

The NSW Aboriginal Perinatal Health Report

NSW Aboriginal Maternal and Infant Health Strategy

The *NSW Aboriginal Perinatal Health Report* was commissioned to identify the risk factors associated with Aboriginal perinatal mortality and provide a strategic framework to improve Aboriginal maternal and infant health in NSW.

Findings of the NSW Aboriginal Perinatal Health Report

The health problem

Perinatal mortality (20 weeks gestation to 28 days after birth) is a key indicator of a population's health status and is affected by the standard of living and the level of health care provided.

In 2000 there were 2,122 births to Aboriginal women in NSW (2.4% of all births) and 38 perinatal deaths, giving an Aboriginal perinatal mortality rate of 17.9 per 1,000. This is almost twice the NSW non-Aboriginal rate of 9.7. In the same year the percentage of low birthweight Aboriginal babies was 11.9%. This was almost twice the non-Aboriginal rate of 6.4%.

Low birthweight (less than 2,500gm) due to preterm birth or intra-uterine growth retardation is a key risk factor for perinatal mortality and morbidity. The risk factors associated with low birthweight are complex and exacerbated by the poor health status of many Aboriginal women.

The *NSW Aboriginal Perinatal Health Report* identified four risk factors associated with poor birthweight:

1. Under-utilisation of antenatal services

Regular antenatal care which begins early in pregnancy is vitally important in monitoring pregnancy. Due to problems with access and cultural appropriateness of many services, in 2000 22.4% of Aboriginal women presented after 20 weeks gestation for their first antenatal visit. This compares with 13% of non-Aboriginal women. Often these women are the most vulnerable and in need, for example, young adolescent mothers, IV drug users and victims of family violence.

2. Young adolescent birth rate

In 2000, 21.8% of Aboriginal births were to a dolescent mothers (12-19 years). This was almost four times the non-Aboriginal rate of 4.5%.

Adolescent mothers have an increased risk of premature births and low birthweight babies and infants who die during the first year of life. Studies indicate that the risks of preterm birth and neonatal mortality are higher among younger adolescents (13-15) than those aged 16-17.





3. Lack of empowerment (lack of control over life events)

Aboriginal people define health as “not just the physical well-being but the social, emotional and cultural well-being of the whole community” (*National Aboriginal Health Strategy*, 1989).

Aboriginal women identify low-self esteem and stress as two issues of most concern.

The disempowerment experienced by many Aboriginal women (and their families) stems from a combination of historical and social factors.

Because of the disharmony evident in many communities, Aboriginal women can be victims of abuse and violence. Low self-esteem is associated with the high rate of Aboriginal young teenage pregnancy and behavioural risk factors, such as smoking and drug and alcohol use during pregnancy.

Smoking is the number one preventable risk factor for low birthweight babies and in 2000, 55.9% of Aboriginal women in NSW smoked during pregnancy. This was over three times the non-Aboriginal rate of 17.4% (NSW Department of Health, 2001).

4. Social, economic and political factors affecting Aboriginal women (and families)

Poverty and low educational levels are the most powerful predictors of poor health status and Aboriginal Australians continue to suffer extreme disadvantage in these areas.

The poor reproductive health of many Aboriginal women and the high number of at-risk pregnancies can be associated with the poverty, alienation and social disruption evident in many Aboriginal communities.

How to improve Aboriginal maternal and infant health

Due to the complex mix of social, behavioural and medical risk factors contributing to perinatal mortality, longterm strategies are needed to improve the delivery of appropriate maternal health services and improve the health and wellbeing of Aboriginal women. What is needed:

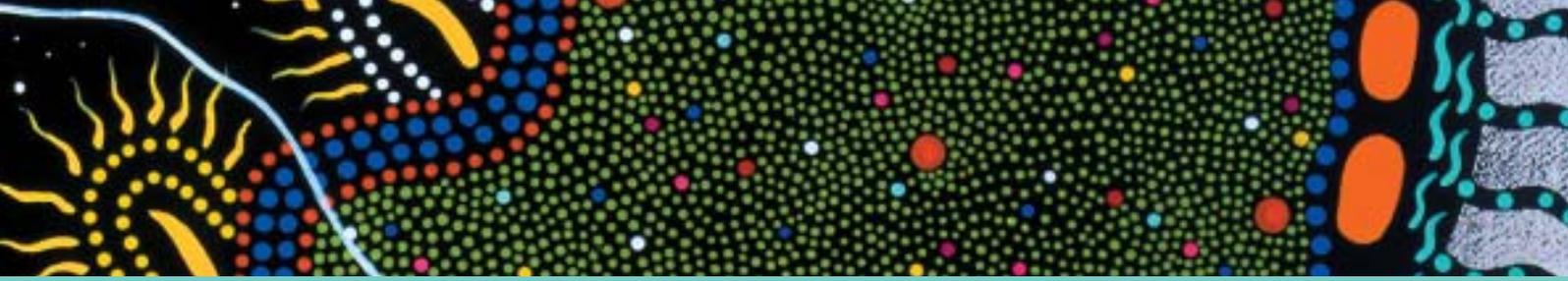
1. A collaborative, multi-faceted approach between NSW Health, Aboriginal Community Controlled Health Services and allied agencies to improve health service delivery.
2. A primary health care approach which provides community based services but importantly, looks beyond the health sector and the medical causes of illness to:
 - improve the educational status of Aboriginal people
 - increase employment levels in Aboriginal communities.

NSW Aboriginal Maternal and Infant Health Strategy

To improve the health of Aboriginal mothers and babies, NSW Health provided recurrent funds of \$1.5 million in December 2000 to implement the *NSW Aboriginal Maternal and Infant Health Strategy*.

The Strategy uses a primary health care approach where Aboriginal women are cared for in community settings by teams of midwives, Aboriginal health workers/health education officers and medical practitioners.

NSW Health also provided funds of \$300,000 in 2002 to four metropolitan Area Health Services for Aboriginal maternal and infant health initiatives.



Policy context

The Aboriginal Maternal and Infant Health Strategy encompasses the:

- *NSW Framework for Maternity Services* (2000)
- *NSW Aboriginal Health Strategic Plan* (1999)
- *Evaluation of the Alternative Birthing Services Program for Aboriginal Women* (1998)

The aims of the Strategy align with the Families First early intervention and prevention strategies which assist families requiring additional support.

The components of the *Aboriginal Maternal and Infant Health Strategy* are threefold:

1. Primary Health Care programs
2. a Training and Support Program
3. an evaluation strategy

1. Primary Health Care (PHC) programs

Six rural and remote Area Health Services receive recurrent funds to provide targeted PHC programs for Aboriginal women and their babies. The programs are located in Moree, Broken Hill, Dubbo, Orange, Taree, Coffs Harbour and Newcastle.

The program components are:

- a midwife
- an Aboriginal maternal and child health worker
- GP services
- a vehicle
- goods and services
- training and support
- community consultation
- peer education.

The Aboriginal health worker provides the critical link to the Aboriginal community.

The PHC programs are specially designed to meet the needs of Aboriginal women during the antenatal and postnatal period.

Teams of midwives and Aboriginal health workers work together with GPs and specialists to provide community based care; antenatal and postnatal education; social and emotional support and referral to community services. The teams also provide outreach and home visiting services and transport.

Several factors are central to the effectiveness of the PHC model:

- partnerships between mainstream health services, Aboriginal Community Controlled Health Services and allied agencies
- infra-structure and organisational support for the midwife/Aboriginal health worker teams from mainstream maternity units and obstetric and medical staff
- the development of trusting relationships between the teams and Aboriginal women and their families
- the participation of Aboriginal women in the implementation and evaluation process.

Community development

To promote community development and increase Aboriginal ownership at a local level, each program has established an Aboriginal Women's Reference Group. These groups steer program development and plan initiatives to improve the health and wellbeing of Aboriginal families.

Aboriginal Women's Reference Groups and Peer Education Programs for Aboriginal women provide the mechanism for Aboriginal women to become empowered by:

- increasing their knowledge on women's health issues
- becoming community educators
- developing preventative health initiatives
- gaining planning and evaluation skills
- establishing community groups.

2. Training and Support program

To improve recruitment and retention, particularly in rural and remote areas, the Strategy funds Northern Sydney Area Health Service to provide a statewide Training and Support Program for midwives and Aboriginal health workers who provide services for Aboriginal mothers and babies.

Two of the key objectives of this program are to provide a professional and peer support network and develop an accredited maternal health training program for Aboriginal health workers, which will articulate to midwifery training.

3. Evaluation Strategy

A three-year evaluation commenced in February 2002 to evaluate the implementation of the Strategy and determine the Strategy's effectiveness in improving health outcomes for Aboriginal mothers and infants.

Aboriginal Maternal and Infant Health Strategy organisational structure

The organisational structure of the Strategy consists of:

- i. Implementation Group – with representatives from NSW Health, the seven AHSs funded by the Strategy and the Aboriginal maternal health programs funded by the Alternative Birthing Services Program.
- ii. Advisory Group – with representatives from NSW Health, Royal Australian and New Zealand College of Obstetricians and Gynaecologists, College of GPs, Families First, Midwives Association, Aboriginal Health and Medical Research Council and the Strategy's Implementation Group.

Goals for the Aboriginal Maternal and Infant Health Strategy

In the short term, the Strategy aims to ensure that all Aboriginal women are provided with comprehensive antenatal and postnatal care. In particular, it aims to ensure that women are seen early in pregnancy and receive regular visits appropriate to the period of gestation and any associated medical condition. This is particularly important for women with high risk pregnancies.

In the long term, the aim of the Strategy is to decrease the number of high risk pregnancies in the Aboriginal community by working in partnership with Area Health Service Health Promotion and Drug and Alcohol Units, Aboriginal Community Controlled Health Services and allied health services to develop innovative preventative health strategies.

Where to from here?

Healthy Aboriginal mothers and babies is a fundamental prerequisite for Aboriginal children gaining a healthy start in life.

By utilising a primary health care approach which simultaneously addresses health service delivery and the broad social factors affecting Aboriginal communities, it is possible to achieve significant longterm improvements in Aboriginal maternal and infant health.

NSW Health, Aboriginal Community Controlled Health Services, the NGO sector and agencies outside health need to work in partnership to improve the social determinants which affect the health and wellbeing of Aboriginal families. For example, as part of the *Aboriginal Maternal and Infant Health Strategy*, NSW Health funded resilience building programs with Aboriginal youth to increase school retention and enable youth to develop the skills and self-confidence necessary to make healthy life choices.

Artwork – Constant Connection by Alison Buchanan

'Keeping in touch with our ancestor spirits is the only way to relax our body and minds. When connected, fresh food should always be in abundance, the fresh food makes us feel fresh and alive. If we stay connected no stress will affect the newborn baby and the baby will develop to its full potential. Constant Connection is full of love for all.'
– Alison Buchanan

The term Aboriginal is used in this report to refer to both Aboriginal and Torres Strait Islander people.

NSW DEPARTMENT OF HEALTH

73 Miller Street
North Sydney NSW 2060
Tel. (02) 9391 9000
Fax. (02) 9391 9101
www.health.nsw.gov.au

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