


ABORIGINAL CULTURAL INCLUSION CHECKLIST FOR MATERNITY SERVICES



Health



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This checklist is designed to improve the inclusiveness of Maternity Services. It also aims to increase awareness of Maternity staff to the importance of cultural diversity in service provision.

Cultural Inclusiveness in Maternity

Rationale

Aboriginal Peoples are recognised and respected as the traditional custodians of Australia and as such, like other Indigenous Peoples, have a strong connection and identity with the land and all that live on it. Aboriginal Peoples had a strong, sustainable and healthy livelihood and this can in part be attributed to their traditional view of health. The nationally recognised definition of Aboriginal Health refers to health as:

'...not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their communities. It is a whole of life view and includes the cyclical concept of life-death-life' ⁱ

It is widely accepted that historical issues have had, and continue to have, a negative impact on the health, development and wellbeing of Aboriginal Australiansⁱⁱ. In an attempt to address the burden of disease that exists for Aboriginal Peoples various interventions and strategies have been introduced with varying rates of success. Despite efforts to 'close the gap' disparity remains between Aboriginal and non-Aboriginal Australians in terms of Aboriginal disease burden and common health indicators and measuresⁱⁱⁱ.

The health disparities relevant to Maternity Services include:^{iv}

- A higher proportion of young, Aboriginal adolescents 12 -16 years and 17-19 years who become pregnant
- A higher incidence of low birth weight Aboriginal infants
- A higher incidence of Aboriginal babies born prematurely
- A higher incidence of Aboriginal perinatal deaths
- Proportionately higher numbers of women smoking during pregnancy
- Proportionately lower numbers of women breast feeding.

In 2009, the Australian Government officially endorsed the United Nations (UN) Declaration on the Rights of Indigenous Peoples (see <http://www.amnesty.org.au/indigenous-rights/comments/20815/>.) This recognition commits governments to work within a framework that fully respects the rights of Aboriginal and Torres Strait Islander peoples^{vi}.

Demonstrating Cultural Respect and Cultural Responsiveness in Maternity Services

A literature review of birthing on country maternity service models, undertaken as a key deliverable of the National Maternity Services Plan, notes that many Indigenous women have expressed a strong preference for giving birth in their own community, in consultations undertaken over the last thirty years regarding the cultural responsiveness of birthing services:

Women have identified 'Birthing on Country' as something they believe will improve maternal and perinatal health outcomes. Indigenous women have stated that their relationship to the land is compromised by birthing in hospitals where many also feel culturally unsafe. Women also express a belief that the relationship between the new baby, siblings and father would be better if they were together for the birth.^{vii}

The National Maternity Services Plan 2010 aims to develop and expand culturally competent maternity care for Aboriginal and Torres Strait Islander people, including the development of birthing on country maternity models in the longer term. It notes that:

The cultural competence of hospital services is critical to the willingness of Aboriginal and Torres Strait Islander women to access services, and to ensuring a positive outcome for both mother and baby.^{viii}

The service values of the Aboriginal Maternal Infant Health Services and Building Strong Foundations for Aboriginal children, families and communities early childhood programs are useful in informing efforts to enable mainstream maternity services to increase the cultural safety and responsiveness of their service. These include^{ix}:

- **Cultural Respect** – recognising the unique place that Aboriginal and Torres Strait Islander people have in Australian society.
- **Social Justice** - enabling Aboriginal people to have their physical, social, emotional and spiritual needs met and have greater control over the decision-making processes which affect their lives.
- **Participation** - facilitating involvement by people in the issues which affect their lives based on autonomy, shared power, skills, knowledge and experience.
- **Equality** - challenging the attitudes of individuals, and the practices of institutions and society, which discriminate against and marginalise people.
- **Access** – facilitating access to services by Aboriginal people and working towards ensuring that those services are culturally respectful and appropriate.
- **Learning** - recognising the skills, knowledge and expertise that people contribute and develop by taking action to tackle issues that impact on the wider social determinates of health.
- **Collaboration** - working together to identify and implement action, based on mutual respect of diverse cultures and contributions.

Self-Assessment

Steps to consider in undertaking the self- assessment using this checklist are:

1. Leadership and support – having the commitment of senior midwifery and obstetric staff
2. Ensuring that all key staff who will need to be involved in any subsequent service improvements have been included in the self-assessment team
3. Collaboration with Aboriginal Infant Maternal Health Services and/or Aboriginal Community Controlled Health Services to complete the self-assessment in order to utilise the expertise of Aboriginal health staff and to improve linkages between maternal, infant and child health services for Aboriginal women and children
4. Inviting community members such as Elders, Women’s Groups or Aboriginal workers in the NGO sector, to use their expertise in completing the self-assessment for your maternity service
5. Sustainability strategy – how changes will be incorporated into routine practices
6. Establishing a quality improvement process to support the ongoing review of Maternity Services for Aboriginal women and families.

Instructions: Use a left click of the mouse to tick the yes/no boxes in the form. Type text into the grey fields.

Physical Environment:

Is the Maternity Service a welcoming environment for Aboriginal families?

	Evidence	Yes	No	Comments/ recommendations for improvement
1	The signage to the Maternity Service is clearly visible, easy to understand and welcoming.	<input type="checkbox"/>	<input type="checkbox"/>	
2	Visual representations of local Aboriginal culture such as flags, posters, maps and artwork are observed within the maternity service.	<input type="checkbox"/>	<input type="checkbox"/>	
3	Forms are user-friendly and assistance with completing forms is available.	<input type="checkbox"/>	<input type="checkbox"/>	
4	The physical lay-out acknowledges Aboriginal culture providing easy access to outdoors and outdoor sitting areas.	<input type="checkbox"/>	<input type="checkbox"/>	
5	The waiting areas are suitable for large families and groups.	<input type="checkbox"/>	<input type="checkbox"/>	
6	Health information and education resources are produced in consultation with AMIHS and/or other representatives of local Aboriginal community groups and agencies.	<input type="checkbox"/>	<input type="checkbox"/>	
7	Health information and education resources on display include those designed for Aboriginal women and families.	<input type="checkbox"/>	<input type="checkbox"/>	
8	Toys and other play accessories include some that are representative of local Aboriginal culture e.g. 'people' toys are representative of Aboriginal culture, children's books show Aboriginal cultural backgrounds in typical family situations.	<input type="checkbox"/>	<input type="checkbox"/>	

Antenatal:

How are an Aboriginal woman and her family supported antenatally?

	Evidence	Yes	No	Comments/ recommendations for improvement
1	All women are asked at their booking appointment if they identify themselves, their partner or their baby Aboriginal.	<input type="checkbox"/>	<input type="checkbox"/>	
2	Aboriginal women are asked about their birthing preferences and cultural practices around birthing	<input type="checkbox"/>	<input type="checkbox"/>	
3	Aboriginal women are asked about their choice of support persons for labour and birth, this may include the woman's extended family and children.	<input type="checkbox"/>	<input type="checkbox"/>	
4	Aboriginal women are asked about their preferences for postnatal care and cultural practices around the newborn	<input type="checkbox"/>	<input type="checkbox"/>	
5	All Aboriginal women, and those having an Aboriginal baby, are offered continuity of antenatal and postnatal care at home through the referral of the parents to local AMIHS or local ACCHSs.	<input type="checkbox"/>	<input type="checkbox"/>	
6	All Aboriginal women are provided with a copy of the Aboriginal Pregnancy Diary.	<input type="checkbox"/>	<input type="checkbox"/>	
7	A range of culturally appropriate pregnancy and birth related literature and list of websites and apps are available including information about the maternity service.	<input type="checkbox"/>	<input type="checkbox"/>	
8	For women not in AMIHS services, the antenatal clinic provides outreach services to create better access for Aboriginal women and their families.	<input type="checkbox"/>	<input type="checkbox"/>	

Intrapartum:

How culturally inclusive is the birthing environment?

	Evidence	Yes	No	Comments/ recommendations for improvement
1	Cultural practices around birthing identified during the antenatal period are observed and facilitated, wherever possible e.g. pictures or objects representative of the client's country can be taken into the birth room.	<input type="checkbox"/>	<input type="checkbox"/>	
2	The woman is supported by her choice of support people during labour and birth; this may include the woman's extended family and children.	<input type="checkbox"/>	<input type="checkbox"/>	
3	When requested and possible, preference for a female midwife/obstetrician is accommodated.	<input type="checkbox"/>	<input type="checkbox"/>	
4	Systems and policies are in place to enable a woman to take her placenta home with her, if requested?	<input type="checkbox"/>	<input type="checkbox"/>	

Post Natal:

How culturally inclusive is the maternity ward environment?

	Evidence	Yes	No	Comments/ recommendations for improvement
1	All women are asked at their booking appointment if they identify themselves, their partner or their baby Aboriginal.	<input type="checkbox"/>	<input type="checkbox"/>	
2	Aboriginal women are asked about their birthing preferences and cultural practices around birthing	<input type="checkbox"/>	<input type="checkbox"/>	
3	Aboriginal women are asked about their choice of support persons for labour and birth, this may include the woman's extended family and children.	<input type="checkbox"/>	<input type="checkbox"/>	
4	Aboriginal women are asked about their preferences for postnatal care and cultural practices around the newborn	<input type="checkbox"/>	<input type="checkbox"/>	
5	All Aboriginal women, and those having an Aboriginal baby, are offered continuity of antenatal and postnatal care at home through the referral of the parents to local AMIHS or local ACCHSs.	<input type="checkbox"/>	<input type="checkbox"/>	
6	All Aboriginal women are provided with a copy of the Aboriginal Pregnancy Diary.	<input type="checkbox"/>	<input type="checkbox"/>	

Communication and organisational characteristics:

How does the Maternity Unit support staff to work effectively with Aboriginal families?

	Evidence	Yes	No	Comments/ recommendations for improvement
1	The service has a cultural competence policy that promotes a lack of acceptance of racism and discrimination	<input type="checkbox"/>	<input type="checkbox"/>	
2	Clear communication channels operate between the maternity service and local AMIHS, C&FH and/or BSF service, ACCHSs or other local Aboriginal health service of the mother's choosing	<input type="checkbox"/>	<input type="checkbox"/>	
3	The Maternity Service has a 'working with Aboriginal families' strategy.	<input type="checkbox"/>	<input type="checkbox"/>	
4	The service has specific strategies to ensure that the father/partner and family is/are included in antenatal, birth and postnatal care.	<input type="checkbox"/>	<input type="checkbox"/>	
5	The Maternity Service has an interagency approach to care planning for women with complex needs. The woman and her family are included in planning and decision making.	<input type="checkbox"/>	<input type="checkbox"/>	
6	The role of Aboriginal Health Workers as cultural brokers, and guides for Aboriginal women and families through the health system, is recognised and valued.	<input type="checkbox"/>	<input type="checkbox"/>	
7	Clinical staff have access to an Aboriginal specific service directory to provide appropriate information and choices for referral.	<input type="checkbox"/>	<input type="checkbox"/>	
8	All Maternity staff have completed mandated online and face to face <i>Respecting the Difference</i> Training.	<input type="checkbox"/>	<input type="checkbox"/>	
9	On-going professional development opportunities are available to staff to enable them to respond effectively to the needs of Aboriginal women, partners and families.	<input type="checkbox"/>	<input type="checkbox"/>	
10	All Maternity staff have completed mandated code of conduct and confidentiality training.	<input type="checkbox"/>	<input type="checkbox"/>	
11	There are mechanisms in place to collect feedback from Aboriginal women, partners and families, in a supportive, responsive and transparent way, about their experience of the services provided.	<input type="checkbox"/>	<input type="checkbox"/>	
12	Where feedback is provided, it is used to review service practices.	<input type="checkbox"/>	<input type="checkbox"/>	

Notes

ⁱ National Aboriginal Community Controlled Health Organisation. Definitions: Aboriginal Health 2006 [cited 2014 27 March]. Available from: <http://www.naccho.org.au/aboriginal-health/definitions/>.

ⁱⁱ Sherwood J. Colonisation - It's bad for your health: The context of Aboriginal health. Contemporary Nurse: A Journal for the Australian Nursing Profession. 2013;46(1):28-40.

ⁱⁱⁱ Australian Health Ministers' Advisory Council. Aboriginal and Torres Strait Islander Health Performance Framework 2012 Report. Canberra: Australian Government Department of Health and Aging, 2012.

National Aboriginal Community Controlled Health Organisation. Investing in healthy futures for generational change. National Aboriginal Community Controlled Health Organisation, 2013.

^{iv} NSW Health, AMIHS Service Delivery Model, Aboriginal Maternal Infant Health Service <http://mnclhd.health.nsw.gov.au/wp-content/uploads/page/aboriginal-maternal-infant-health-strategy/Service-Delivery-Model-3-Oct-FINAL-draft-2.pdf>

^v . Australian Human Rights Commission. 2009 Media Release: United we stand – Support for United Nations Indigenous Rights Declaration a watershed moment for Australia Canberra: Australian Human Rights Commission,; 2009 [cited 2014 28 October]

^{vi} United Nations. United Nations Declaration on the Rights of Indigenous Peoples. New York: United Nations, 2008.

^{vii} P 14, Kildea, S and Van Wagner, V, Birthing on Country – Maternity Service Delivery Models, A Review of Literature, 2012, An evidence check rapid review brokered by the Sax Institute (<http://www.saxinstitute.org.au>) on behalf of the Maternity Services Inter-Jurisdictional Committee for the Australian Health Minister's Advisory Council: Sydney

^{viii} Australian Health Ministers' Conference, National Maternity Services Plan, 2010, pg 39

^{ix} Building Strong Foundations for Aboriginal Children, Families and Communities (BSF) Program Service Standards, NSW Health, 2015