



Case for Support

for the **Molly Wardaguga**
Research Centre



MOLLY RESEARCH
CENTRE
WARDAGUGA
THE BEST START TO LIFE



**CHARLES
DARWIN
UNIVERSITY**
AUSTRALIA





Charles Darwin University acknowledges and respects the many Australian First Nations traditional custodians of the lands upon which our campuses and centres are located who have a continued cultural connection to traditional lands.

In Memory of Molly

The Molly Wardaguga Research Centre is a strategic investment established by Charles Darwin University in 2019.

Molly Wardaguga was a Burrara Elder, Aboriginal midwife, senior Aboriginal health worker and founding member of the Malabam (now Mala'la) Health Board in Maningrida, Arnhem Land.

She worked extensively to improve health outcomes for her community and was a strong advocate for First Nations community-controlled health services. She fought for birthing and aged care services to be provided close to home for her people.





The problem

First Nations Australian women are almost twice as likely to have a preterm birth and almost four times more likely to die during childbirth than other Australian women.

Preterm birth is one of the largest causes of stillbirth, infant and child mortality, and a significant contributor to lifelong disability and chronic diseases in First Nations Australians.

Preterm birth and maternal death can both be avoided through clinically and culturally safe maternity services.

Our innovative research, education, training and support is making a difference, on the ground, where it counts.

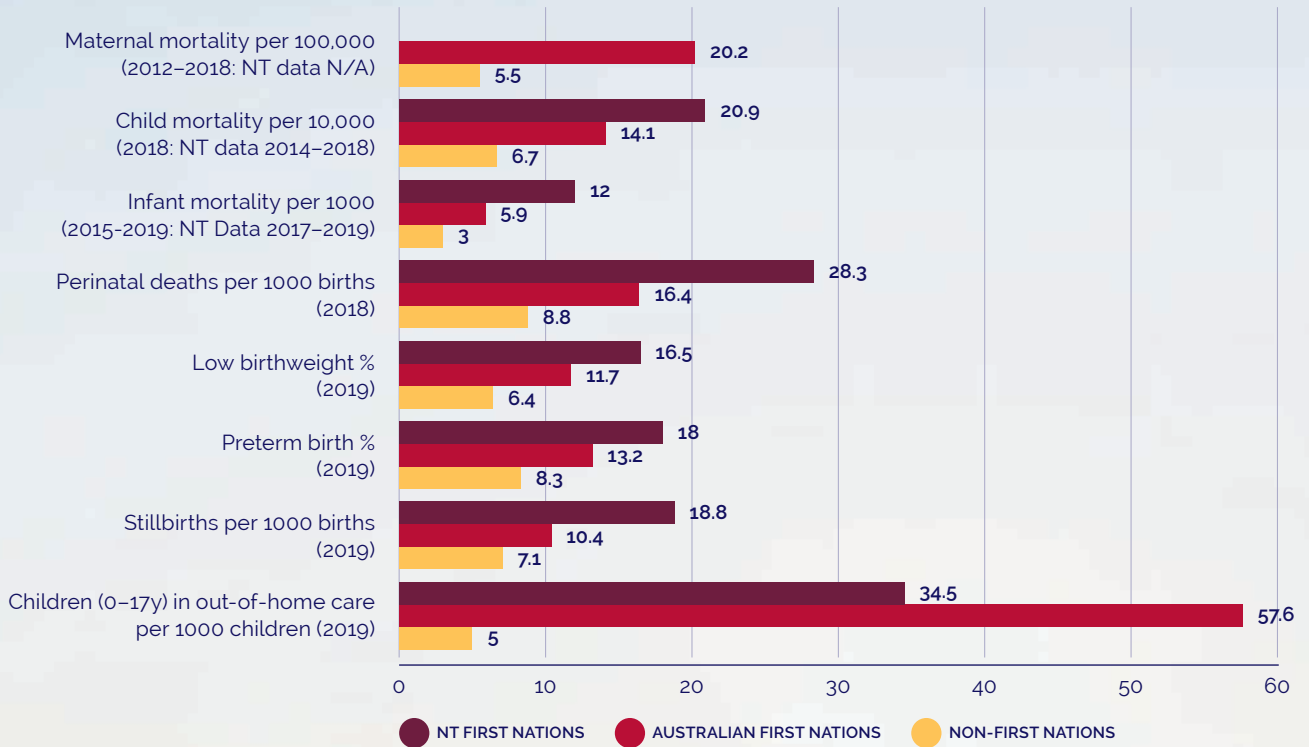
We need better health outcomes

First Nations Australians remain well behind other Australians for key maternal and infant health outcomes.

Better health outcomes for First Nations Australian women benefits all Australians.

Our focus is in communities experiencing vast inequity, particularly in remote Australia.

FIGURE 1. KEY MATERNAL AND INFANT OUTCOMES FOR NORTHERN TERRITORY FIRST NATIONS AUSTRALIANS COMPARED TO OTHER AUSTRALIANS.*



*Molly Wardaguga Research Centre Third Year Report June 2022.



Above: Molly Wardaguga Research Centre Directors Sue Kildea (third from left) and Yvette Roe (fifth from left) with Molly's family members.

Directors' Message

Our vision is to support women's cultural and birthing aspirations, especially in remote locations, for the *best start to life*. Our team, working alongside communities, are leaders in First Nations' maternal, newborn and child health research. We redesign services to dismantle systemic barriers imposed by westernised approaches to birthing and maternal healthcare.

“To me, research is activism. We are changing the narrative by privileging the voices of our grandmothers, mothers, aunties, and women. This approach changes how we do our work, the questions we ask, the approach we take and outcomes for our communities. We want all First Nations mothers and babies to have the best start to life. By providing clinically and culturally safe maternity and birthing services we can change life trajectory for our people.”

Yvette Roe – Professor in Indigenous Health, Co-Director of the Molly Wardaguga Research Centre.

“We work in partnership, using participatory action research, to make things happen – this is transformative research.”

Sue Kildea – Professor of Midwifery, Co-Director of the Molly Wardaguga Research Centre.

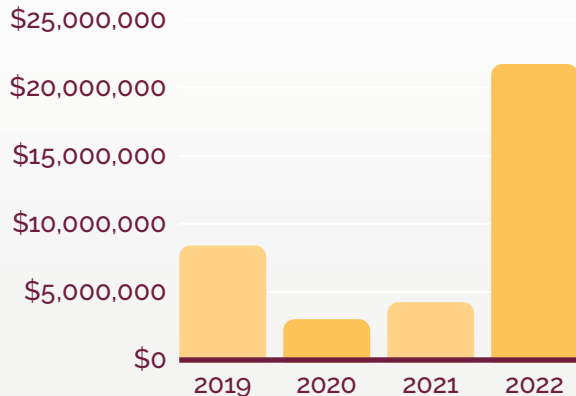
“Birthing on Country recognises that when women give birth in Australia (in hospitals, birth centres, communities or at home) they are doing so on the sovereign lands of the First Peoples of Australia who have never ceded ownership of their land, seas and sky.”

Yvette Roe.

MWRC Snapshot

31 MAR 2019 – 30 JUN 2022

RESEARCH INCOME AWARDED



TOTAL \$37.7M


MWRC STAFF 2022



13
First Nations
staff

21
Non-First
Nations staff

11
Research
staff

 **10** Students Higher Degree by Research (HDR)

 **19** Adjunct & Honorary appointment incl. 5 First Nations

 **36** Partners

RESEARCH OUTPUTS

2019–2022

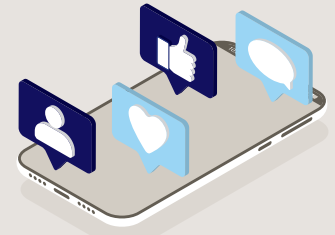


MEDIA MENTIONS

 **Twitter**
213 tweets
8,770 profile visits
200 followers

 **Facebook**
1,327 likes & reactions
925 page views
277 followers
19,304 Facebook reach

2937 social media mentions for top 5 publications
7 online news & blogs mentions



An outstanding record of achievement

Since 2019, Molly Wardaguga Research Centre has been awarded over AUD\$37 million dollars including a prestigious Centre for Research Excellence award from Australia's leading medical research funder the National Health and Medical Research Council (NHMRC). Our legacy of work in First Nations' midwifery, maternal and child health was recognised by the NHMRC as an 'Impact Case Study'.

Our research documentary on the Djäkamirr (a Yolŋu childbirth companion) Support Program also had unprecedented success winning several international film awards. More filming

is planned to document the return of birthing services to remote Australia and embed the Djäkamirr into the health system to provide one-to-one support to childbearing women.

NHMRC 'Impact Case Study': Safer birthing for First Nations families



Origin

Birthing on Country (BOC) traditionally involved First Nations women giving birth on the land of their ancestors supported by First Nations midwives, ensuring a spiritual connection to the land for the newborn. BOC services are those designed to meet the needs of First Nations families and communities. These offer a culturally safe, holistic approach to the design of maternity services for First Nations peoples and a strategy to improve maternity care outcomes. Our RISE SAFELY research translation framework has been developed to progress scale up across the nation.



Grants and Investment

NHMRC has supported the research described in this case study through:

- A Targeted Call for Research, 2007: The 1 + 1 study.
- Three Partnership Projects:
 - Indigenous Birthing in an Urban Setting study (IBUS) 2014;
 - Building On Our Strengths (BOOST), 2017; and
 - To Be Born Upon a Pandanus Mat, 2021.
- A Centre of Research Excellence award, 2020 and multiple project grants.



Left: Best Start to Life Conference October, 2022 Mparntwe Central Australia - Prof Sue Kildea, Prof Yvette Roe, Prof Roianne West, Dr Donna Ah Chee, Commissioner June Oscar AO, Senator the Hon Malarndirri McCarthy, Dr Josie Douglas.



Collaboration/Partnerships

The IBUS study, led by Kildea and Roe, was established to monitor, support and improve the implementation of the Birthing in Our Community (BiOC) service, a partnership between the Institute for Urban Indigenous Health (IUIH), the Aboriginal and Torres Strait Islander Community Health Services (ATSICHS) Brisbane and the Mater Mothers' Hospital.

BOOST is underway with partner organisations in IUIH, Waminda, South Coast Women's Health and Welfare Aboriginal Corporation, ATSICHS, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, Rhodanthe Lipsett Indigenous Midwifery Charitable Fund and the Australian College of Midwives.



Research

Health services research undertaken with NHMRC funding has been used to drive development, implementation and evaluation of best practice through a number of projects including:

- 1 + 1 = A Healthy Start to Life
- The Australian Rural Birthing Index (ARBI)
- The M@NGO Randomised Clinical Trial of Caseload Midwifery
- Evaluating Midwifery Units (EMU)
- IBUS - the Indigenous Birthing in an Urban Setting Study
- BOOST - Building On Our Strengths Study
- To be Born Upon a Pandanus Mat

Redesign health system
 Invest in workforce
 Strengthen families
 Embed community

Ceremony

People

Dreaming

Law/lore

Country



Health Outcomes and Impact

We have achieved incredible health outcomes and impact in all these projects and many more. For example, 1 + 1 = A Healthy Start to Life contributed to changed policies and practice for maternal infant health care, improved models of care and a changed workforce.

NHMRC's Centre for Research Excellence currently supports 13 of our Birthing on Country Projects



PROJECT 1

Estimating the life-long impact of the Birthing in Our Community Service on health-adjusted life expectancy.



PROJECT 2

Building on Our Strengths 2 (BOSt extension) Study, NHMRC 2018–22.



PROJECT 3

Redesigning services and developing the remote exemplar site.



PROJECT 4

Reducing preterm birth First Nations Australians: Commencing scale-up.



PROJECT 5

Developing the Australian Yolngu Doula Support Course.



PROJECT 6

Supporting the retention of First Nations students in midwifery.



PROJECT 7

The RISE Birthing on Country short course and toolkit to support scale-up.



PROJECT 8

Preventing unborn notifications in pregnancy, and child removal at birth.



PROJECT 9

Healing the Past by Nurturing the Future: Implementing trauma-integrated care.



PROJECT 10

Increasing support within the first 1,000 days for vulnerable babies.



PROJECT 11

Father Inclusive Practice for the Birthing in Our Community Service.



PROJECT 12

Community engagement & ownership: Identifying causal pathways for health gains.



PROJECT 13

Best start for Yolngu families.

Our work is impactful and valuable

Research Impact

Reduced the odds of preterm birth by

38%¹

54²

preterm births avoided per 1,000 babies born

Reduced the cost per mother-baby pair by

\$4,810²



Effect of a Birthing on Country redesign on maternal and neonatal health outcomes for First Nations Australians: a prospective, non-randomised, interventional trial.¹



1. Source: Kildea, The Lancet Global Health 2021.

2. Source: Gao, The Lancet Regional Health-Western Pacific 2023.



What we can achieve together...

Molly Wardaguga Research Centre is proposing a number of high-impact innovative projects to further its research and training efforts. Here are some key projects where you can partner with us.



A NATIONAL BIRTHING ON COUNTRY TRANSLATION AND SUPPORT SERVICE

Working across multiple sites to assist implementation and scale-up of midwifery services.

We will provide specific technical expertise on community engagement, co-design of services for mothers, babies and families, building a First Nations Djäkamirr (Doula) workforce and specialised support for First Nations student midwives.

This includes reflective supervision and a 24/7 clinical midwifery support service, an advanced midwifery practice course, curriculum development for the First Nations wrap around service workforce, monitoring and evaluation and, establishment of a National Birthing on Country Think Tank for policy advice.



HOW MUCH DO WE NEED?

\$10 million over 5 years



BUILDING FIRST NATIONS RESEARCH CAPACITY

We need targeted support for First Nations researchers in Australia.

We aim to address this gap in the following ways:

Support a First Nations PhD student over 4 years through the provision of a scholarship.

Support a First Nations early career researcher for 3-5 years.

Support a First Nations Professor for 3 years.

Expand and extend the Birthing on Country Centre of Research Excellence projects.



HOW MUCH DO WE NEED?

\$80,000

\$600,000 to \$1 million

\$1.3 million


\$2.5 million over 5 years



BUILDING A FIRST NATIONS MATERNAL AND CHILD HEALTH WORKFORCE

Training and educating a strong cohort of First Nations maternal and child healthcare workers from certificate level to midwives and child health nurses, is a key aim of our work.

We plan to achieve this by:

	 HOW MUCH DO WE NEED?
Progressing the development of the First Nations Djäkamirr (Doula) course.	\$300,000 over 2 years.
Establishing and testing a national intensive support program for First Nations student midwives.	\$500,000 over 3 years.
Develop a Masters of Midwifery course in rural, remote and humanitarian settings.	\$300,000 over 2 years.
Support one student Djäkamirr to care for one Yolŋu woman through her pregnancy, birth and the postnatal period.	\$3000 over 1 year. + \$3000 travel and accommodation
Support one Djäkamirr to care for one Yolŋu woman through her pregnancy, birth and the postnatal period.	\$3700 over 1 year. + \$3000 travel and accommodation





RESEARCH PROJECTS FOR THE BEST START TO LIFE FOR FIRST NATIONS FAMILIES

Research projects celebrating oral histories and first-person experiences of First Nations people provide platforms for highlighting the needs of these people:



HOW MUCH DO WE NEED?

Recording the oral history of elder First Nations midwives and their experience over decades of Birthing on Country.

\$300,000 over 2 years.

Developing a 2nd Djäkamirr documentary.

\$300,000 over 2 years.

Increasing support for First Nations Dads.

\$500,000 over 3 years.

Increasing the cultural responsiveness in neonatal intensive care for First Nations babies.

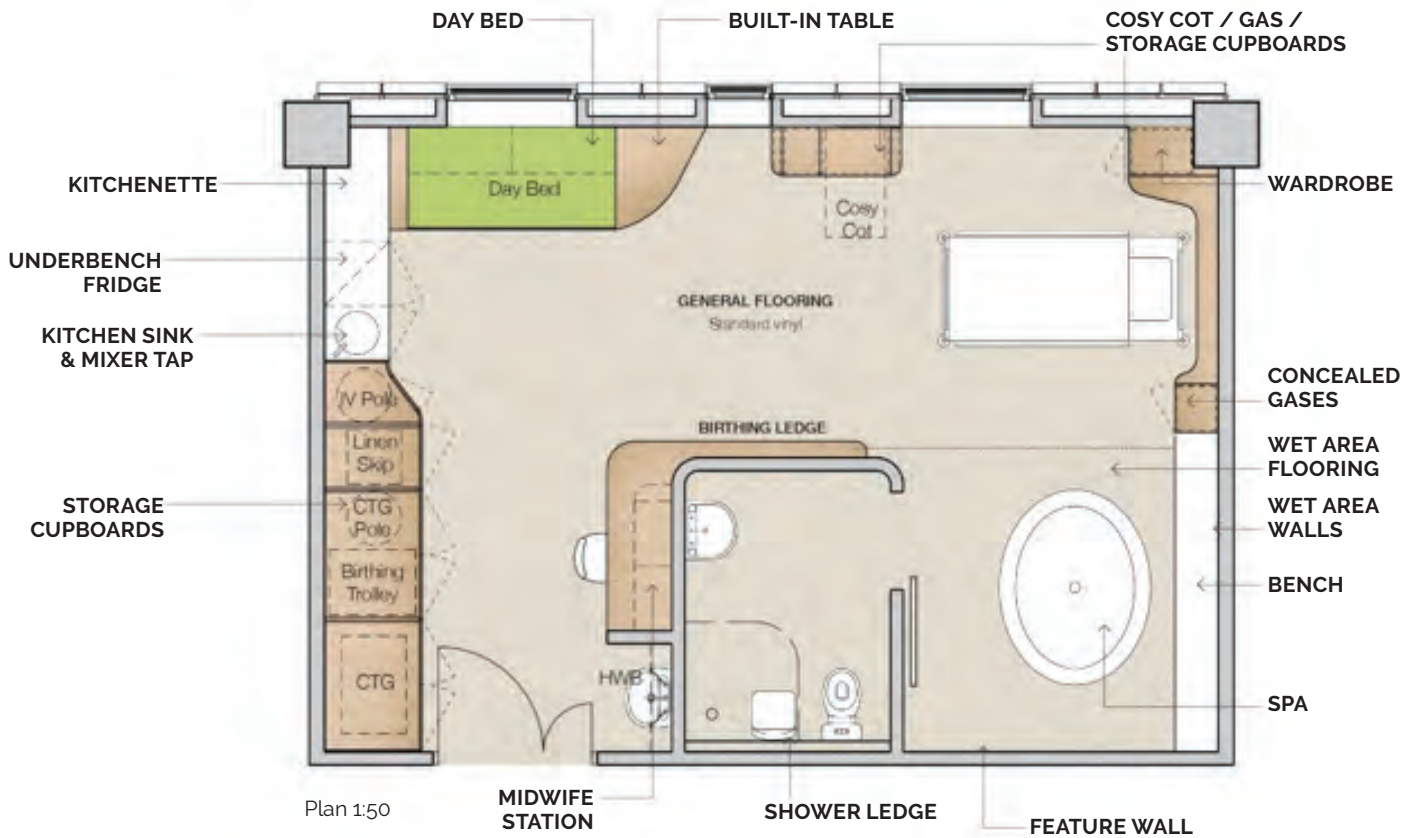
\$900,000 over 3 years.

First Nations Family Preservation (keeping babies with mothers) and Restoration (returning children to mothers) research project to develop best practice guidelines and support.

\$300,000 over 3 years.

Birthing Room LDR

L4 Birthing Unit





BIRTHING ON COUNTRY SERVICES AND FIRST NATIONS BIRTH CENTRE AND TRAINING HUB

This Birth Centre and Community Hub will be a pioneer facility providing 'Birthing on Country' services for First Nations people.

It is an opportunity to create a landmark in cultural recognition with potential to profoundly and positively influence health outcomes of First Nations women and infants.



HOW MUCH DO WE NEED?

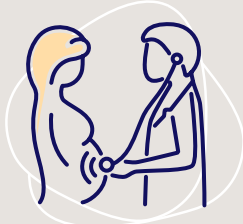
\$10 million for infrastructure to buy and re-purpose a community space and fit out.

\$20 million to build a new facility.

\$1.5 million for service delivery top up per annum for a 5 year start up.



At each site by Year 5 we will see:



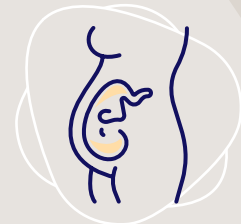
Over 80% of women

receive continuity of midwifery care with a known midwife.



Significant increase

in first trimester antenatal care and at least 5 antenatal visits.



Over 30% reduction

in preterm birth (before 37 weeks of gestation).



Over 40% increase

in breastfeeding at 6 months of age.



Increase in employment

of First Nations women in maternal-child health services.



Over 80% of women supported by a Djäkamirr

(First Nations Doula or Family Support Worker), who speaks her primary language, across the first 1,000 days – particularly women at risk of having babies taken into state care.



BIRTHING ON COUNTRY SERVICE AND COMMUNITY TRAINING HUB

We will establish a Birthing on Country Service and Community Training Hub.



HOW MUCH DO WE NEED?

Infrastructure start-up for example to buy and re-purpose a community space and fit out.

\$2 million

Service delivery top up per annum for a 5-year start up.

\$1.5 million

Our Team

Our team is based at CDU campuses on Larrakia Country in Darwin (Garrimilla), Central Arrernte country in Alice Springs (Mparntwe), Turrbal and Jagera Country in Brisbane (Meeanjin) and the Gadigal Country of the Eora Nation, Sydney (Warrane) and, we support services working in other national locations.





DARWIN

Katherine

Cairns

Kimberley

NORTHERN
TERRITORY

QUEENSLAND

Pilbara

WESTERN
AUSTRALIA

ALICE SPRINGS

SOUTH
AUSTRALIA

BRISBANE

PERTH

NSW

SYDNEY

ADELAIDE

Shepparton

CANBERRA

MELBOURNE

VIC

TAS

Our Team in Action







An award winning research narrative through film

WHEN THE ANCESTRAL SISTERS WALKED THE EARTH
YOLŪ TIME
BEGAN...

DIRECTED BY LĀWURRPA MAYPILAMA & PAT JOSSE
WRITTEN BY SARAH IRELAND & LĀWURRPA MAYPILAMA
FILMED & EDITED BY PAT JOSSE NARRATED BY SHELLIE MORRIS

DJĀKAMIRR

CARETAKER OF PREGNANCY AND BIRTH

Our multiple award-winning research documentary Djākamirr
can be viewed as a trailer on YouTube* and Vimeo.



*https://www.youtube.com/watch?v=vQLFtzjl_RQ



Join us

With your help we can reach new heights of excellence in research, education, training, and support. We will **change life trajectories for First Nations peoples** beginning with the best start in life for mothers, babies and families.

Together with our philanthropic partners we will enhance our centre's important intergenerational lifechanging work in Australia and beyond.

For more information about the work of the Molly Wardaguga Research Centre please contact:

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To make a donation to the Molly Wardaguga Research Centre please contact:

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Or visit: www.cdu.edu.au/mwrc



