National Roadmap for Birthing on Country Services 2025-2035

A national, united response from peak bodies and services to guide the Australian Government to address First Nations communities and families aspirations for the Best Start to Life.

In Memory of Molly

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.

Molly Wardaguga (1938 – 2009)

Organisations that endorse this Roadmap:

This Roadmap is also formally endorsed by the following:

Professor Fiona Stanley, AC
FAA FASSA MSc MD FFPHM FAFPHM FRACP FRANZCOG HonDSc HonDUniv HonFRACGP HonMD HonFRCPCH HonLLB (honoris causa)

Liz Wilkes
Chief Midwife Officer, Queensland Health

Melina Connors
First Nations Midwifery Director, Queensland Health

We acknowledge First Nations Peoples, knowledge and stories of this land.

We celebrate Country and the enduring connection and strength of First Nations culture.

We pay our respects to Elders and Ancestors who guide us and our communities.

Contents

Acknowledgement of Co-creation

The Roadmap, drafted by the Molly Institute, Charles Darwin University, is the results of extensive negotiation with key stakeholders from across Australia. Using a "make it happen" approach to translate evidence and policy into practice, a comprehensive plan to close "the gap" in health outcomes for First Nations mothers and infants was developed. This co-creation methodology is described on page 13 of this document.

Terminology

The term First Nations is used throughout this document to refer specifically to Australian Aboriginal and/or Torres Strait Islander peoples.

Organisational representation at the 2022 'Best Start To Life' National Gathering

- Australian College of Midwives
- Australian Department of Health and Aged Care
- Australian Department of Social Services
- Womb to Tomb Foundation (formerly Australian Doula College)
- Australian Family Partnership Program
- Australian Health Practitioner Regulation Agency – Nursing and Midwifery Board of Australia
- Central Australian Aboriginal Congress
- Charles Darwin University – School of Nursing and Midwifery
- Council of Deans of Nursing and Midwifery – Midwifery Advisory Group
- CRANAplus
- Dhelkaya Health
- Flinders University
- Gunditjmara Aboriginal Cooperative Ltd
- Institute of Urban Indigenous Health – Birthing in Our Community
- La Trobe University
- Miwatj Health Aboriginal Corporation – Maternal and Women's Health
- My Midwives
- National Aboriginal Community Controlled Health Organisation (NACCHO)
- National Indigenous Australians Agency
- New South Wales Health – Nursing and Midwifery Office
- Ngangk Yira Institute for Change, Murdoch University
- Northern Territory Health – Office of the Chief Nursing and Midwifery Officer
- Puntukurnu Aboriginal Medical Service
- Queensland Health - Office of the Chief Nursing and Midwifery Officer
- Rhodanthe Lipsett Indigenous Midwifery Charitable Fund
- Secretariat of National Aboriginal and Islander Child Care (SNAICC)
- University of Technology Sydney
- University of Sydney – Faculty of Medicine and Health
- Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
- Waminda – South Coast Women's Health and Wellbeing Aboriginal Corporation

Message from Prof Yvette Roe

Birth is our first ceremony. It is a sacred process as baby transitions from the ancestors, to mother, then Earth-side. This gift continues the legacy and aspirations of the ancestors, which has been practised for over 65,000 years. These aspirations are to be spiritually and physically strong; and most importantly to be connected to country, water, animals, plants, kinship, song lines and ceremony. The Roadmap has been informed by our grandmothers, mothers, aunties, sisters who have gone before us and we are forever grateful.

Colonial disruption has excluded First Nations peoples from policy development, health service design, delivery and evaluation and research. Subsequently, policies, practices and research have excluded, dehumanised and oppressed First Nations peoples. This exclusion has resulted in a plethora of systemic structural inequities (funding, legislations, policies, racism) resulting in health injustice of First Nations people; this is felt most acutely by our mothers and babies. To stop the hurt, trauma and avoidable death of First Nations women and babies, fundamental changes need to occur now.

There have been tremendous changes in First Nations maternal and infant health care since the landmark Birthing on Country workshop in 2012, Mparntwe (Alice Springs, NT). Women stated that privileging First Nations knowledges is fundamental to ensuring culturally and clinically safe maternity services which directly support the Best Start to Life for mother and baby, and for generations yet to be born. During this time, we have witnessed a paradigm shift that privileges First Nations knowledges. Privileging the lived experiences and intersectionality of First Nations peoples has provided the platform to represent our purpose in terms of intergenerational resilience and strategies of resistance that aims to disrupt the colonial thinking.

Today, Birthing on Country is a metaphor for the best start in life for First Nations families. The term recognises that when women give birth in Australia, 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.

The National Roadmap for Birthing on Country Services (the Roadmap) is an innovation – a first of its kind approach. The Roadmap was co-created with First Nations peoples, has embedded Indigenous research methodology, and has been analysed and interpreted by First Nations peoples. First Nations people are the drivers of change and offer innovation, excellence and positive impact to making improvements. The Roadmap contains advice and guidance to the Australian Government on policy and budget matters while advocating for community-developed health solutions that contribute to the quality of life and improved health outcomes for First Nations peoples. In addition, it recommends actions that specify who should act and how over the next 10-years to achieve measurable targets and realise significant benefits for First Nations families and communities.

Deliberation of the Roadmap enacted a process of continued negotiation that is underpinned by the principle of Nation Building as defined by First Nations peoples. The Roadmap demands action to ensure the best start to life for First Nations women, babies and families, and the protection, support, and nurturing of the sacredness of birthing as a Human Right.

Yours in solidarity,

Yvette Roe

Nyikina & Yawuru Nations (Nambiindi, skin group)
Professor Indigenous Health - Director, PhD

Molly Wardaguga Institute for First Nations Birth Rights, Faculty of Health, Charles Darwin University

Executive Summary

Before colonisation, culturally safe birthing was an uninterrupted practice for First Nations families for over 65,000 years. Women gave birth on the same land as their mothers, grandmothers and great grandmothers. Birthing was seen as a collective responsibility of the community with grandmothers and aunties playing significant midwifery roles.

Birthing on Country Services are a strategic investment to close the gap in health outcomes between First Nations and other Australians by bringing cultural and clinical safety together. Approximately 15,000 First Nations babies are born each year in Australia.

In 2022/2023, First Nations babies experienced close to twice the rate of:

- **Preterm birth** (13% versus 8%)[20]
- **Perinatal mortality** (17 per 1,000 births versus 10 per 1,000 births)[20]
- **Infant mortality** (5 per 1,000 live births versus 3 per 1,000 livebirths)[21]

Before their child reaches 1-year of age, First Nations families are 10 times more likely to have their infant removed from their care.[22,23] It is urgent to act now to address the health inequities which underlie these outcomes.

Growing national evidence demonstrates that Birthing on Country Services provide quality maternity care that improves maternal and infant health outcomes and experiences, while reducing health care costs.[24,25]

The *National Roadmap for Birthing on Country Services* (the Roadmap) sets out a vision for a set of policy-aligned, evidence-based reforms integrated across the health, social services, tertiary and vocational education systems to achieve the best start to life for First Nations families. If implemented, the actions recommended in the Roadmap will transform systems so that First Nations families have access to culturally secure, high quality, relationship-based, comprehensive primary and tertiary maternal child health care to address not only clinical care but the social, emotional, and cultural determinants of health, to realise life-long benefits.

The aim of the Roadmap is alignment of policies, financial mechanisms, and legislation to enable rapid scale-up of Birthing on Country Services for women having First Nations babies in Australia.

The Roadmap seeks to maintain cultural intergrity while dismantling the systemic and structural inequities that result in pregnancy and birthing health issues.

The objectives of the Roadmap are to:

- Empower First Nations people to share decision-making authority with government
- Comprehensively map the barriers to evidence-based redesign of maternity services
- Develop, co-ordinate, and implement enabling policies, funding mechanisms, and legislation
- Progress the definition of Birthing on Country core service components, develop key indicators, monitor, evaluate, and learn
- Facilitate whole-of-government action to support establishment of Birthing on Country Services

The Molly Institute undertook a comprehensive co-creation process to progressively develop the Roadmap with key stakeholders across Australia. The priority actions and targets are ambitious, and more importantly necessary, to improve the health and wellbeing of First Nations families.

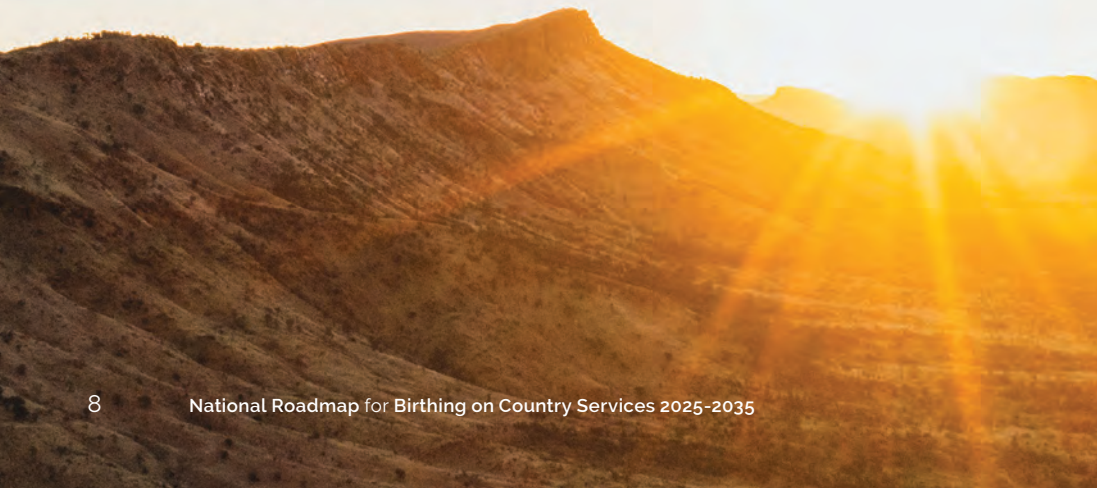
Implementation of these actions will require significant commitment and cooperation from whole-of-government, education institutions, healthcare providers and professionals, ATSICCHSs, and community leaders. Therefore, the Roadmap requires a strong foundation for success that is built on self-determination and embeds the Priority Reform Areas of the National Agreement on Closing the Gap.

The Roadmap recommends that the Australian Government Department of Health Disability and Ageing establish a National Taskforce and National Support Centre that includes representatives from the Commonwealth Government and First Nations stakeholders. The Taskforce and Support Centre should embed the strong partnership elements outlined in the National Agreement on Closing the Gap (clauses 32-33), including being appropriately funded for its work. The Taskforce would be empowered to plan, monitor, advise and evaluate the implementation of the Roadmap throughout its 10-year lifespan through the National Support Centre.

SECTION 1: INTRODUCTION

The *United Nations Declaration of the Rights of Indigenous Peoples*[26] covers all areas of human rights as they relate to Indigenous peoples, including First Nations peoples in Australia. The Australian Government is committed and obligated to work to fully realise the human rights of First Nations peoples using these four principles:

1. Self-determination
2. Participation in decision-making
3. Respect for and protection of culture
4. Equality and non-discrimination[26]



Birthing on Country is a human rights issue for First Nations families. Birthing on Country aims to return birthing services to First Nations communities and community control to enable the best start to life.

Primarily, Birthing on Country Services provide care for:

- First Nations women who are pregnant, birthing, or parenting a child up to 2 years of age
- Women pregnant, birthing, or parenting a First Nations child up to 2 years of age
- First Nations children up to 2 years of age

Birthing on country

In 2012, the Australian Maternity Services Inter-jurisdictional Committee, in collaboration with the Central Australian Aboriginal Congress, held the first *National Birthing on Country Workshop* to progress Australian Government commitment to Birthing on Country.[5] At this workshop, First Nations stakeholders agreed to use the term Birthing on Country to refer to: "*the best start to life for Aboriginal and Torres Strait Islander families because it describes an integrated, holistic and culturally appropriate model of care.*"[5]

The Evidence

Growing national evidence demonstrates that Birthing on Country Services provide quality maternity care that improves maternal and infant health outcomes and experiences, while reducing health care costs.[24,25] Birthing on Country Services are a strategic investment to close the gap in health outcomes between First Nations and other Australians.[27] Under the *National Agreement on Closing the Gap (National Agreement),*[28] the Coalition of Aboriginal and Torres Strait Islander Peak Organisations and all Australian Governments have committed to structural change in the way Governments work with First Nations people so they have "*a genuine say in the design and delivery of services that affect them.*"

To operationalise Birthing on Country Services the following definition was developed:

> *Maternity services designed and delivered for Aboriginal and/or Torres Strait Islander women that encompass some or all of the following elements:*
>
> - *Are community-based and governed;*
> - *Allow for incorporation of traditional practice;*
> - *Involve a connection with land and country;*
> - *Incorporate a holistic definition of health;*
> - *Value Aboriginal and/or Torres Strait Islander and non-Indigenous ways of knowing and learning;*
> - *Risk assessment and service delivery;*
> - *Are culturally competent; and developed by, or with, Aboriginal and/or Torres Strait Islander people.*[5]

Birthing on Country Services address all four priority reforms of the National Agreement:

1. Strengthen and establish formal partnerships and shared decision-making
2. Build the Aboriginal and/or Torres Strait Islander community-controlled sector
3. Transform government organisations so they work better for Aboriginal and/or Torres Strait Islander people
4. Improve and share access to data and information to enable Aboriginal and/or Torres Strait Islander communities to make informed decisions

The Roadmap

The Roadmap activities and outcomes are consistent with these reforms. Specifically, the Roadmap sets out how to redesign maternal and child health services, by embedding First Nations community governance and control to both build the ATSICCHS sector and improve the cultural capability of mainstream maternity services. Where appropriate, the Roadmap outcomes have been mapped against the National Agreement priority reforms or socio-economic outcomes, as they relate to First Nations mothers, babies, and families. Birthing on Country Services directly address 11 of the 17 *National Agreement's* Socio-Economic Outcomes:

Outcome 1: Aboriginal and Torres Strait Islander people enjoy long and healthy lives

Outcome 2: Aboriginal and Torres Strait Islander children are born healthy and strong

Outcome 4: Aboriginal and Torres Strait Islander children thrive in their early years

Outcome 6: Aboriginal and Torres Strait Islander students reach their potential through further education pathways

Outcome 7: Aboriginal and Torres Strait Islander youth are engaged in employment or education

Outcome 8: Strong economic participation and development of Aboriginal and Torres Strait Islander people and their communities

Outcome 12: Aboriginal and Torres Strait Islander children are not over-represented in the child protection system

Outcome 13: Aboriginal and Torres Strait Islander families and households are safe

Outcome 14: Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing

Outcome 16: Aboriginal and Torres Strait Islander cultures are strong, supported and flourishing

Outcome 17: Aboriginal and Torres Strait Islander people have access to information and services enabling participation in decision-making regarding their own lives

The RISE Framework

The RISE Framework was developed from synthesis of the international evidence,[29] the *Guiding Principles for Developing a Birthing on Country Service Model and Evaluation Framework*,[30] and research outcomes from two empirical redesign studies conducted in remote and urban Australian settings:

1 + 1 = a healthy start to life (2007-2012)[31]

The Indigenous Birthing in an Urban Setting (IBUS) study (2014-2019)[24]

The RISE Framework outlines a phased approach (Phases 1–4) to implementation of Birthing on Country Services moving from standard care to best practice across four pillars (see Figure 1).[32] **While Phase 4 services are the goal, services can use the RISE Framework to map their current service and work to progress across all four pillars.**

A phase-3 urban Birthing on County service

A multiagency partnership between the Institute of Urban Indigenous Health, the Aboriginal and Torres Strait Islander Community Controlled Health Service (Brisbane), and the Mater Mothers Hospital provided the context for development of a First Nations led service called Birthing in Our Community (BiOC). On the foundation of strong First Nations governance, the key components of the model were caseload midwifery continuity of carer, a First Nations workforce including family support workers, midwifery students, drivers and administration staff, a community hub for antenatal and postnatal care, access to onsite wrap around services (e.g., perinatal social worker), weekly community days to connect with each other and with culture through arts, cultural, and health promotion programs.

Evaluation of the BiOC service demonstrated cost-savings of AUD$4,810 for the Australian health system per mother-baby pair[25] and better clinical outcomes for mothers of First Nations babies compared to those receiving standard care:

- Women attending ≥5 antenatal visits (54% more likely)
- Women giving birth to a preterm infant (38% less likely)
- Babies exclusively breastfed at discharge from hospital (34% more likely)[24]

With increased First Nations control of funding, services, and facilities, including a community-based hub, there was a rapid increase in the First Nations workforce (from 2 to >18 FTE [Full Time Equivalent] staff in 4 years). The service was expanded after 3 years and has been sustainable to 10 years. Crucial to success was First Nations leadership by the ATSICCHSs, a willing tertiary health-care service partner, and integration of wrap around care across the primary health care network and broader health services including the tertiary hospital.[33]

BOX 1

Transition to Best Practice

		ROUTINE CARE	PHASE 1	PHASE 2	PHASE 3	PHASE 4
R	Redesign Health Services	Fragmented maternity care in community or hospital.	Specific First Nations antenatal/postnatal programs.	First Nations workers (e.g. Family Partnership Workers). Adapted for remote area (e.g. Djäkamirr). Continuity of care with caseload midwifery.	Integrated (primary & tertiary), community-based caseload midwifery & wrap around holistic services. Adapted for remote women needing relocation for birth.	Integrated Service/ Hub/Birth Centre. Choice of birthplace.
I	Invest in the Workforce	No First Nations identified positions. Workforce with limited cultural understanding.	Identified positions. Cultural capabilities training.	Career pathways & support for First Nations staff. Measures of organisational progress of cultural capability.	First Nations workforce pipeline with comprehensive mentoring & support. New minimum standards for culturally safe workforce.	Culturally & clinically capable (exceptional) workforce.
S	Strengthen Families	Ad hoc or non First Nations antenatal/parenting programs.	Formal strategies to engage families in maternal & infant health programs.	Wellbeing framework to strengthen family capacity.	Community developed cultural strengthening antenatal & parenting programs.	Strong resilient families.
E	Embed Community Governance	No First Nations engagement strategy.	Multi stakeholder engagement (e.g. Community Consultation).	Formal system of governance (e.g. Advisory Group).	Transformative & strategic governance (e.g. Steering Committee).	First Nations ownership.

Figure 1 – RISE Framework: Phased approach to transition from standard care to best practice.

SECTION 2: THE ROADMAP

Alongside the *National Agreement* Priority Reform Areas and Outcomes, the Roadmap aligns with all relevant government strategies (see Section 3). The Roadmap is a guide for whole-of-government (Australian, State and Territory governments) on the actions required to realise the benefits of Birthing on Country Services to contribute to closing the gap for First Nations mothers, babies, and communities.

**Note - The Roadmap is not a guide for individual health services. For this purpose, a companion resource is being developed, the RISE Online Toolkit, which will guide services to design, plan, implement, monitor, and evaluate their own Birthing on Country Service.*

Foundations for success

The Roadmap recommends that the Australian Government Department of Health Disability and Ageing establish, and adequately fund a National Taskforce and National Support Centre to plan, monitor, advise on and evaluate the implementation of the Roadmap.

The National Taskforce

It is proposed that the Taskforce be a formal partnership arrangement and align with the strong partnership elements outlined in clauses 32 and 33 of the National Agreement. This includes ensuring there is representation between governments and First Nations representatives, there is a formal agreement in place that outlines roles and objectives of the National Taskforce, and that decision-making is shared between government and First Nations people.

The Roadmap recommends that the National Taskforce would be co-chaired by the Australian Government Department of Health Disability and Ageing – First Nations Division and an Aboriginal and Torres Strait Islander peak health organisation with a focus on improving health and wellbeing for First Nations women, babies, families. The Taskforce should be comprised of 8-10 members including two government and a majority of First Nations representatives with relevant knowledge, experience, and expertise. It is proposed that the Terms of Reference, membership criteria and other

governance documentation and processes for the Taskforce be co-designed by the Australian Government Department of Health Disability and Ageing – First Nations division and the relevant Aboriginal and Torres Strait Islander peak health organisation. The composition of the Taskforce and activities will be evaluated periodically to ensure Cultural Integrity.

The National Support Centre

The Roadmap recommends that a **National Support Centre for Birthing on Country** be funded to facilitate the activities of the Roadmap, and support health services in their journey to implement Birthing on Country Models of Care. The support centre should:

- Facilitate partnership between local services and organisations as they plan and reach milestones in the Roadmap as appropriate.
- Underpin and support the governance structure, and the taskforce in their functions.
- Undertake secretariat and support functions including reporting, updating stakeholders and funding bodies, and facilitation/support local service efforts where required.

The Roadmap at a glance provides a high-level summary of short- and medium-term activities required to reach the long-term outcome; and realise the benefits that are aligned with the National Agreement.

Partnership

Roadmap implementation must be underpinned by a strong foundation for success. Genuine partnership embeds shared decision making authority with First Nations people that prioritises self-determination.

Funding

The Roadmap recommends that the Australian Government Department of Health Disability and Ageing ensures:

- Adequate funding is provided to support First Nations parties to meaningfully and independently participate in the Taskforce.
- An initial 3-year funding period to establish funding, governance, and conduct of the short- term activities, with subsequent funding subject to meeting milestones for the remaining period of the Roadmap.

Methodology

The Molly Institute's methodology focuses on redesign of healthcare systems, investment in culturally appropriate community workforce, strengthening families, privileging First Nations knowledge and governance, and empowering self-determination. Nation building tools are shaped through qualitative and quantitative data collation and analysis, and producing solid research evidence for communities independently, and for national impact.

The co-creation approach of the Roadmap

This process of co-creation involved five steps which were:

National Gathering

The Best Start to Life Gathering in Alice Springs (October 2022), was hosted by the Central Australian Aboriginal Congress and Molly Wardaguga Institute. A key outcome of the Gathering was to co-create a Roadmap with 245 delegates, including community representatives, family support workers, Aboriginal and Torres Strait Islander health workers and practitioners, nurses, midwives, doctors, allied health professionals, cultural managers, researchers, educators, service managers, policy advisors, politicians, and First Nations leaders (see list of organisations on page 4). The voices of First Nations women and organisations, who have, or are planning to, deliver Birthing on Country Services were privileged.

Online consultation

The draft Roadmap was further refined through online consultation with 42 key delegates and stakeholders.

Workshops

Workshops held between February and March 2023, and included a First Nations only workshop. They were attended by 31 stakeholders, who developed the short-, medium-, and long-term targets of the Roadmap.

Draft Roadmap Review

The draft Roadmap was comprehensively reviewed by the 42 stakeholders using a snowballing sampling method, with the document forwarded from reviewer to reviewer (September 2023).

National First Nations Organisations forum

The final roadmap was sent to four First Nations organisations prior to a First nations only forum (October 2023). The document was reviewed and finalised incorporating advice and guidance.

The Roadmap's Contribution to Nation Building

	SHORT TERM within 3 years	MEDIUM TERM within 4 - 7 years	OUTCOMES within 10 years
R Redesign	• Whole-of-government audit of policy, economic, and legislative barriers to BoCS • Develop implementation, monitoring, and evaluation plans to strategically address identified barriers • Co-design national BoCS key performance indicators	• Whole-of-government action to resolve policy, economic, and legislative barriers to BoCS • Whole-of-government action to align maternity care policies and programs with needs of BoCS • Monitor, evaluate, and apply learnings on access/ uptake of BoCS, midwifery continuity of carer, community hub, birth centres and homebirth	**At least 25% of women having a First Nations baby have choice to access a BoCS that includes continuity of carer, community hub with wraparound services, and choice of birthplace.**
I Invest	• Co-design a BoC Workforce Strategic Plan • Clarify roles and responsibilities of government and providers on BoC workforce matters • Target flexible funds and leverage government programs that boost BoC workforce supply	• Implement actions identified in the BoC Workforce Strategic Plan • Monitor and report progress against workforce targets	**Women having First Nations babies have access to First Nations midwives, and a team who provide clinically and culturally safe care.**
S Strengthen	• Fund community hubs providing culturally responsive, trauma-informed programs and wrap around care • Develop indicators for standardised reporting of key program elements and outcomes • Government agencies responsible for the delivery of social services formally acknowledge the ongoing harm caused to First Nations communities by child removal	• State and Territory agencies responsible for delivery of social services review of policies, legislation and programs regarding First Nations child removal • Improve processes to address data gaps relevant to First Nations children • Nationally monitor and report on First Nations families access to, and impact of, Strengthening Families programs	**Family preservation and protection by elimination of child removal. Resilient families and communities with strong identity, cultural and spiritual connection, and links to Country.**
E Embed	• Review current models of care to identify opportunities to embed community control • Incentivise development of co-designed maternity service partnerships between hospitals and ATSICCHSs • Identify mechanisms for First Nations data sovereignty and local data sharing between partners, and with communities	• Strengthen health service accreditation procedures to address all forms of racism; and advocate for public-facing dashboards on health service websites • Monitor progress across agreed key performance indicators at BoC sites • Funding assigned to support services to facilitate regaining control of land in order to develop health service infrastructure as wanted by community.	**In every state and territory, First Nations communities govern and own maternity services including integrated community hubs, birth centres and homebirth services.**

The Roadmap's Contribution to Nation Building

	BENEFITS	ALIGNMENT WITH CLOSING THE GAP
Redesign	**First Nations mothers receive respectful maternity care, choice of birthplace, have an optimal birth experience, and are healthier across the lifespan. First Nations babies are born full-term at normal birth weight, are breastfed, and are healthier across the lifespan.**	Socio-economic outcomes: 1) Aboriginal and Torres Strait Islander people enjoy long and healthy lives 2) Aboriginal and Torres Strait Islander children are born healthy and strong 14) Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing 16) Aboriginal and Torres Strait Islander cultures are strong, supported and flourishing 17) Aboriginal and Torres Strait Islander people have access to information and services enabling participation in informed decision-making regarding their own lives
Invest	**Birthing on Country Services attract, sustain, and grow a culturally and clinically responsive workforce that meets the needs of First Nations families.**	Socio-economic outcomes: 6) Aboriginal and Torres Strait Islander students reach their potential through further education pathways 7) Aboriginal and Torres Strait Islander youth are engaged in employment or education 8) Strong economic participation and development of Aboriginal and Torres Strait Islander people and their communities 14) Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing
Strengthen	**Strong resilient First Nations mothers, fathers, parents, carers, children, and communities who are connected to culture and have a strong sense of identity, connection and belonging.**	Socio-economic outcomes: 4) Aboriginal and Torres Strait Islander children thrive in their early years 12) Aboriginal and Torres Strait Islander children are not over-represented in the child protection system 13) Aboriginal and Torres Strait Islander families and households are safe 14) Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing 16) Aboriginal and Torres Strait Islander cultures and languages are strong, supported and flourishing
Embed	**First Nations communities have self-determination to lead the design and delivery of maternity services for First Nations families and define their own measures of success.**	Socio-economic outcomes: 8) Strong economic participation and development of Aboriginal and Torres Strait Islander people and their communities 16) Aboriginal and Torres Strait Islander cultures and languages are strong, supported and flourishing Priority reforms: 1) Formal Partnerships and Shared Decision Making 2) Building the Community-Controlled Sector 3) Transforming Government organisations 4) Shared Access to Data and Information at a Local Level

Redesign Health Services

Roadmap Recommendations

Short term (within 3 years)	Medium term (4-7 years)	Long term (8-10 years)
1) Update Guiding Principles for Developing a Birthing on Country Service Model and Evaluation Framework, Phase 1[30] with current evidence. 2) Commonwealth government agencies responsible for the delivery of health services lead a whole-of-government approach to comprehensively map barriers to Phase 4 Birthing on Country Services in every State and Territory and develop a plan to address them. e.g., midwifery continuity of carer (Affordable professional indemnity insurance for midwives across all sectors. Medicare Benefit Schedule items for midwifery services aligned with the Participating Midwife Reference Group recommendations.[56] e.g., birth centre (Remove legislative requirements for licensing non-government ("private") birth centres to require on-site or on-call medical officers) 3) Commonwealth, State and Territory government agencies responsible for the delivery of health services collaborate to develop and implement a Birthing on Country Services funding stream, in line with NACCHO core services and outcomes framework, that provides ATSICCHS resourcing for: • Start-up costs: working group and steering committee; world café engagement activities, technical advice, local implementation and monitoring plan; project officer. • Operational costs: clinical and non-clinical staff salaries; office supplies; clinical equipment; information technology; utilities. • Infrastructure costs: capital works to build a First Nations Community Hub and Birth Centre, or funding to lease and refurbish a suitable facility.	Whole-of-government will leverage their powers to align policy, funding, and legislation relevant to Birthing on Country to actively "make it happen"	Commonwealth government agencies responsible for the delivery of health services will continue to support State and Territory government agencies to implement Birthing on Country Services in every state and territory, monitor and report on their availability nationally.

Redesign Health Services

Current Position and Identified Change

What is currently happening?

Priority Area 2 of the Woman-Centred Care Strategy,[27] as agreed by Health Ministers in April 2023, is to improve equity and access of maternity care for/by First Nations people. In 2020, 71% of First Nations mothers accessed 5 or more antenatal visits, compared to 85% of non-First Nations mothers.[20] Over the last decade, national trends for outcomes such as preterm birth, still birth, or perinatal death have not improved, and the neonatal death have either not improved or have not reduced as expected.[20]

Why does it need to change?

Research shows that First Nations women experience racism and report feeling unsafe,[59,66,87] which leads to late engagement or disengagement with maternity care services. Outcomes such as premature birth, low birth weight, and perinatal mortality are on a social gradient,[20] and fragmented maternity care (without midwifery continuity of carer) does not address the impacts of social determinants of health. This, combined with culturally unsafe maternity service provision, drives the disparities in outcomes between First Nations and non-First Nations families. System-level changes are required to close the gap in health outcomes, which can be best achieved by Birthing on Country Services.

BENEFITS

First Nations mothers receive respectful maternity care; have an optimal birth experience; and emerge from birth physically, emotionally, mentally, spiritually well, and culturally safe; and are healthier across the lifespan. First Nations babies are born full-term at normal birth weight, are breastfed, and are healthier across the lifespan.

TARGET

25%

of women having a First Nations baby can choose to access a Birthing on Country Service.

Redesign Health Services

Continuity of Midwifery Care

What does it involve?

Continuity of midwife care models (sometimes called caseload midwifery group practice) provide women with an allocated 'known' primary midwife (with 1-2 back up midwives) across pregnancy, birth, and the first 6-weeks after birth. Culturally responsive continuity models should include Aboriginal and Torres Strait Islander health workers or practitioners who work in genuine partnership with the midwife. Invidividual clinical and pycho-social needs are taken into account, and women are cared for in collaboration with a multidisciplinary team, alongside their known midwife and Aboriginal and Torres Strait Islander health workers/practitioners.[34] Wrap around continuity of care continues postnatally to assist with transition to parenthood.

What is the evidence?

Continuity of care models provide opportunities for women and families to develop trusting relationships with the same care provider, which is critically important for First Nations families.[38] High-level Australian evidence shows continuity of midwifery carer provides health and psycho-social benefits for women and babies, including fewer preterm births, or babies dying during pregnancy, birth or soon afterwards,[39, 41] and highest level international evidence demonstrates no adverse effects, with less need for medical intervention and lower costs.[40] For First Nations women, continuity of care models are highly desirable, [36,42,59] make care feel safer,[43,86] and is associated with improved clinical outcomes at less cost.[24,25,41]

Integrated Community Hubs

What does it involve?

These local, home-like, and welcoming facilities act as a culturally safe referral pathway with on-site access to relationship-based, wraparound health and support services, while promoting culture to support positive health and wellbeing for First Nations people.[35] Social and emotional wellbeing care and support are provided by a team of allied health professionals (perinatal mental health, social workers and psychologists), alongside First Nations health, cultural and family support workers. Ideally, wrap around services offer women and their families continuity of carer.

What is the evidence?

The physical environment influences the appropriateness of care for First Nation women.[38,46] First Nations gathering places (cultural hubs, healing centres, social meeting places) benefit community members by providing accessible health and wellbeing programs.[44] First Nations people accessing community hubs experience enhanced connection to culture, Country, spirituality and community, subsequently improving social and emotional health and wellbeing.[44] A maternal-child health hub provides a welcoming and home-like environment where women and families feel safe to gather and participate in health and wellbeing promoting activities, with access to a multidisciplinary team on-site.[29,45,46]

Redesign Health Services

Community Controlled Birth Centre

What does it involve?

These standalone facilities incorporate First Nations cultures, traditions and preferences for families. Within an Indigenous governance framework, a welcoming, culturally and clinically safe space for families to give birth is provided.[36] Increasing choices for First Nations women means that women may plan to birth with midwives in a birth centre or at home to access culturally and clinically safe birth practices.

What is the evidence?

For First Nations communities in both Australia and Canada, birthing services are being returned to community control through establishment of First Nations community-controlled birth centres.[36] Birth centres improve maternal and infant outcomes, and expand choice with birth care closer to home.[47-49] Establishment of First Nations community-controlled birth centres would drive a more equitable distribution of maternity services across Australia.[50] There is strong empirical evidence from Australia,[48] England,[51] and New Zealand[52] that birth centres provide safe and beneficial perinatal care for women classified as low-risk. Studies of rural primary birthing units[50,53] and remote birth centres[54,55] also provide evidence of clinical safety.

> *"Going back to the best start to life, it's about the best start to family life for mums and bubs irrespective of where they are."*
>
> First Nations workshop participant

Invest in the Workforce

Roadmap Recommendations

Short term (within 3 years)

1) Develop a BoC Workforce Strategic Plan in line with the National Maternity Workforce Strategy 2026-2036, that clarifies the roles and responsibilities of government and ATSICCHSs; and includes a broad workforce funding stream, including First Nations Doulas (i.e Djäkamirr) and specialist Aboriginal and Torres Strait Islander health workers (i.e AMIC/AMIHS workers) with articulation programs into tertiary midwifery training.
2) Fund midwifery student placement programs in ATSICCHS BoCS and establish a BoCS Midwifery Program Bursary.
3) Fund Aboriginal and Torres Strait Islander Health worker, and Aboriginal and Torres Strait Islander Health Practitioner training and placement
4) The Australian Government Department of Employment and Workplace Relations provide practical strategies to overcome obstacles in the Fair Work Act so that community led programs, (Eg. Yolŋu within Djäkamirr program) can self-determine employment relationships; while designing legal reform to enable First Nations self-determination.
5) Fund BoC workforce cultural safety training with regular reflective supervision for all staff, and decolonisation work-shops for non-First Nations staff.
6) Leverage specific government programmes (i.e Cadetships) that will boost workforce supply.
7) Influence higher education to be more inclusive of BoC models of care in curriculum.
8) Review educational and regulatory barriers to new graduate midwives working to full scope of practice including prescribing rights and Medicare billing.
9) Develop a re-entry to practice course for First Nations midwives.

Medium term (4-7 years)

1) Implement actions identified in the *Birthing on Country Workforce Strategic Plan*.
2) Address non evidence-based barriers to Endorsement for scheduled medicines for midwives by reducing the regulatory requirement of 5,000 hours of clinical practice within the past six years.
3) Implement legal reform that accommodates First Nations peoples' rights to self-determine employment relationships and working models.
4) Fund a national Birthing on Country support centre to provide a recognisable source of clear, consistent, and reliable information and support for BoCS sites to implement, monitor, evaluate and learn.
5) Support the Birthing on Country support centre, in line with agreed roles and responsibilities, to:
   - develop clear and fast tracked career pathways for Birthing on Country workforce building
   - build the skills, capability, and knowledge of the workforce to enable flexibility and responsiveness

Long term (8-10 years)

1) Commonwealth government agencies responsible for the delivery of health services will monitor and support First Nations midwives' representational parity.
2) Whole-of-government will work to enable First Nations women who must leave their communites for birth to have access to continuity of care from First Nations certified Doula (i.e Djäkamirr, AMIC worker, AMIHS worker, birth aide, Elder); alongside a family member as escort.

Invest in the Workforce

Current Position and Identified Change

What is currently happening?

First Nations women represent approximately 6% of the birthing population,[20] but approximately 1% of the employed midwifery workforce.[70] Workforce could be increased by investment into Aboriginal and Torres Strait Islander Health worker training. For example; Djäkamirr Certificate II training has been accredited, but legislation prevents Djäkamirr employment in line with First Nations values. Vocational and higher education opportunities are insufficient to address retention and completion of First Nations students. Some BoC models have been developed with hospital employed caseload midwives (Phase 2/3). Phase 4 Birthing on Country Services use endorsed midwives to be financially viable. Of the 30,000 midwives in Australia, <1,000 are endorsed midwives.

Why does it need to change?

Health outcomes for women and their babies will improve when practitioners, obstetricians, allied health, health workers, midwives, nurses, and social support team provide continuity, culturally safe,[71] and clinically exceptional care.[40] Strategic Direction 2 of the *National Aboriginal and Torres Strait Islander Workforce Strategy Framework and Implementation Plan* recommends the health workforce has the necessary skills, capacity and leadership across all health disciplines, roles, and functions.

BENEFITS

Birthing on Country Services attract, sustain, and grow a culturally and clinically responsive workforce that meets the needs of First Nations families.

TARGET

6.1% of midwifery workforce is First Nations, and

100% of First Nations women have access to the First Nations midwifery workforce.

Invest in the Workforce

First Nations Workforce

What does it involve?

Working to increase the proportion of BoC workforce who are First Nations people. This includes Aboriginal and Torres Strait Islander health workers or practitioners, cultural support roles (family support workers, doulas), midwives and child health nurses.

What is the evidence?

When First Nations people provide maternity care for First Nations families, cultural security improves.[59] Critical to growing the First Nations maternal and infant health workforce are addressing the barriers to retention and completion of qualifying vocational and higher education programs.[60] The Congress of Aboriginal Torres Strait Islander Nurse and Midwives have identified strategies for education reform,[60] including articulated career pathways for student midwives, and new graduates transitioning to professional practice. First Nations doulas support cultural practices, promote inter-generational healing, and contribute to better childbirth outcomes.[61] There needs to be clear pathways and transparency between Universities, and ATSICCHs; for cultural mentorship to support First Nations midwifery students in their training. Employment innovation is required for the Aboriginal and Torres Strait Islander health workforce to practice in decolonised employment models where First Nations people and communities can self-determine their own working relationships.

Cultural Safety

What does it involve?

Cultural safety is determined by First Nations individuals, families, and communities. The lived experiences of First Nations people enables capacity building within the community to build and grow its own staff to support women during pregnancy, birth and parenting. Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.[57]

What is the evidence?

The *National Aboriginal and Torres Strait Islander Workforce Strategic Framework and Implementation Plan*,[62] Strategic Direction 3, recommends Aboriginal and Torres Strait Islander people are employed in culturally safe and responsive workplace environments that are free of racism across health and all related sectors. Health practitioners working with First Nations women must be able to develop a trusting relationship, be respectful of First Nations culture and practices, and be reflective about their own perspective and its influence on their practice.[63] Addressing racism, power, and white privilege in the non-Indigenous workforce is an important component of the Birthing on Country workforce.[64] Yet, there are rarely opportunities within health services for non-First Nations staff to develop knowledge and skills to effectively engage with First Nations people, exacerbated by limited evaluation of the effectiveness of such training or mentoring programs.[65] Non-First Nations staff need mandatory cultural safety training that includes reflective supervision, unpacks white privilege and explores decolonisation.[66]

Invest in the Workforce

Clinically Safe Workforce

What does it involve?

The BoC workforce provide relationship-based care, ideally to an annual caseload of women and families, work autonomously within their scope of practice, using discipline-specific consultation, referral, and transfer processes as indicated. In terms of midwifery practice, endorsed midwives have the skills and competencies required to work to full scope of practice, prescribe PBS medications and provide MBS subsidised care, using *ACM Guidelines for Consultation and Referral*[58] as needed.

What is the evidence?

Few midwives in Australia work to their full scope of practice, and this is also seen for Aboriginal and Torres Strait Islander Health workers and practitioners, and cultural support roles.[67] A core problem is ambiguity and lack of clarity on the scope of the Aboriginal Health workers, and midwife's role, particularly during labour and birth care.[68] Research is currently being undertaken to explore the midwifery knowledge, skills and capabilities required to provide autonomous midwifery care to well women and babies in very remote Australian settings, including responding to maternal and neonatal emergencies. While endorsed midwives have an extended scope of practice, they encounter barriers including limited access to the MBS and PBS, and lack of support for prescribing in the public sector.[69]

"It's evident that we need a broader workforce. than midwifery, like the family support workers, social workers, and all the allied services that work together to make holistic improved benefits for the woman."

First Nations workshop participant

Strengthen Families

Roadmap Recommendations

Short term (within 3 years)

1) Design and implement a funding mechanism for ATSICCHS to deliver comprehensive BoCs to resource:
   - A local integrated hub: a community-based, home like environment for wrap-around service delivery
   - A cultural support role: e.g., Family support worker for first 1,000 days
   - Community Day: a weekly drop-in service (with provision of transport) where women can connect with each other, with culture, and with Elders from the local community
   - Arts-cultural activities: cultural stories, weaving, belly casting, painting, music, group food preparation, birthing ceremonies
   - Inclusion of fathers: activities and programs that are concurrent or adjoining if appropriate
   - Intensive support and advocacy: for women and families exposed to Child Protection system
   - On-site allied health services: trauma-informed maternity care, and perinatal bereavement care, through social worker and psychologist with access to telepsychiatry service
   - Robust referral pathways (with bidirectional communication) and resources for community service/allied health services encompassing maternal, child, family and bereavement care
2) Embed reporting mechanisms into routinely collected data information systems to report on impact of BoCS including child removal, Australian Early Development Census scores, juvenile justice involvement, maternal and paternal employment / education / incarceration.
3) Government agencies responsible for the delivery of social services formally acknowledge the structural inequities that underpin child removal and the ongoing harm caused to First Nations communities.

Medium term (4-7 years)

1) Commonwealth government agency responsible for the delivery of social services collaborates with the Aboriginal and Torres Strait Islander Leadership Group to:
   - Co-ordinate jurisdictional review of policies, legislation and programs regarding unborn reports and infant removals
   - Acknowledge and promote First Nations child rearing practices and family structures
   - Collaborate with health agencies to develop improved responses to First Nations parents and infants that provide culturally safe pathways for referral and support
2) Improve processes to address data gaps relevant to Aboriginal and Torres Strait Islander children including the number of unborn notifications, newborn, and infant removals by Indigenous status in each jurisdiction.
3) Collect and annually report on longitudinal data: Australian Early Development Census scores, maternal and child mental health outcomes, juvenile justice involvement, maternal and paternal employment / education / incarceration.

Long term (8-10 years)

Commonwealth government agencies responsible for the delivery of social services will continue to monitor and report on access to, and impact of, Strengthening Families activities for First Nations families.

Strengthen Families

Current Position and Identified Change

What is currently happening?

Complex social and emotional health issues for First Nations families are ignored or treated as risk factors, rather than indicators that culturally safe holistic healthcare is required.[84] First Nations families are at higher risk of being re-traumatised within health services and having their infant removed.[84] Many CPS programs aim to initiate increased support for vulnerable women impacted by disadvantage; however, programs are usually reactive and individual-focussed, operating from a deficit-based risk model that fail to engage families.[85] Currently, most strategies and funding are focused on child removal after birth, rather than being directed at strengthening families during the perinatal period.[85]

Why does it need to change?

While there are times when children need to be removed, the safety of children and families must be paramount, recognising that removing children from their families causes ongoing harm and intergenerational trauma to First Nations communities.[84] Prevention of infant removal by promoting social-cultural-emotional wellbeing and addressing the social determinants of health is a critical component of culturally embedded models of maternity care.[84]

BENEFITS

Strong resilient mothers, fathers, parents, carers, children, and communities who are connected to culture and have a strong sense of identity, connection and belonging.

TARGET

Family preservation and protection by eliminating child removal.

Strengthen Families

Strengthening Families

What does it involve?

First Nations cultures include: connection to Country, spirituality and Ancestors; cultural beliefs and knowledge; language; family, kinship, and community; expression and cultural continuity; self-determination and leadership.[72]

What is the evidence?

During the perinatal care journey, kinship support is one of the most frequently cited factors for First Nations maternal wellbeing in the literature, nationally and internationally.[87] For the best health outcomes, funding for maternity services should favour services based on a primary health care model with a philosophy that recognises kinship as a means to enhance maternal wellbeing.[88] Additionally, the perinatal period is an important window of opportunity for families to engage in wellbeing services and preventative healthcare, often being seen as a 'fresh start'.[84] Birthing on Country programs will strengthen families by meaningfully engaging family members and providing either separate or concurrent wellbeing programs for the whole family.

Strengthening cultural identity is both a healing tool and a tool against stigma and perpetuation of intergenerational trauma.[74] Due to colonisation and the Stolen Generations, pregnant First Nations women or their families may not be actively engaged with their community or culture, nor had opportunities to understand and be proud of their cultural heritage. Connection with community, facilitated by First Nations parenting' groups, provides social capital benefits for mothers and supports both mental health and social wellbeing.[75]

Connection to Art and Culture Activities

What is it?

First Nations cultures include: connection to Country, spirituality and Ancestors; cultural beliefs and knowledge; language; family, kinship, and community; expression and cultural continuity; self-determination and leadership.[72] Activities including, but not limited to, participating in craft, language, visual and digital arts, Yarning circles, music, performance, dance, singing, stories and literature, and film.[73]

What is the evidence?

The World Health Organization (WHO) evidence review finds that engaging with arts and cultural activities impacts both mental and physical health.[76] Evidence demonstrates that arts can:

- Modify social determinants of health
- Support child development
- Encourage health-promoting behaviours
- Prevent illness, and support caregiving
- Support people experiencing mental illness
- Assist with management of chronic disease[76]

The WHO urges policymakers to acknowledge the evidence base by supporting the implementation of arts interventions. For mothers experiencing perinatal depression, group singing[77] and art and craft programs are associated with significant reductions in anxiety, depression, or stress; which results in stronger mother-baby relationships.[77] One of the most significant predictors of long-term health outcomes of infants is the quality of the relationship they have with their primary care giver, often their mother.[78]

Strengthen Families

Trauma-informed Care

What is it?

Trauma-informed care recognises how trauma (e.g., colonisation, racism, child abuse, domestic violence, sexual assault, and previous birth trauma) affects the individual's nervous system and social determinants of health.[9] Trauma-informed care prioritises the need to minimise re-traumatisation of families and is responsive to needs. In the context of First Nations communities, colonisation is the foundation of trauma.

What is the evidence?

A systematic review reports that most studies of trauma-informed interventions demonstrate significant reductions in post-traumatic stress disorder symptoms, depression, anxiety, emotional dysregulation, interpersonal problems and risky behaviours.[79] For example, the Australian Nurse Family Partnership Program reduces the chance that First Nations mothers in Central Australia will have involvement with child protection.[80] Significant barriers to implementation of trauma-informed care in health settings includes leadership engagement, financial and staffing resources, and lack of access to flexible training.[81] While midwives are well-placed to deliver trauma-informed care their education is limited with most receiving no education and lacking confidence.[82] Reflective supervision is critical to both enhance the health practitioner's skills in trauma-informed care; and their ability to manage the impact their work has on them.[83]

> *"…language, culture, and ceremonial practice are part of the holistic wellbeing model. Funders need to realise that it is not an add on - it is core business."*
>
> First Nations workshop participant

Embed Community Governance & Control

Roadmap Recommendations

Short term (within 3 years)	Medium term (4-7 years)	Long term (8-10 years)
1) State and Territory government agencies responsible for delivery of health services incentivise development of partnership agreements between mainstream maternity services and ATSICCHSs to co-design maternity services for First Nations families; and consider shared workforce arrangements. 2) Promote participation in joint steering committee governance meetings to monitor, report, reflect, and act on stakeholder feedback about maternity care. 3) Identify governance mechanisms to enable local sharing of perinatal data to provide continuity of information within Birthing on Country Service. 4) Create opportunities for ATSICCHSs and First Nations communities to own their data through data sovereignty arrangements; and to share their knowledge, learnings, and experiences with Birthing on Country Services to build the evidence base and embed governance and control in new models. 5) Fund and support Services to facilitate regaining control of land in order to develop health service infrastructure as wanted by community governance.	1) Strengthen health service accreditation to address all forms of racism. 2) Embed cultural capability reporting on mainstream maternity service websites. 3) Co-design indicators that report on BoCS components and develop a long-term data linkage system to monitor access, uptake and impact of BoCS. 4) Supporting services to secure land for building and development of hubs and birth centres in as wanted by community governance.	Phase 4 Birthing on Country Services owned and operated by ATSICCHSs are available in urban, rural, remote, and very remote Australia. Processes for measuring what matters to First Nations communities, including monitoring, evaluating, and learning, are embedded into Birthing on Country Services.

Embed Community Governance & Control

Current Position and Identified Change

What is currently happening?

Maternity services that include care during labour and birth are funded and governed by hospitals and health services. First Nations people have little, if any, input into how maternity services for their communities are provided, where, and by whom.

Why does it need to change?

Community investment and activation is associated with improved maternal and child health outcomes and family wellbeing.[85] First Nations peoples have the right to self-determination and participation in decision-making. This change is supported in the *Woman-centred care Strategic directions for Australia Maternity Services 2019*[27] Strategic Direction 3: develop and implement culturally safe, evidence-based models of care in partnership with Aboriginal and Torres Strait Islander people and communities.

BENEFITS

First Nations communities have self-determination to lead the design and delivery of maternity services for First Nations families and define their own measures of success.

TARGET

First Nations governance for First Nations maternity services.

Embed Community Governance & Control

Community Investment

What is it?

First Nations community investment means "community leadership and participation in program initiation, development, and implementation" because the community prioritises an issue.[89] Community investment includes broad engagement by community leaders with the community about the issue.[89]

What is the evidence?

First Nations leadership is key to successful scaling of evidence-based health programs.[31,90] First Nations staff are strong advocates for community needs across service planning, provision and evaluation and are pivotal to maximise community access and engagement with resulting health gains. Self-governance for First Nations programs has been shown to facilitate sustainable implementation and effectiveness of programs.[90] Furthermore, leadership and governance by First Nations community members has been crucial to successful BoC models of care demonstrating cost saving, better clinical outcomes for First Nations mothers and babies, a strengthened workforce, and sustainability of the service.[33]

Community Ownership

What is it?

Community ownership is where a service or program is perceived as "ours" rather than "theirs" by First Nations peoples.[89] Community ownership occurs when services or programs take a decolonising approach to a community issue, and build on local community systems and knowledge to solve it.[89]

What is the evidence?

For BoC Services, community ownership and control needs to be extensive and systematic, permeating all facets of the service.[30] BoC Services should be community-based and owned, rather than hospital-centric with mechanisms that facilitate a sense of ownership by the community. Maternity services for First Nations families that are community-owned, and connected to community hubs, facilitate relationships built on trust that enable connection to services that holistically support First Nations families through the first 2000 days.[85,89]

Embed Community Governance & Control

Community Activation

What is it?

First Nations community activation is triggered by support for programs that embed first Nations community ownership.[92] The resultant activation means high levels of sustained program use and whole-of-community support for the program, which occurs as a result of community investment and ownership.[89]

What is the evidence?

First Nations community ownership of services and programs triggers whole community activation in sustaining, investing and accountability for a service.[89] The activation of community towards developing and delivering programs and services results in higher rates of participation, and motivation of community to sustain and improve self-determined outcomes.[89] Community activation through integrated programs based in First Nations ways of knowing, are shown to be most effective in community lateral empowerment to strengthen families, improve connectedness, and First Nations peoples social and emotional wellbeing.[91] BoC models of care embed high level community participation, triggering community activation that has been shown to increase antenatal care participation, breastfeeding rates, cultural benefits, and child developmental milestones.[92]

"What we are really keen to see is that ACCHOs are empowered or given the resources to develop a service that suits them in their local community... A lot of the government work is really just consultation – it is not true co-design."

First Nations workshop participant

SECTION 3: ALIGNMENT WITH GOVERNMENT POLICIES & PRIORITIES

The Roadmap for Birthing on Country Services provides whole-of-government with a set of evidence-based and practical strategies to improve First Nations health and wellbeing, that align with a range of existing Government strategies, initiatives and reforms.

Aboriginal and Torres Strait Islander Health Plan 2021-2031

The Aboriginal and Torres Strait Islander Health Plan[38] (the Plan) is guided by the vision that *"Aboriginal and Torres Strait Islander people enjoy long, healthy lives that are centred in culture, with access to services that are prevention-focused, culturally safe and responsive, equitable and free of racism."*

The Plan centres on 12 priorities across four areas:

1. Enablers for change
2. Focusing on prevention
3. Improving the health systems
4. Culturally informed evidence base

The Roadmap activities and goals are congruent with these areas. The redesign of maternity care models embeds woman and family-centred care at the heart of service provision. Strengthening families programs integrate health promotion, enable early support, and provide social and emotional wellbeing services in ways that are trauma-aware and healing-informed.

Ending the postcode lottery: Addressing barriers to sexual, maternity and reproductive healthcare in Australia[93]

The Birthing on Country Roadmap is aligned with key recommendations from the Senate Committee 2023 report. Specifically:

Recommendation 2: 2.140 The committee recommends that the National Scope of Practice Review considers, as a priority, opportunities and incentives for all health professionals working in the field of sexual and reproductive healthcare to work to their full scope of practice in a clinically safe way.

Recommendation 10: 2.170 The committee recommends that the Australian Government considers and implements a separate Medicare Benefits Schedule item number for contraceptive counselling and advice for all prescribers, including midwives.

Recommendation 12: 3.136 The committee recommends that the Australian, state, and territory governments ensure that maternity care services, including birthing services, in non-metropolitan public hospitals are available and accessible for all pregnant women at the time they require them. This is particularly important for women in rural and regional areas.

Recommendation 13: 3.137 The committee recommends that the Australian Government implements outstanding recommendations made by the Participating Midwife Reference Group to the Medicare Benefits Schedule (MBS) Review Taskforce regarding midwifery services and continuity of care.

Recommendation 14: 3.138 The committee recommends that the Australian Government works with the sector to increase birthing on country initiatives and other culturally appropriate continuity of care models.

Recommendation 24: 4.95 The committee recommends that the Australian Government work with the relevant medical and professional colleges to support the development and delivery of training to health practitioners providing sexual, reproductive and maternal healthcare on:

- Ensuring culturally safe healthcare for First Nations people in main-stream non-community-controlled organisations, by ensuring practitioners are aware of intergenerational trauma, cultural norms and taboos.

National Aboriginal and Torres Strait Islander Early Childhood Strategy

The Roadmap activities, outcomes, and targets align with the goals of the National Aboriginal and Torres Strait Islander Early Childhood Strategy including:

Goal 1: Aboriginal and Torres Strait Islander children are born healthy and remain strong.

Goal 2: Aboriginal and Torres Strait Islander children are supported to thrive in their early years.

Goal 3: Aboriginal and Torres Strait Islander children are supported to establish and maintain strong connections to culture, Country, and language.

Goal 4: Aboriginal and Torres Strait Islander children grow up in safe nurturing homes, supported by strong families and communities.

Goal 5: Aboriginal and Torres Strait Islander children, families and communities are active partners in building a better service system.

National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031[62]

The Roadmap aligns with the Strategic Directions of the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031*[62] including:

Strategic Direction 1: Aboriginal and Torres Strait Islander people are represented and supported across all health disciplines, role and function.

Strategic Direction 2: The Aboriginal and Torres Strait Islander health workforce has the necessary skills, capacity and leadership across all health disciplines, roles and functions.

Strategic Direction 3: Aboriginal and Torres Strait Islander people are employed in culturally safe and responsive workplace environments that are free of racism across health and all related sectors.

Strategic Direction 4: There are sufficient numbers of Aboriginal and Torres Strait Islander students studying and completing health qualifications to meet the future health care needs of Aboriginal and Torres Strait Islander peoples.

Strategic Direction 5: Aboriginal and Torres Strait Islander health students have successful transitions into workforce and access clear career pathway options.

Strategic Direction 6: Information and data are provided and shared across systems to assist health workforce planning, policy development, monitoring and evaluation, and continuous quality improvement.

National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families (2016)[94]

The Birthing on Country Roadmap is aligned with the 2016 framework which informs the *National Men's Health Strategy 2020 - 2023*[95]. The Framework addresses the role of fathers in the perinatal period and child development and the importance of services acknowledging and including men in the raising of children in a culturally appropriate way. Specific alignment with the Roadmap occurs with the following recommendations:

- Deliver antenatal programs that incorporate strategies for engaging fathers and/or partners.
- Provide hands-on learning opportunities for fathers, and extended family where they are also caring for the child

- Build staff capacity to engage with fathers and extended family members or other carers
- Adopt a strengths-based approach that focuses on sharing information about how fathers (or other family members or carers) already contribute, and how they can contribute further to the wellbeing of the family

National Indigenous Australian Agency Corporate Plan 2024-2025[96]

The National Indigenous Australian Agency (NIAA) established in 2019, are driven to achieve impactful and sustainable outcomes for Aboriginal and Torres Strait Islander peoples. They lead and influence change to ensure self-determination in decisions that affect First Nations people. Key activities in the National Corporate Plan 2024-205 focus on areas that are aligned with the goals of this Roadmap to;

1. Build and maintain effective partnerships to support the empowerment and self-determination of First nations peoples
2. Invest and deliver programs and policies to achieve positive outcomes for First Nations peoples and communities
3. Use evaluation findings and information to inform evidence-based decisions that support the positive impact of policies and programs.[94]

National Consensus Framework for Rural Maternity Services (2nd Edition) (2025)

The National Consensus Framework for Rural Maternity Services provides a set of principles and strategies to frame policy and planning and to support quality maternity services in rural and remote Australia.

Principle 3.1 states that women must have access to culturally safe and appropriate maternity care lose to where they live.

3.1.5 Aboriginal and Torres Strait Islander women, babies and families must have access to an expert maternity care team providing culturally safe continuity of care Birthing on Country or Birthing in our Community

This document further prescribes a key principle and strategy of adopting the RISE framework;

4.1.1 Adopt the RISE framework or other evidence based frameworks that enables co-design and evaluation with community, consumers, health professionals and system management.

4.3.2 Services should use the RISE framework to develop Birthing on Country models of care, providing wrap around culturally safe maternity care for all priority populations.

Safe and Supported: The National Framework for Protection of Australia's Children (2021 – 2031)

The National Framework for Protection of Australian's Children (2021-2031) has four focus areas which align with the Strengthening Families component of the Roadmap:

1. A national approach to early intervention and targeted support for children and families experiencing vulnerability and disadvantage
2. Addressing the over-representation of Aboriginal and Torres Strait Islander children in child protection systems
3. Improving information sharing, data development and analysis
4. Strengthening the child and family sector and workforce capability

Wiyi Yani U Thangani (Women's Voices) Securing Our Rights, Security Our Future Report (2020)

The landmark Wiyi Yani U Thangani Report sets out a comprehensive plan to respond to key findings and provide recommendations, priorities, and calls to action in response to the collective voices of 2,300 First Nations women and girls. The report calls for *"All Australian governments to engage with Aboriginal and Torres Strait Islander women and girls and their communities to design and invest in culturally responsive maternal and infant models of care."* Key elements of these models are reported as:

- Aboriginal and Torres Strait Islander maternity workforce,
- Birthing on Country programs,
- Traditional knowledge of birthing, maternal health and parenting,
- Continuity of care and in-home supports for women and their babies,
- Investment in holistic early years approaches such as First 1,000 Days Australia.

Wiyi Yani U Thangani (Women's Voices) - Implementation Framework (2022)

Action 7.1 of the *Wiyi Yani U Thangani Implementation Framework focusses on Women and child-centred culturally safe maternal and early life models of care*. Action 7.1 calls for specific actions that align with the Roadmap including:

- Expand throughout Australia First Nations-designed birthing centres that support Birthing on Country (BoC) and in community (BiOC) to strengthen and reclaim women's sovereign birthing rights, knowledges, and practices
- First Nations specific pregnancy programs integrating our knowledges should be available across all maternal care and hospitals, guaranteeing continuity of care pre and post birth, with additional supports for mums and babies experiencing harms such as homelessness, violence, alcohol and drug use
- Grow First Nations nursing and midwifery workforce through targeted culturally-safe strategies that include improving education and work- place conditions, wages and embedding First Nations maternal knowledges and practices across all maternal health settings.
- Establish local at-home or in-community birthing programs to significantly reduce travel for birth and if travel is necessary, family supports and a consistent birthing companion must be guaranteed.

Woman-centred care Strategic directions for Australian Maternity Services 2019 [27]

The Birthing on Country Roadmap is aligned with key Strategic Directions in this 2019 report.[27] Specifically:

Strategic direction 1: Ensure evidence underpins the design, development and provision of services and continuous quality improvement.

Strategic direction 2: Service providers implement measures to reduce the rates of stillbirth and maternal and neonatal morbidity and mortality in partnership with women.

Strategic direction 3: Develop and implement culturally safe, evidence-based models of care in partnership with Aboriginal and Torres Strait Islander people and communities.

Strategic direction 10: Co-design and deliver services around the needs and desires of women and communities.

Strategic direction 12: Maternity service providers expand the availability of continuity of care and carer models to enable women's choices to be met.

Associate Professor Elaine Ḻäwurrpa Maypilama, co-director of the documentary "Djäkamirr Caretaker of Pregnancy and Birth" at the documentary launch event.

Glossary & List of Abbreviations

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

Aboriginal and/or Torres Strait Islander (First Nations)
An Aboriginal and/or Torres Strait Islander is a person of Aboriginal and/or Torres Strait Islander descent who identifies as an Aboriginal and/or Torres Strait Islander and is accepted as such by the community in which he or she lives.[2] The term First Nations is used throughout this document to refer specifically to Aboriginal and/or Torres Strait Islander peoples.

Aboriginal and/or Torres Strait Islander Community Controlled Health Service (ATSICCHS) / Aboriginal Community Controlled Health Organisations (ACCHOs)
A primary health care service initiated and operated by the local Aboriginal and/or Torres Strait islander community to deliver holistic, comprehensive, and culturally responsive health care to the community which controls it through a locally elected Board of Directors.[1] The terms ATSICCHS and ACCHO may be used interchangeably in this document.

Aboriginal and/or Torres Strait Islander health practitioner
An Aboriginal and/or Torres Strait Islander health practitioner is a person registered by the Aboriginal and/or Torres Strait Islander Health Practice Board of Australia, who is of Aboriginal and/or Torres Strait Islander descent, and who holds relevant Aboriginal and/or Torres Strait Islander Primary Health Care Practice and/or equivalent qualifications.[3]

Aboriginal and Torres Strait Islander Health workers
An Aboriginal and/or Torres Strait Islander is a person who plays an important role in supporting practitioners and Aboriginal and/or Torres Strait Islander clients through their health journey. In most jurisdictions, an Aboriginal and/or Torres Strait Islander Health worker is required to have Certificate III in an area of Aboriginal and/or Torres Strait Islander Primary Health Care.

Australian College of Midwives (ACM)
A national not-for-profit membership organisation and the peak professional body for midwives in Australia.[4]

Birthing on Country Services (BoCS)
Maternity services designed by, and delivered for, First Nations women that encompass some or all of the following elements: are community-based and governed; allow for incorporation of traditional practice; involve a connection with land and country; incorporate a holistic definition of health; value Indigenous and non-Indigenous ways of knowing and learning; risk assessment and service delivery; be culturally responsive; and be developed by, or with, Indigenous people.[5]

Clinical Capability Level 2 Maternity Service (Birth Centre)
The now expired National Maternity Service Plan defined the clinical capability of level 2 maternity as providing midwifery care to women and babies with normal clinical needs (babies at least 37-weeks' gestation), including care during normal labour and birth.[6] Level 2 maternity services do not have onsite medical, surgical, or anaesthetic capability; instead they have seamless transfer procedures to access higher level medical services if required.[6] Currently, there is no standardised Clinical Capability framework for a level 2 maternity service at the national level.

Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)
The peak advocacy body for Aboriginal and/or Torres Strait Islander Nurses and Midwives in Australia. CATSINaM honours a holistic and culturally safe approach to achieving optimal health and wellbeing for Aboriginal and/or Torres Strait Islander peoples and communities.[7] CATSINaM develop and promote strategies to ensure that this holistic and culturally safe approach is understood and applied by nurses and midwives working in Australia.[7]

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

Cultural determinants of health
For Aboriginal and Torres Strait Islander peoples, cultural determinants of health include family/community, Country and place, cultural identity, and self-determination.[8] These cultural determinants are associated with health and wellbeing benefits for First Nations peoples.[8]

Cultural safety
Cultural safety is about overcoming the power imbalances of places, people and policies that occur between the majority non-Indigenous position and the minority Aboriginal and Torres Strait Islander person so that there is no assault,

challenge, or denial of the Aboriginal and Torres Strait Islander person's identity, of who they are and what they need.

Cultural safety is met through actions from the majority position which recognise, respect, and nurture the unique cultural identity of Aboriginal and Torres Strait Islander people. Only the Aboriginal and Torres Strait Islander person who is recipient of a service or interaction can determine whether it is culturally safe.[9]

Doula / Djäkamirr

A doula is a non-medical professional that provides support during preg- nancy and childbirth. A djäkamirr is a Yolŋu doula, a cultural caretaker of pregnancy and birth. Djäkamirr have undergone government recognised vocational educational training alongside a Yolŋu knowledge curriculum. They use both knowledge systems and workforces, Western and Yolŋu, to provide culturally safe care for Yolŋu families in North East Arnhem land.[10]

Endorsed midwife

The Health Insurance Act 1963 defines midwives with endorsement for scheduled medicines as *participating midwives*, commonly referred to as *Endorsed midwives*[11] (including in this document). Endorsed midwives meet a registration standard in addition to that which is met by a midwife. This enables an Endorsed midwife to provide Medicare-funded care and order diagnostic tests and ultrasounds relating to pregnancy, birth, and the newborn period.[11] In addition, Endorsed midwives can prescribe and administer medication on their own authority. Endorsed midwives may apply to hospitals for visiting/admitting rights.[11] This means that a client of an Endorsed midwife may be admitted to hospital as a private patient of the midwife, in the same way that women can be admitted under the care of a private obstetrician. As well as providing hospital birth services, Endorsed midwives may also attend women for homebirths.

Health inequities

Health inequities are socially determined and widen the gap between those with the best and worst health and wellbeing. Giving special attention to the needs of those at greater risk of poor health and aiming for the highest possible standard of health for all people is health equity.[12]

Medicare / Medicare Benefits Schedule (MBS)

Medicare is the Commonwealth-funded health insurance scheme that provides free subsidised health care services to the Australian population. It was established in 1984 under the Health Insurance Act 1973 and is a universal system with the goal of providing Australians with affordable, accessible, and high-quality health care. The Medicare Benefits Schedule (MBS) is a key component of the Medicare system. It lists a range of professional services, and allocates a unique item number to each service, along with a description of the service (the 'descriptor'). In broad terms, the types of services on the MBS include consultation and procedural/ therapeutic (including surgical) services, as well as diagnostic services.[13]

Midwifery Group Practice (MGP)

The work unit of caseload midwives enabling women to be cared for by the same midwife (primary midwife) supported by a small group of midwives throughout their pregnancy, during childbirth and in the early weeks at home with a new baby.[7] Where situations arise that indicate a need for medical involvement, midwives work collaboratively with medical colleagues to co-ordinate the best care for mother and baby.[7] Midwives may work in public hospital MGP's, or other sectors including private practice and in ACCHSs.[14]

Midwifery scope of practice

Refers to the boundaries within which the profession of midwifery is educated, competent and permitted to perform by law. The actual scope of the individual midwife's practice will vary depending on the context in which the midwife works, the health needs of women and the baby or babies, the level of competence and confidence of the midwife, any additional training or education the midwife may have done, and the policy requirements of the service provider.[15]

National Aboriginal Community Controlled Health Organisation (NACCHO)

The national peak body representing over 145 Aboriginal Community Controlled Health Organisations (ACCHOs) across Australia, with a primary health care network across 550 sites.[1]

Pharmaceutical Benefits Scheme (PBS)

The Pharmaceutical Benefits Scheme (PBS) provides timely, reliable, and affordable access to necessary medicines for Australians. The PBS Schedule lists all of the medicines available to be dispensed to patients at a Government-subsidised price.[16] The Schedule is part of the wider PBS managed by the Department of Health and Aged Care and administered by Services Australia.[16]

Under the Remote Area Aboriginal Health Services Program, ATSICCHSs in remote areas can provide free PBS medicines to their patients.[17]

Primary health care

Care which provides integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with clients, and practicing in the context of family and community.

Respectful maternity care

Is an approach centred on an individual, based on principles of ethics and respect for human rights, and promotes practices that recognise women's preferences and women's and newborns' needs. Respectful maternity care is a universal human right that is due to every childbearing woman in every health system.[18]

Social determinants of health

Non-medical factors that influence health outcomes such as income and social protection, education, unemployment and job security, alcohol, and other drugs, working life conditions, food insecurity, housing, basic amenities and the environment, early childhood development, social inclusion and non-discrimination, structural conflict, and access to affordable health services of decent quality.[12]

Social and emotional wellbeing

"*Social and emotional wellbeing is the foundation of physical and mental health for First Nations people. This holistic view of health recognises that connection to land, sea, culture and spirituality all influence wellbeing. Social, historical and political factors can also affect wellbeing.*"[19]

Trauma-informed care

Trauma-informed care recognises "*how systemic, intergenerational, and collective trauma affects the nervous systems, impacts on culture and influence the social determinants of health [and] gently encourages transformation through self-reflection on 'being' and action planning for 'doing'.*"[9]

Wrap around services / wrap around care

In the context of Birthing on Country Services, wrap around services or care refers to the provision of additional support in the form of specialist perinatal social work, psychological and cultural care that are incorporated into the model of care. Individual staff members providing these services are part of the BoCS team, are readily available and are known to the woman in a continuity/relationship-based way. These staff have a consistent presence in the team and contribute (informally) to drop-in days and peer support groups to become familiar to the women so that they are more accepted when offering individual therapeutic support.

References

1. National Aboriginal Community Controlled Health Organisation. (2022). Annual report 2021 - 2022. NACCHO. https://www.naccho.org.au/app/uploads/2022/10/ NACCHO_ AnnualReport2021-22_website.pdf
2. Australian Bureau of Statistics. (2014). Indigenous status standard. ABS.
3. Department of Health and Aged Care. (2020). Defining the roles of Aboriginal Health Workers & Aboriginal Health Practitioners [Factsheet]. https://agedcare. royalcommission.gov.au/system/files/2020-10/ ATB.0001.0001.0076.pdf
4. Australian College of Midwives. (2021). Homepage. https://www.midwives.org.au/
5. Kildea. S., Magic-Dennis, F., & Stapleton H. (2013). Birthing on Country Workshop Report, Alice Springs, 4th July 2012. Australian Catholic University and Mater Medical Researh Institute on behalf of the Maternity Services Inter-Jurisdictional Committee for the Australian Health Minister's Advisory Council. https://www.health.act. gov.au/sites/ default/files/2018-09/Birthing%20on%20 Country%20Workshop%20Report.pdf
6. Australian Health Ministers' Advisory Council. (2012). National maternity services capability framework. Australian Government, Department of Health and Aged Care.
7. Congress of Aboriginal and Torres Strait Islander Nurses and Midwives. Homepage. https://catsinam.org.au/
8. Verbunt, E., Luke, J., Paradies, Y., Bamblett, M., Salamone, C., Jones, A., & Kelaher, M. (2021). Cultural determinants of health for Aboriginal and Torres Strait Islander people - a narrative overview of reviews. International Journal of Equity and Health, 20(181). https://doi.org/10.1186/ s12939-021-01514-2
9. Commonwealth of Australia, Department of Prime Minister and Cabinet. (2020). Definitions - Cultural Safety. National Agreement on Closing the Gap. https://www. closingthegap.gov.au/national-agreement/national-agreement-closing-the-gap/12-definitions
10. Ireland, S., Maypilama, E., Roe, Y., Lowell, A., & Kildea, S. (2021) Caring for Mum On Country: Exploring the transferability of the Birthing On Country RISE framework in a remote multilingual Northern Australian context. Women and Birth, 34(5), 487-492. https://doi. org/10.1016/j.wombi.2020.09.017
11. Nursing and Midwifery Board Australia. (2022). Endorsement for scheduled medicines [Factsheet]. https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/Fact-sheet-Endorsement-for-scheduled-medicines-for-midwives.aspx#
12. World Health Organization. (2022). Social determinants of health. https://www.who.int/ health-topics/social-determinants-of-health#tab=tab_1
13. Australian Department of Health and Aged Care. (2016). What is the MBS and Medicare? [Factsheet] http://www. msac.gov.au/internet/msac/publishing.nsf/Content/ Factsheet-03
14. Midwives Australia. (n.d.). Midwifery group practices. https://www.midwivesaustralia.com.au/women/ midwifery-group-practices/
15. Nursing and Midwifery Board of Australia. (2018). Midwife standards for practice. https://www. nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Profes- sional-standards/Midwife-standards-for-practice.aspx
16. Australian Government, Department of Health and Aged Care. (2023). The Pharmaceutical Benefits Scheme. https://www.pbs.gov.au/info/about-the-pbs
17. Australian Department of Health and Aged Care. (2023). About the Remote Area Aboriginal Health Services Program. https://www.health.gov.au/our-work/raahs-program/about
18. Bulto, G. A., Demissie, D. B., Tulu, A.S. (2020). Respectful maternity care during labor and childbirth and associated factors among women who gave birth at health institutions in the West Shewa zone, Oromia region, Central Ethiopia. BMC Pregnancy and Childbirth, 20(1), 443. https://doi.org/10.1186/s12884-020-03135-z
19. Australian Institute of Health and Welfare. (2023). Social and emotional wellbeing. https://www.indigenousmhspc. gov.au/topics/sewb#aboutthistopic
20. Australian Institute of Health and Welfare. (2023). Aboriginal and Torres Strait Islander mothers and babies. https://www.aihw.gov.au/reports/mothers-babies/ indigenous-mothers-babies/contents/summary
21. Australian Bureau of Statistics. Deaths, Australia. https://www.abs.gov.au/statistics/ people/population/ deaths-australia/latest-release
22. Australian Institute of Health and Welfare. (2023). Child protection Australia: 2021-22. https://www.aihw. gov.au/reports/child-protection/child-protection-australia-2021-22/ contents/about
23. Australian Government Productivity Commission. (2023). Closing the Gap Information Repository. https://www.pc.gov.au/closing-the-gap-data/dashboard/ socioeconomic/outcome-area12
24. Kildea, S., Gao, Y., Hickey, S., Nelson, C., Kruske, S., Carson, A., Currie, J., Reynolds, M., Wilson, K., Watego, K., Costello, J., Roe, Y. (2021). Effect of a Birthing on Country service redesign on maternal and neonatal health outcomes for First Nations Australians: a prospective, non-randomised, interventional trial. Lancet Global Health, 9(5) e651- e659. https://doi.org/10.1016/S2214-109X(21)00061-9
25. Gao, Y., Roe, Y., Hickey, S., Chadha, A., Kruske, S., Nelson, C., Carson, A., Watego, K., Reynolds, M., Costello, J., Tracy, S., & Kildea, S. (2023). Birthing on country service compared to standard care for First Nations Australians: a cost-effectiveness analysis from a health system perspective. The Lancet Regional Health – Western Pacific, 34, 100722. https://doi.org/10.1016/j.lanwpc.2023.100722
26. United Nations General Assembly. (2007). United Nations declaration on the rights of Indigenous peoples. https://humanrights.gov.au/our-work/un-declaration-rights-indigenous-peoples-1
27. Australian Government, Department of Health and Aged Care. (2019). Woman-centred care: Strategic direction for Australian maternity services. https://www.health.gov.au/ resources/publications/woman-centred-care-strategic-directions-for-australian-maternity-services?language=en
28. Commonwealth of Australia, Department of Prime Minister and Cabinet. (2020). National agreement on closing the gap. https://www.closingthegap.gov.au/sites/ default/files/files/national-agreement-ctg.pdf

29. Kildea, S., & Van Wagner, V. (2012). 'Birthing on Country' maternity service delivery models: a rapid review. Maternity Services Inter Jurisdictional Committee, Sax Institute.
30. Kildea, S., Lockey, R., Roberts, J., Magick-Dennis, F. (2016). Guiding Principles for Developing a Birthing on Country Service Model and Evaluation Framework, Phase 1. Mater Medical Research Unit and the University of Queensland on behalf of the Maternity Services Inter-Jurisdictional Committee for the Australian Health Ministers' Advisory Council.
31. Barclay, L., Kruske, S., Bar-Zeev, S., Steenkamp, M., Josif, C., Wulili Narjic, C., Wardaguga, M., Belton, S., Gao, Y., Dunbar, T. & Kildea, S. (2014). Improving Aboriginal maternal and infant health services in the 'Top End' of Australia; synthesis of the findings of a health services research program aimed at engaging stakeholders, developing research capacity and embedding change. BMC Health Services Resesarch, 14(1), 241. https://doi.org/10.1186/1472-6963-14-241
32. Kildea, S., Hickey, S., Barclay, L., Kruske, S., Nelson, C., Allen, J., Blackman, R., Roe, Y. L., & Sherwood, J. (2019). Implementing Birthing on Country services for Aboriginal and Torres Strait Islander families: RISE Framework. Women and Birth, 32(5), 466-475. https://doi.org/10.1016/j.wombi.2019.06.013
33. Kildea, S., Hickey, S., Nelson C., Currie, J., Carson, A., Reynolds, M., Wilson, K., Kruske, S., Passey, M., Roe, Y., West, R., Clifford, A., Kosiak, M., Watego, S. & Tracy, S. (2018). Birthing on Country (in Our Community): a case study of engaging stakeholders and developing a best-practice Indigenous maternity service in an urban setting. Australian Health Review, 42(2), 230-238. https://doi.org/10.1071/AH16218
34. Homer, C.S. (2016). Models of maternity care: evidence for midwifery continuity of care. Medical Journal of Australia, 205(8), 370-374. https://doi.org/10.5694/mja16.00844
35. Kingsley, J., Munro-Harrison, E., Jenkins, A., & Thorpe, A. (2018). "Here we are part of a living culture": Understanding the cultural determinants of health in Aboriginal gathering places in Victoria, Australia. Health & Place, 54, 210-220. https://doi.org/10.1016/j.healthplace.2018.10.001
36. Corcoran, P.M., Catling, C., & Homer, C.S.E. (2017). Models of midwifery care for Indigenous women and babies: A meta-synthesis. Women and Birth, 30(1), 77-86. https://doi. org/10.1016/j.wombi.2016.08.003
37. McInnes, R.J., Aitken-Arbuckle, A., Lake, S., Hollins Martin, C., & MacArthur, J. (2020). Implementing continuity of midwife carer - just a friendly face? A realist evaluation. BMC Health Services Research, 20(304). https://doi.org/10.1186/s12913-020-05159-9
38. McCalman, P., et al. (2022). "Trust, privacy, community, and culture: Important elements of maternity care for Aboriginal and Torres Strait Islander women giving birth in Victoria." Women and Birth 36: e150-e160
39. McLachlan, H. L., et al. (2012). "Effects of continuity of care by a primary midwife (caseload midwifery) on caesarean section rates in women of low obstetric risk: the COSMOS randomised controlled trial." Bjog 119(12): 1483-1492
40. Sandall J, et al. (2024). "Midwife continuity of care models versus other models of care for childbearing women." Cochrane Database of Systematic Reviews(4)
41. Tracy, S. K., Hartz, D., Tracy, M. B., Allen, J., Forti, A., Hall, B., White, J., Lainchbury, A., Stapleton, H., Beckmann, M., Bisits, A., Homer, C., Foureur, M., Welsh, A., & Kildea, S. (2013). Caseload midwifery versus standard maternity care for women of any risk: M@ NGO, a randomised controlled trial. The Lancet, 382(9906), 1723-1732. https://doi.org/10.1016/s0140-6736(13)61406-3
42. McLachlan, H. L., Newton, M., McLardie-Hore, F. E., McCalman, P., Jackomos, M., Bundle, G., Kildea, S., Chamberlain, C., Browne, J., Ryan, J., Freemantle, J., Shafiei, T., Jacobs, S. E., Oats, J., Blow, Ngaree, Ferguson, K., Gold, L., Watkins, J., Dell, M.,...Forster, D. A. (2022). Translating evidence into practice:Implementing culturally safe continuity of midwifery care for First Nations women in three maternity services in Victoria, Australia. eClinicalMedicine, 47, 101415. https://doi.org/10.1016/j.eclinm.2022.101415
43. McCalman, P., Forster, D., Springall, T., Newton, M., McLardie-Hore, F., & McLachlan, H. (2023). Exploring satisfaction among women having a First Nations baby at one of three maternity hospitals offering culturally specific continuity of midwife care in Victoria, Australia: A cross-sectional survey. Women and Birth, 36(6), e641-e651. https://doi.org/10.1016/j.wombi.2023.06.003
44. Kingsley, J., Munro-Harrison, E., Jenkins, A., & Thorpe A. (2021). Developing a framework identifying the outcomes, principles and enablers of 'gathering places': Perspectives from Aboriginal people in Victoria, Australia. Social Science & Medicine, 283, 114217. https://doi.org/10.1016/j.socscimed.2021.114217
45. Jongen, C., McCalman, J., Bainbridge, R., & Tsey, K. (2014). Aboriginal and Torres Strait Islander maternal and child health and wellbeing: a systematic search of programs and services in Australian primary health care settings. BMC Pregnancy and Childbirth, 14(251). https://doi.org/10.1186/1471-2393-14-251
46. Kruske, S. (2011). The characteristics of culturally competent maternity care for Aboriginal and Torres Strait Islander women. Standing Council on Health, Maternity Services Inter-jurisdictional Committee for the Australian Health Ministers' Advisory Council.
47. Kruske, S., Schultz, T., Eales, S., & Kildea, S. (2015). A retrospective, descriptive study of maternal and neonatal transfers, and clinical outcomes of a Primary Maternity Unit in rural Queensland, 2009–2011. Women and Birth, 28(1), 30-39. https://doi.org/10.1016/j. wombi.2014.10.006
48. Monk, A., Tracy, M., Foureur, M., Grigg, C., Tracy, S. (2014). Evaluating Midwifery Units (EMU): a prospective cohort study of freestanding midwifery units in New South Wales, Australia. BMJ Open, 4(10), e006252. https://doi.org/10.1136/bmjopen-2014-006252
49. Scarf, V.L., Rossiter, C., Vedam, S., Dahlen, H. G., Ellwood, D., Forster, D., Foureur, M. J., McLachlan, H., Oats, J., Sibbritt, D., Thronton, C., & Homer, C. S. E. (2018). Maternal and perinatal outcomes by planned place of birth among women with low-risk pregnancies in high-income countries: a systematic review and meta-analysis. Midwifery, 62, 240-255. https://doi.org/10.1016/j.midw.2018.03.024
50. Kruske, S., Kildea, S., Jenkinson, B., Pilcher, J., Robin, S., Rolfe, M., Kornelsen, J., & Barclay, L. (2016). Primary Maternity Units in rural and remote Australia: Results of a national survey. Midwifery, 40, 1-9. https://doi.org/10.1016/j.midw.2016.05.004
51. Birthplace in England Collaborative Group. (2011). Perinatal and maternal outcomes by planned place of birth for healthy women with low risk pregnancies: the Birthplace in England national prospective cohort study. British Medical Journal, 343, d7400. https:// doi.org/10.1136/bmj.d7400

52. Davis, D., Baddock, S., Pairman, S., Hunter, M., Benn, C., Wilson, D., Dixon, L., & Herbison, P. (2011). Planned place of birth in New Zealand: Does it affect mode of birth and intervention rates among low-risk women? Birth, 38(2), 111-119. https://doi. org/10.1111/j.1523-536x.2010.00458.x

53. Scherman, S., Smith, J., & Davidson, M. (2008). The first year of a midwifery-led model of care in Far North Queensland. Medical Journal of Australia, 188(2), 85-88. https://doi. org/10.5694/j.1326-5377.2008.tb01528.x

54. Kornelsen, J. & McCartney, K. (2015). The safety of rural maternity services without local access to cesarean section. Commissioned by Perinatal Services BC, BC Women's Hospital and Health Centre & University Centre for Rural Health, Australia.

55. Van Wagner, V., Osepchook, C., Harney, E., Crosbie, C., & Tulugak, M. (2012). Remote midwifery in Nunavik, Quebec, Canada: outcomes of perinatal care for the Inuulit- sivik health centre, 2000-2007. Birth, 39(3), 230-237. https:// doi.org/10.1111/j.1523- 536X.2012.00552.x

56. Participating Midwife Reference Group. (2019). Final report from the Participating Midwife Reference Group. https://www.health.gov.au/resources/publications/final-re-port-from-the-participating-midwife-reference-group

57. Australian Health Practitioner Regulation Authority and National Boards. (2020). Aboriginal and Torres Strait Islander health and cultural safety strategy 2020-2025. https://www.ahpra.gov.au/About-Ahpra/Aboriginal-and-Torres-Strait-Islander-Health-Strategy.aspx

58. Australian College of Midwives. (2021). National midwifery guidelines for consultation and referral 4th Edition. ACM.

59. Marriott, R., Reibel, T., Coffin, J., Gliddon, J., Griffin, D., Robinson, M., Eades, A.-M., & Maddox, J. (2019). "Our culture, how it is to be us" — Listening to Aboriginal women about on Country urban birthing. Women and Birth, 32(5), 391-403. https://doi. org/10.1016/j. wombi.2019.06.017

60. Congress of Aboriginal and Torres Strait Islander Nurses and Midwives. (2022). 'getting em n keeping em n growin em' (GENKE II): Strategies for Aboriginal and Torres Strait Islander nursing and midwifery education reform. https://issuu.com/catsinam1/docs/ catsinam_education_ plan_2022_v18.0_final

61. Ireland, S., Montgomery-Andersen, R., & Geraghty, S. (2019). Indigenous doulas: A literature review exploring their role and practice in western maternity care. Midwifery, 75, 52-58. https://doi.org/10.1016/j. midw.2019.04.005

62. Commonwealth of Australia Department of Health and Aged Care. (2022). National Aboriginal and Torres Strait Islander health workforce strategic framework and implementation plan 2021–2031. https://www.health.gov. au/resources/publications/ national-aboriginal-and-torres-strait-islander-health-workforce-strategic-frame-work-and-implementation-plan-2021-2031?language=en

63. Ussher, J. M., Charter, R., Parton, C., & Perz, J. (2016) Constructions and experiences of motherhood in the context of an early intervention for Aboriginal mothers and their children: mother and healthcare worker perspectives. BMC Public Health, 16(1), 620. https://doi. org/10.1186/s12889-016-3312-6

64. Sherwood, J., & Edwards, T. (2006). Decolonisation: A critical step for improving Aboriginal health. Contemporary Nurse, 22(2), 178-190. https://doi. org/10.5172/ conu.2006.22.2.178

65. Clifford, A., McCalman, J., Bainbridge, R., & Tsey, K. (2015). Interventions to improve cultural competency in health care for Indigenous peoples of Australia, New Zealand, Canada and the USA: A systematic review. International Journal for Quality in Health Care, 27(2), 89-98. https://doi. org/10.1093/intqhc/mzv010

66. Hine R, Krakouer, J., Elston, J., Fredericks, B., Hunter, S.-A., Taylor, K., Stephens, T., Couzens, V., Manahan, E., DeSouza, R., Boyle, J., Callander, E., Cunningham, H., Miller, R., Willey, S., Wilton, K., & Skouteris, H. (2023). Identifying and dismantling racism in Australian perinatal settings: Reframing the narrative from a risk lens to intentionally prioritise connectedness and strengths in providing care to First Nations families. Women and Birth, 36(1), 136-140. https://doi.org/10.1016/j.wombi.2022.04.007

67. Watkins, V., Nagle, C., Yates, K., McAuliffe, M., Brown, L., Byrne, M., & Waters, A. (2023). The role and scope of contemporary midwifery practice in Australia: A scoping review of the literature. Women and Birth, 36(4), 334-340. https://doi.org/10.1016/j. wombi.2022.12.001

68. Kruger, G. B., & McCann, T. V. (2018). Challenges to midwives' scope of practice in providing women's birthing care in an Australian hospital setting: A grounded theory study. Sexual & Reproductive Healthcare, 18, 37-42. https://doi.org/10.1016/j. srhc.2018.09.001

69. Medway, P. (2022). Barriers and enablers for midwives to use the Nursing and Midwifery Board of Australia's 2019 Endorsement for scheduled medicines for midwives. Women and Birth, 35, 11-12. https://doi.org/10.1016/j. wombi.2020.06.001

70. Commonwealth of Australia. (2020). 2019 Midwives [Factsheet] https://hwd.health.gov. au/resources/ publications/factsheet-midw-2019.pdf

71. Kelly, J., West, R., Gamble, J., Sidebotham, M., Carson, V., & Duffy, E. (2014). 'She knows how we feel': Australian Aboriginal and Torres Strait Islander childbearing women's experience of Continuity of Care with an Australian Aboriginal and Torres Strait Islander midwifery student. Women and Birth, 27, 157-162. https://doi.org/10.1016/j. wombi.2014.06.002

72. Salmon M, Doery, K., Dance, P., Chapman, J., Gilbert, R., Williams, R. & Lovett, R. (2019). Defining the indefinable: Descriptors of Aboriginal and Torres Strait Islander peoples' cultures and their links to health and wellbeing: A literature review. National Centre for Epidemiology and Population Health (NCEPH), Research School of Population Health, The Australian National University. https://doi. org/10.25911/5bdbcdf5c89a7

73. A New Approach (ANA) think tank. (2020). Transformative: impacts of culture and creativity. Australian Academy of the Humanities. https://newapproach.org.au/insight-re-ports/transformative-impacts-of-culture-and-creativity/

74. Roy, A., Noormohamed, R., Henderson, R., & Thurston, W. (2015). Promising healing practices for interventions addressing intergenerational trauma among Aboriginal Page 49 youth: A scoping review. First Peoples Child & Family Review, 10(2), 62-81. https://doi. org/10.7202/1077262ar

75. Strange, C., Bremner, A., Fisher, C., Howat, P., & Wood, L. (2016). Mothers' group participation: associations with social capital, social support and mental wellbeing. Journal of Advanced Nursing, 72(1), 85-98. https://doi. org/10.1111/jan.12809

76. Fancourt, D. & Finn, S. (2019). What is the evidence on the role of the arts in improving health and well-being? A scoping review. World Health Organisation Regional Office for Europe. https://www.artsandhealth.ie/research-evaluation/who-report-what-is-the- evidence-on-the-role-of-the-arts-in-improving-health-and-well-being-a-scoping-re-view/
77. Gordon-Nesbitt, R., & Howarth, A. (2020). The arts and the social determinants of health: findings from an inquiry conducted by the United Kingdom All-Party Parliamentary Group on Arts, Health and Wellbeing. Arts & Health, 12(1), 1-22. https://doi.org/10.1080/ 17533015.2019.1567563
78. Sullivan, R., Perry, R., Sloan, A., Kleinhaus, K., Burtchen, N. (2011). Infant bonding and attachment to the caregiver: insights from basic and clinical science. Clinics in Perina- tology, 38(4), 643-655. https://doi.org/10.1016/j.clp.2011.08.011
79. Han, H. R., Miller, H. N., Nkimbeng, M., Budhathoki, C., Mikhael, T., Rivers, E., Gray, J., Trimble, K., Chow, S., & Wilson, P. (2021). Trauma informed interventions: A systematic review. PLoS One, 16(6), e0252747. https://doi.org/10.1371%2Fjournal.pone.0252747
80. Segal, L., Nguyen, H., Gent D, Hampton C, Boffa J. (2018). Child protection outcomes of the Australian Nurse Family Partnership Program for Aboriginal infants and their mothers in Central Australia. PLoS One, 13(12), e0208764. https://doi.org/10.1371/ journal.pone.0208764
81. Huo, Y., Couzner, L., Windsor, T., Laver, K., Dissanayaka, N. N., & Cations, M. (2023). Barriers and enablers for the implementation of trauma-informed care in healthcare settings: A systematic review. Implement Science Communications, 4(1), 49. https://doi. org/10.1186/s43058-023-00428-0
82. Long, T., Aggar, C., Grace, S., & Thomas T. (2022). Trauma informed care education for midwives: An integrative review. Midwifery, 104, 103197. https://doi.org/10.1016/j.midw.2021.103197
83. Knight, C., & DiAnne Borders, L. (Eds.). (2020). Trauma-informed supervision core components and unique dynamics in varied practice contexts. Routledge.
84. Chamberlain, C., … Langton, M. (2022). Supporting Aboriginal and Torres Strait Islander Families to Stay Together from the Start (SAFeST Start): Urgent call to action to address crisis in infant removals. Australian Journal of Social Issues, 57(2), 252-273. https://doi.org/10.1002/ajs4.200
85. O'Dea, B., et al. (2024). "Breaking the cycle: Effect of a multi-agency maternity service redesign on reducing the over-representation of Aboriginal and Torres Strait Islander newborns in out-of-home care: A prospective, nonrandomised, intervention study in urban Australia." Child Abuse & Neglect 149: 106664.
86. McCalman, P., et al. (2024). "Safe, connected, supported in a complex system." Exploring the views of women who had a First Nations baby at one of three maternity services offering culturally tailored continuity of midwife care in Victoria, Australia. A qualitative analysis of free-text survey responses." Women and Birth(6): e641-e651.
87. McCalman, P. (2025). Digging Down to the Deep Story: Understanding the Views and Experiences of Aboriginal and Torres Strait Islander Women who Gave Birth during the Baggarrook Yurrongi Project in Naarm, Victoria. Judith Lumley Centre La Trobe Doctor of Philosophy.
88. Dietsch, E., et al. (2011). "Australian Aboriginal kinship: A means to enhance maternal well-being." Women and Birth 24(2): 58-64.
89. Smylie, J., Kirst, M., McShane, K., Firestone, M., Wolfe, S., & O'Campo, P. (2016). Under- standing the role of Indigenous community participation in Indigenous prenatal and infant-toddler health promotion programs in Canada: A realist review. Social Science & Medicine, 150, 128-143. https://doi.org/10.1016/j.socscimed.2015.12.019
90. McCalman, J., Bainbridge, R., Brown, C., Tsey, K., & Clarke, A. (2018). The Aboriginal Australian Family Wellbeing Program: A historical analysis of the conditions conditions that enabled its spread. Frontiers in Public Health, 6, 26. https://doi.org/10.3389/fpubh.2018.00026
91. Clark, Yvonne, et al. "Lateral violence and lateral empowerment in relation to young Indigenous populations across the CANZUS nations: a scoping review." Australian Journal of Psychology 77.1 (2025): 2521787
92. Kildea, Sue, et al. "Reducing preterm birth amongst Aboriginal and Torres Strait Islander babies: a prospective cohort study, Brisbane, Australia." EClinicalMedicine 12 (2019): 43-51
93. Parliament of Australia. (2023). Ending the postcode lottery: Addressing barriers to sexual, maternity and reproductive healthcare in Australia. https://www.aph.gov.au/ Parliamentary_Business/Committees/Senate/Community_Affairs/Reproductive- Healthcare/Report
94. Australian Government, Department of Health and Aged Care. (2016). National framework for health services for Aboriginal and Torres Strait Islander children and families. https://iaha.com.au/wp-content/uploads/2016/12/National-Frame-work-for-Health-Services-for-Aboriginaland-Torres-Strait-Islander-Children-and-Families.
95. Australian Government, Department of Health and Aged Care. (2019). National men's health strategy 2020-2023. https://www.health.gov.au/resources/publications/national-mens-health-strategy-2020-2030?language=en
96. Australian Government, National Indigenous Australian Agency (2024). National Indigenous Australians Agency Corporate Plan 2024-2025. https://www.niaa.gov.au/sites/default/files/documents/2024-08/NIAA-Corporate-Plan-2024-25.pdf

Acknowledgements

Graphic Design

- Floodlight Creative

Photography

- Pat Josse
- Charles Darwin University
- The Molly Institute thanks all families and communities that gave consent and provided their photos for use in this Roadmap.
- Uluru (pg. 6-7) - iStock.com

Copy Editing

- Loris Muir
- Suzanne Moore
- Dr Anneka Bowman
- Dr Res McCalman

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.

Acknowledgement of funding

The Birthing on country CRE acknowledges the funding provided to facilitate development of the Roadmap for Birthing on Country Services 2025-2035, by the National Health and Medical Research Council (NHMRC).

Suggested citation:
Molly Wardaguga Research Institute (2025) *National Roadmap for Birthing on Country Services 2025-2035 Version 6*. MWRI: Charles Darwin University.

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

Molly Wardaguga Institute for First Nations Birth Rights
at molly.admin@cdu.edu.au

Or visit:

cdu.edu.au/molly-institute

The Molly Wardaguga Institute for First Nations Birth Rights (the Molly Insitute) weave our values of **Truth Telling, Justice, Custodianship, Trusting Relationships and Accountability** throughout all our work.

To respond to First Nations community aspirations, and our partners in industry, the Molly Wardaguga Institute assembles a transdisciplinary team across Australia which include experts in the field of First Nations methodology and knowledge holders, inter-cultural communication, midwifery, nursing, participatory action research, community development and investment, digital media, public health, health economy, AI/machine learning, sociology, anthropology, biostatistics, epidemiology, neonatology, implementation science, medicine, health services, translational research, and included the lived experience of our First Nations staff.

CHARLES DARWIN UNIVERSITY AUSTRALIA

MOLLY WARDAGUGA
Institute for First Nations Birth Rights