance

Three governance and implementation structures oversee this project:

An **Aboriginal Women's Governance Group** includes women with personal and/or professional experience of cardiometabolic complications of pregnancy and/or health system leaders. This group has cultural governance of the project and is holding the project to account on behalf of the broader community and ensure appropriate knowledge exchange between Aboriginal communities, stakeholders and the project team. The group provides high-level oversight of the process through regular reporting and ensures accountability to the broader community.

An **SA Action Group** has members with health services and systems experience of provision of Aboriginal primary health, maternal and cardiometabolic health care. The group advises on the method and processes of model development, component evaluation and implementation strategy and provide guidance on stakeholder engagement and current policy and service design and availability.

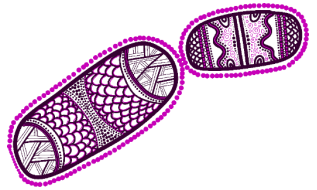
An **(inter)National Advisory Group** brings together national health services, systems and research leaders in cardiometabolic complications of pregnancy to provide research, clinical experience and consumer preference evidence and guidance on creating a supporting environment and facilitation techniques and processes.

Ethics and governance approvals

Ethics approval to conduct this project has been received from:

- Aboriginal Health Research Ethics Committee (AHREC) (04-23-1105)
- SA Department for Health and Wellbeing HREC (2023/HRE00256)
- The Australian National University HREC (H/2024/0503).

Site specific assessments to undertake the project were approved at the following SA Health sites:



- Women's and Children's Hospital, Women's and Children's Health Network
- Lyell McEwin Hospital, Northern Adelaide Local Health Network
- Watto Purrunna Aboriginal Primary Health Care Service, Northern Adelaide Local Health Network
- Eyre and Far North Local Health Network
- Barossa Hills Fleurieu Local Health Network
- Southern Adelaide Local Health Network

Environmental Scan

An environmental scan was undertaken to provide an understanding of service provision and system design to inform the co-design process and ensure that the next stages did not occur in a vacuum of evidence. The environmental scan details the evidence collated on:

- Current guidelines for cardiometabolic complications in pregnancy applicable in SA
- Current service provision and system design for Aboriginal women in SA
- Programs, services and systems that are supporting Aboriginal and Torres Strait Islander women with cardiometabolic complications in other Australian jurisdictions
- Evidence of availability and evaluation of programs, services and systems supporting First Nations women with cardiometabolic complications in Aotearoa New Zealand, Canada and USA.

Co-design Workshops

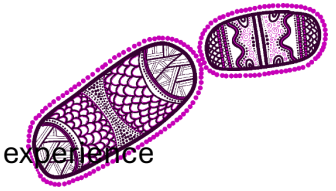
Two co-design workshops were held totalling 5 days. Aboriginal women living in South Australia who had:

i) personal experience of having a cardiometabolic complication in the last 5 years and; and/or
ii) professional experience in maternal and/or cardiometabolic health in the last 12 months

were invited to register their interest. Recruitment occurred through dissemination of flyers through community events and health services, and social media. Women consented to participate in co-design after considering the information sheet and consent form, and discussing the project with the team.

Workshops were facilitated by an Aboriginal women experienced in facilitating workshops and co-design of social and health services programs. The first workshop brought women together for 3 days in June 2024. The first workshop involved:

- getting to know each other and developing group norms
- an introduction to the project and the process of co-design



- sharing and mapping their health journey with a small group of women with the same (personal vs professional) experience
- reviewing the evidence from the environmental scan
- reflecting on women's stories and identifying gaps in women's journey and provision of care
- recognising opportunities for improved care, coordination, support and knowledge
- prioritising opportunities and starting to develop these us as components of the model
- developing a vision and principles for the model
- reflecting on the time together and smoking ceremony

The second workshop brought women together for 2 days in July 2024. The second workshop involved:

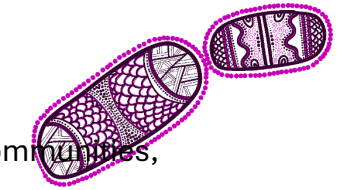
- revisiting group norms and coming together
- providing an update on the work that was undertaken after the first workshop
- reflecting on the vision and priorities
- validating the components
- considering what cultural safety means
- recognising the big issues that impact women's pregnancy journeys
- designing the model of care
- agreeing on a way to recognise women's contribution.

All women's transport and accommodation were organised through the study, including support for children and a carer to travel. Women who were attending in their own time received an honorarium for their participation. If women were attending as part of their work commitments, the organisation received payment to enable covering that woman's absence. Women were welcome to bring small children to the workshop.

Co-design participants

There were 19 participants in the co-design workshops.

The majority (n=15) of the participants had personal experience of cardiometabolic complications in pregnancy, four of these also had professional experience working in maternal and/or cardiometabolic health care. Ten of the women with personal experience had experienced either gestational or type 2 diabetes. Seven of the women with personal experience had experienced heart complications, including gestational or pre-existing hypertension and/or pre eclampsia, and existing cardiac complications. Four women had professional experience alone.



Across remoteness areas, 10 were from Adelaide and surrounds (Major Cities), 3 were from inner and outer regional communities, and 6 were from remote and very remote communities.

Analysis

At the end of each workshop, the project team synthesized the discussions to progress the model. A draft model was taken to the second workshop. Following the second workshop, participants were asked to review the draft model for input. Based on the discussions during workshop two, women were invited to nominate to be named in the document within the acknowledgements.

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Appendix A: Contributors

We would like to thank the following groups and organisations for their contribution to the Powerful Nunga mums, strong healthy Bibi and families: Improving care, support and knowledge of women who experience cardiometabolic complications in pregnancy. We thank you all for taking the time to share your insights.

Project Team

- Dr Katharine Brown
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- Associate Professor Kim Morey
- Cathy Leane
- Karen Glover
- Associate Professor Odette Pearson
- Associate Professor Natasha Howard
- Renae Walker
- Professor Louise Maple-Brown
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- Dr Diana McKay
- Associate Professor Dominica Zentner

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- Cathy Leane
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National Advisory Group

- Professor Louise Maple-Brown
- Dr Elizabeth Barr
- Dr Diana MacKay
- Associate Professor Dominica Zentner
- Dr Jessica O'Brien
- Professor Jane Hirst

SA Action Group

- Associate Professor Odette Pearson
- Associate Professor Natasha Howard
- Renae Walker
- Wendy Keech

Project Partners

- The Kids Research Institute Australia
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- South Australian Health and Medical Research Institute (SAHMRI)
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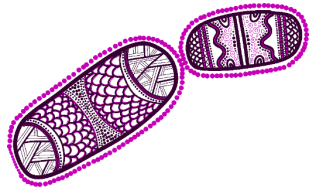
- Lowitja Institute
- Australian Centre for Health Services Innovation (AusHSI)
- Aboriginal Health Council of South Australia (AHCSA)



Groups and Organisations

- Aboriginal Executive Directors, SA Health
- Aboriginal Health Council of South Australia
- Barossa Hills Fleurieu Local Health Network (BHFLHN)
- Central Adelaide Local Health Network (CALHN)
- Diabetes Across the Lifecourse
- Eyre & Far North Local Health Network (EFNLHN)
- Flinders Medical Centre
- Lyell McEwin Hospital
- Menzies School of Health,
- Northern Adelaide Local Health Network (NALHN)
- Pika Wiya Health Service Aboriginal Corporation
- Port Lincoln Aboriginal Health Service
- SA Health
- SAWCAN
- Southern Adelaide Local Health Network (SALHN)
- Wardliparingga Aboriginal Health Equity Theme, SAHMRI
- Watto Purrunna Aboriginal Primary Health Care Service
- Women's & Children's Hospital
- Women's and Children's Health Network (WCHN)