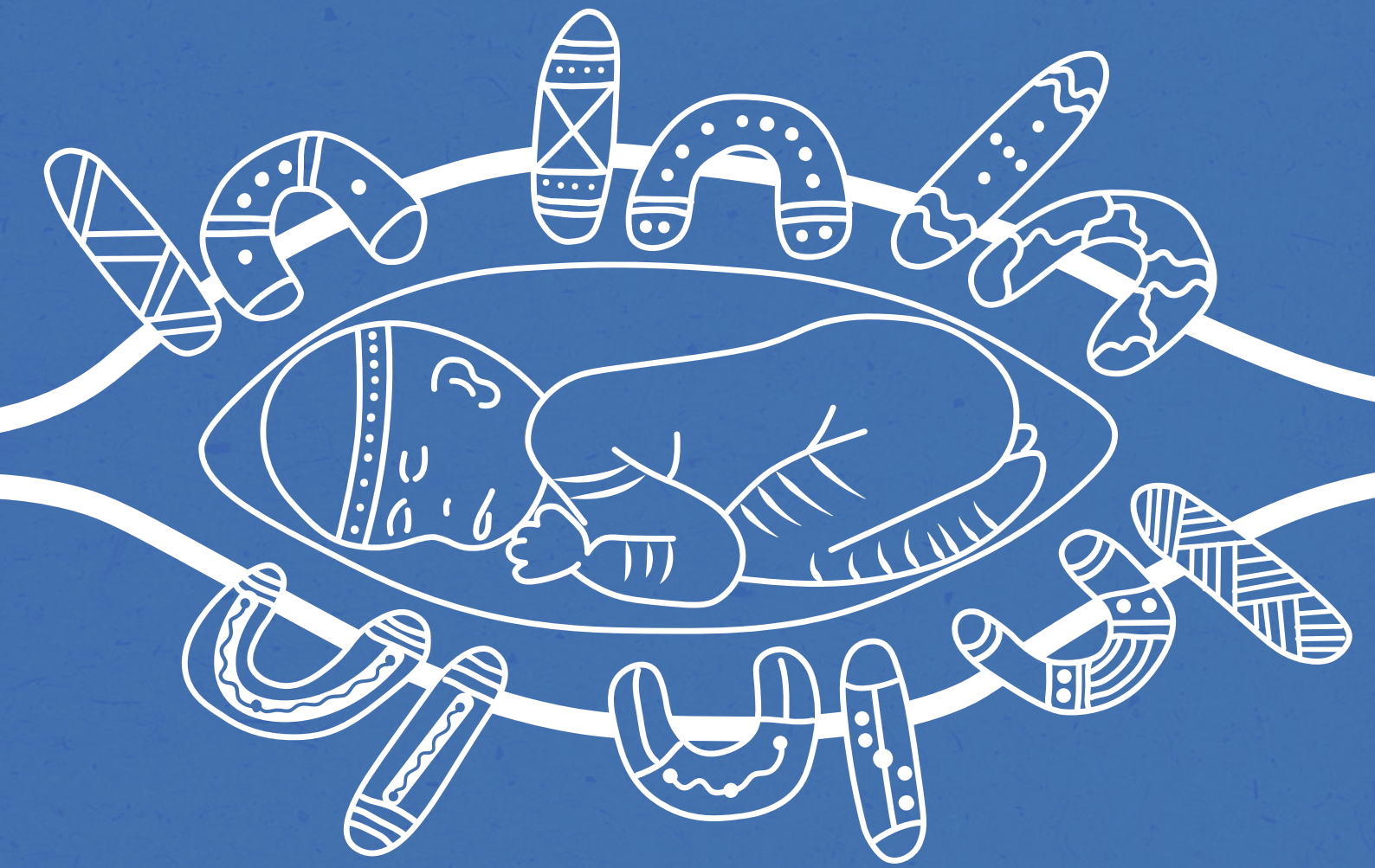
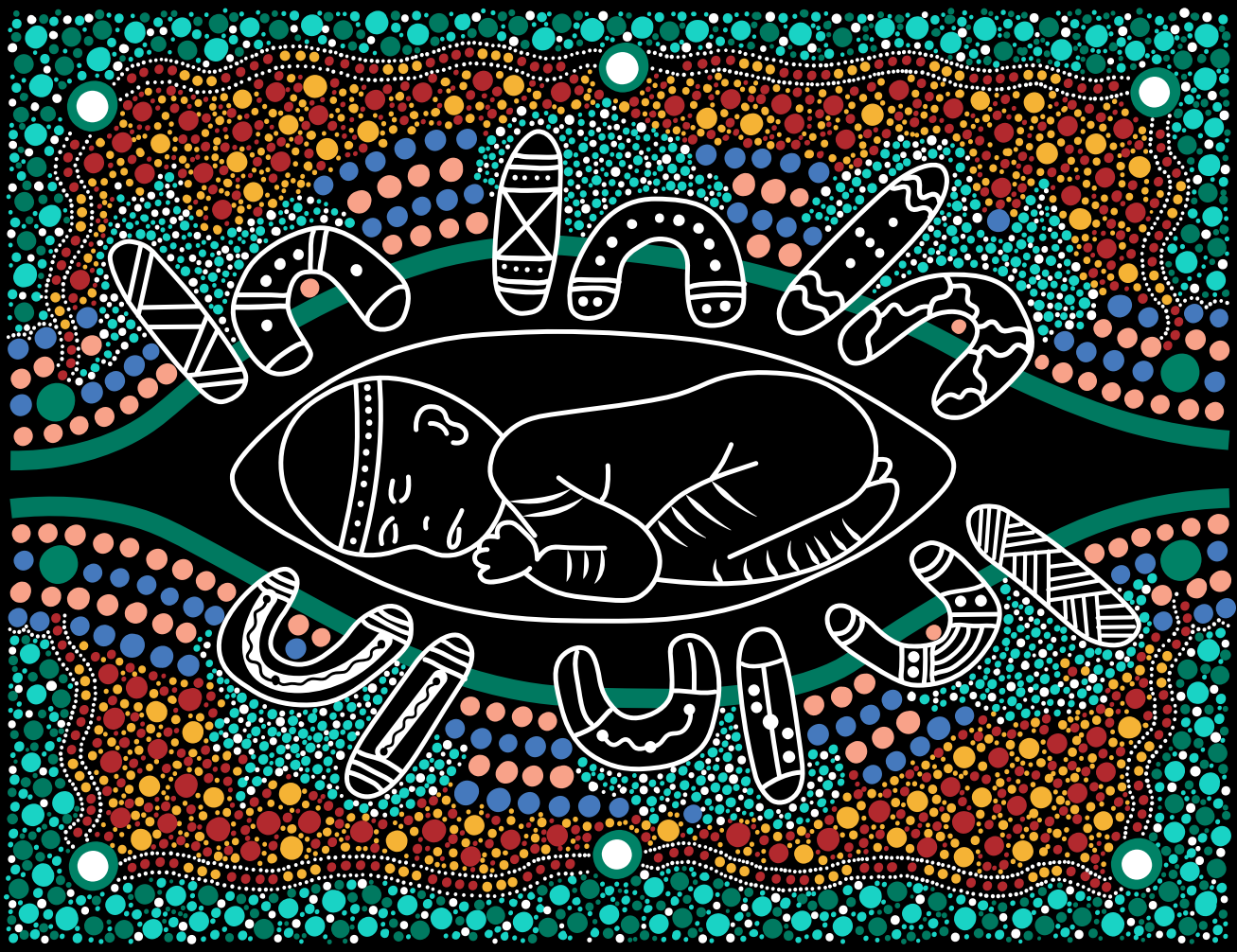
Maternity Services Integration Project (MSIP)

State-wide review of models of maternity service



QAIHC

Queensland Aboriginal and Islander Health Council



Birthing Story © Samantha Neilson, 2020. *This painting is my story. It talks about how all my children have made a great impact on my life. It shows the baby/children in the middle of my world. The women sitting around the baby represent all the Mothers, Sisters, and Aunties, but most of all the midwives and doctors that helped in making the birthing process an enjoyable experience. The journey lines are the appointments that I and the family members attended for the health of our baby girl and myself. The bold dots symbolise the strong women and men about to become parents and/or extending too. The smaller dots around the women are the people in their lives encouraging them with their journey. The ochre red and yellow dots stand for the land that we all walk on. The blue and green dots are the waters that flow and change with the tides. The baby is outlined for some are walking among/beside us in the spirit world.*

Acknowledgement

QAIHC acknowledges the Traditional Owners of the lands throughout Queensland. We respect and acknowledge the Elders that walked before us, and those who walk beside us today to continue to guide the birthing practices for women who are birthing Aboriginal and Torres Strait Islander babies.

QAIHC would like to acknowledge the contributions of the following people to MSIP: Wyomie Robertson, Margaret Cashman, Karen Francisco, Dr Lucy Morris, Rachel Doolan, Angela Young, Dr Kelly Dingli, Dr Rebecca Soole, Jenny Gillett, Georgina Chelberg, Stacey Giles, Dr Stephen Lambert, Prof Gregory Phillips

Maternity Services Integration Project (MSIP): State-wide Review of Models of Maternity Service. Brisbane: QAIHC.

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About QAIHC

The Queensland Aboriginal and Islander Health Council (QAIHC) was established in 1990 by dedicated and committed Aboriginal and Torres Strait Islander leaders within the community-controlled health sector. From our first meeting in 1990 QAIHC has grown to be a national leader in Aboriginal and Torres Strait Islander health as a voice for our 28 Members, the Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs) in Queensland.

QAIHC, like our ATSICCHOs, embodies self-determination and is governed by an Aboriginal and Torres Strait Islander board that is elected by our Members. ATSICCHOs' boards are elected by members of the local community and they deliver services that build, strengthen and enable self-determination for the local Aboriginal and Torres Strait Islander community and peoples.

QAIHC Members work tirelessly to provide culturally appropriate, comprehensive, primary health care services to local Aboriginal and Torres Strait Islander communities in Queensland. Collectively they have established more than 70 clinics across the State to service the Aboriginal and Torres Strait Islander population. Our Members are also supported by two regional bodies—Institute of Urban Indigenous Health (IUIH) and Northern Aboriginal and Torres Strait Islander Health Alliance (NATSIHA).

These Members provide more than just holistic Primary Health Care models, they help the whole community and regional economies by encouraging whole of community wellbeing, creating local jobs and wages and ensuring local design of services.

QAIHC and our Members have reduced barriers to access and institutional racism which has led to improved health outcomes for Aboriginal and Torres Strait Islander peoples.

Nationally, QAIHC represents the ATSICCHOs through its affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO) and is regarded as an expert in its field.

QAIHC, as the peak of ATSICCHOs of Queensland, has prepared this report of the ATSICCHO delivery model for maternity services across Queensland, with a focus on integrated care that supports and addresses the needs of the community.

Executive Summary

1

Creating safe birthing journeys for women birthing Aboriginal and Torres Strait Islander babies is the foundation required to ensure the best possible outcomes for women and their babies. To improve the outcomes for women birthing Aboriginal and Torres Strait Islander babies, we must first understand their journey.

The *Growing Deadly Families Strategy 2019–2025* (the Strategy)[1] is the Queensland Government's commitment to action that improves the patient journey and promotes strong outcomes for women birthing Aboriginal and Torres Strait Islander babies, and their babies. Under the Strategy, the Maternity Services Integration Project (MSIP) was funded.

The MSIP presented an opportunity for QAIHC to review the maternity Models of Care (MoC) available to women birthing Aboriginal and Torres Strait Islander babies in Queensland. There are five MoC for maternity services that are formally recognised by the Office of the Chief Nurse and Midwifery Officer and an ATSICCHO MoC. Across Queensland, there is variation in how these models are adapted and enhanced through culture, holistic health, partnerships, integration and self-determination.

This report aims to provide some background and policy context, to highlight what models are available and how they are enhanced using programs aimed at improving cultural support, and to explore any system and policy barriers that prevent women from experiencing an efficient, effective and culturally safe maternity journey. Finally, the report outlines six practical recommendations which, if actioned, would address the three priorities identified in the Strategy.[1]

2 Introduction

QAIHC secured funding from the Aboriginal and Torres Strait Islander Health Division (ATSIHD) and the Clinical Excellence Division to deliver the Maternity Services Integration Project (MSIP) in 2019. The MSIP had three components:

- *a state-wide review of maternity service models used across the ATSICCHO sector to deliver maternity services*
- *local place-based delivery of integration activities*
- *an evaluation.*

The overarching aim of the MSIP is to improve the maternity services journey of women birthing Aboriginal and Torres Strait Islander babies in Queensland across primary and tertiary health care settings working together to provide one system of care.

This MSIP statewide review report aims to address:

- the availability of Maternity Service Models of Care across Queensland
- the approaches used to enhance the delivery of Models of Care to ensure cultural safety
- the system and policy barriers preventing women birthing Aboriginal and Torres Strait Islander babies from experiencing culturally safe maternity service delivery.

The report contains information on maternity services data, the policy environment, existing service delivery models by Hospital and Health Service (HHS) region and examples of culturally safe programs. Four system and priority barriers are identified which, if left unaddressed, will undermine the National Agreement on Closing the Gap's (National Agreement)[2,3] four priority reforms. Based on the information in this report, six recommendations have been provided which provide practical steps that can be taken to ensure women birthing Aboriginal and Torres Strait Islander babies can have a say in how maternity services are designed and delivered, that they don't have to keep telling their story to different people and that there are more Aboriginal and Torres Strait Islander people providing maternity care.

2.1 Background

Australia has some of the best maternal health outcomes worldwide, evidenced by low maternal and infant mortality rates. However, there are significant inequalities in maternal and perinatal health outcomes for Aboriginal and Torres Strait Islander women compared with non-Indigenous women. In 2016, the Australian Maternal Mortality Ratio (MMR) was 8.5 per 100,000 women. In contrast, between 2012 and 2016, the age-standardised MMR for Aboriginal and Torres Strait Islander women was 31.6 per 100,000, representing a rate almost four times higher than national figures.[4] Furthermore, the perinatal mortality rate between 2013 to 2014 for Aboriginal and Torres Strait Islander births was 15.8 per 1,000 births compared with the national average of 9.7 per 1,000 births.[5]

The disparities in maternal and infant health outcomes for Aboriginal and Torres Strait Islander peoples result from complex, and often interrelated factors. Many Aboriginal and Torres Strait Islander peoples are subject to a myriad of social determinants that have a fundamental influence on quality of life across the life span, such as prevalence of chronic diseases.[6] Maternal health services play a vital role in creating a healthy foundation through supporting women during pregnancy, birth and the postpartum period. This support is vital for helping close the gap in Aboriginal and Torres Strait Islander and non-Indigenous health outcomes. Gao and colleagues postulate that maternal and infant health outcomes can be improved when Aboriginal and Torres Strait Islander women participate in coordinated maternity care programs focused on the delivery of midwifery support.[7]

Implementation science research indicates that a range of context specific factors can function as enablers or inhibitors to service integration.[8] Known as 'determinants of practice', an understanding of these context specific factors is required to ensure innovation in healthcare is successful.[9] To date, research on the factors that may prevent or facilitate integration of maternity services for women birthing Aboriginal and Torres Strait Islander babies is lacking.

When considering how to improve maternal and infant health outcomes for women birthing Aboriginal and Torres Strait Islander babies, and their babies, it is important to firstly understand the breadth and depth of the local context.

In 2013, the state of Queensland had the second highest number of Aboriginal and Torres Strait Islander births of all states and territories across Australia.[10] Approximately 4,000 Aboriginal and Torres Strait Islander babies were born in Queensland in 2016.

Aboriginal and Torres Strait Islander women in Queensland accounted for 15 per cent of the maternal deaths, despite only accounting for 5.8 per cent of the births between 2006 and 2015. Aboriginal and Torres Strait Islander babies were 1.6 times more likely to die in infancy than non-Indigenous infants. Moreover, only 62.5 per cent of Aboriginal and Torres Strait Islander women attended an antenatal visit in the first trimester compared with the overall Queensland rate of 79.2 per cent; and less than 90 per cent attended five or more antenatal visits during their pregnancy.[11]

Compounding these statistics are gaps in the health information system data needed to inform systemic maternal health reform.[12] In addition to the delivery of front-line clinical care, information sharing underpins the planning, coordination, integration and delivery of effective maternity services.[13] This is particularly relevant for creating and sustaining maternal health pathways that support women birthing Aboriginal and Torres Strait Islander babies to engage in their clinical care journey throughout HHS and community-controlled primary health care contexts.

2.2 Policy context

Aboriginal and Torres Strait Islander Maternal and Child health outcomes are a priority in national and state policy documents, which highlight the need for focused and effective efforts to create positive change.

National:

The *National Agreement on Closing the Gap*[2,3] (agreed in July 2020) identifies four priority reform areas which are designed to change and measure the way governments are working with Aboriginal and Torres Strait Islander peoples and communities. It also identifies sixteen socio-economic targets focused on areas including education, employment, health and wellbeing, justice, safety, housing, land and waters, and Aboriginal and Torres Strait Islander languages.Targets of specific relevance to maternity services include:

- **Target 1:** Close the Gap in life expectancy within a generation, by 2031.
- **Target 2:** By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91 per cent.
- **Target 4:** By 2031, increase the proportion of Aboriginal and Torres Strait Islander children assessed as developmentally on track in all five domains (physical health and wellbeing, social competence, emotional maturity, language and cognitive skills (school based) communication skills and general knowledge) of the Australian Early Development Census (AEDC) to 55 per cent.[3]

In 2008, the Council of Australian Governments had agreed to prioritise 'Closing the Gap' through the *National Indigenous Reform Agreement* (NIRA). The *National Agreement on Closing the Gap* builds upon those concerted efforts to improve the health outcomes of Aboriginal and Torres Strait Islander peoples.

Queensland:

In Queensland, the efforts, investment and priorities for the health of Aboriginal and Torres Strait Islander peoples is guided by the *Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033: Policy and Accountability Framework* (Making Tracks).[14]

Making Tracks involves a revision of the investment and direction of efforts every three years and aims to provide current, evidence-based decisions that support improved outcomes. Making Tracks has a whole-of-life view, with interventions focused across the lifecycle, but specifically identifies a priority area of: "A healthy start to life—Giving Aboriginal and Torres Strait Islander children 0–8 years a healthy and safe start to life through effective women's health services, antenatal and infant care, improved education outcomes and child protection services."[14]

In November 2019, the Queensland Minister for Health announced the launch of the *Growing Deadly Families Strategy*.[1] The Strategy was informed by a Clinical Senate Forum held in 2017, attended by maternity service health professionals, policy writers, senior government advisers and consumers. As documented in the Strategy, there was an overwhelming recurrence of three themes:

1. we want a say in how maternity services are designed and delivered
2. we don't want to keep telling our same story to different people
3. we want more of our people providing our maternity care.

The Strategy[1] aims to prioritise locally developed solutions to support better integrated care through sharing of information processes and improved professional relationships between the ATSICCHO Sector and Queensland HHSs.

In August 2020, the *Health Legislation Amendment Act 2020* was assented by Queensland Parliament following reports by the Queensland Human Rights Commission (QHRC) and QAIHC.[15–17] The Act sets out a range of amendments to the *Hospital and Health Boards Act 2011*, which includes a now legislated requirement for the HHS to have a Health Equity Strategy and a position of the Board of Directors which is a role specifically designated for a person who identifies as Aboriginal and/or Torres Strait Islander. The *Health Legislation Amendment Act 2020* is part of a wider health reform agenda across Queensland which seeks to ensure there are Aboriginal and Torres Strait Islander voices and guidance across all levels of HHS governance.

Maternity Models of Care

3

There are five main models of maternity service delivery in Queensland which are:

- *Midwifery led continuity of care*
- *General Practitioner (GP) shared care*
- *Private midwife care*
- *Private obstetric care*
- *Public Hospital maternity care.*[18]

Concurrent to the maternity service Models of Care, there is an ATSICCHO Model of Care.

The maternity service Models of Care vary across the state, influenced by the system of care available, historical precedence, as well as relevant government policies and geographical location. These models are also adapted differently to enhance the cultural capability of the model for women birthing Aboriginal and Torres Strait Islander babies.

3.1 The ATSICCHO Model of Care

The Queensland ATSICCHO Model of Care[19] involves an Aboriginal and Torres Strait Islander Health Worker/Practitioner (ATSIHW/P) whose role is to provide patient support and coordination of services. The integration of the ATSIHW/P role into service delivery in maternity service Models of Care is essential to improve the experience for women birthing Aboriginal and Torres Strait Islander babies in Queensland.

A report by the Standing Council on Health, published by the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), outlined the key characteristics of culturally safe maternity services which includes, but is not limited to: continuity of care, relationships, collaborations with ATSICCHOs and staff attitudes and respect.[20]

3.2 Midwifery-led Continuity of Care

Midwifery-led Continuity of Care is a maternity Model of Care where small groups of midwives work together to provide antenatal, intrapartum and postnatal care. This model supports midwives to be allocated to clients, enabling the client to build an ongoing relationship with the midwife. This model of care enables the midwife to coordinate the care where other health providers are needed for physical, emotional and psychological care.[21]

The costs associated with this model vary dependent on whether the model is access through a public or private setting.

The Midwifery-led Continuity of Care model can be delivered in both private and public settings. The model can reflect care being delivered by a known midwife or a small group of midwives. Where care is delivered by a small group of midwives the model is known as Midwifery Group Practice (MGP). In the Midwifery-led Continuity of Care model the midwife delivers majority of the maternity services and is the central coordination point for all specialist services required.

3.3 GP share care

GP share care is a model of maternity services where women are able to opt to have more of their antenatal and postnatal care delivered by their local GP. This model of care attracts some Medicare and private health rebates to assist with the cost of care.

Under the GP share care model, the GP is able to provide a large part of the care including antenatal and postnatal care, whilst the public hospital staff will provide care during birth. Women will birth at the hospital with the maternity ward staff who are rostered on at the time of birth. Many HHSs have guideline documents outlining the roles and responsibilities of each party in the hospital's share care model. Queensland Health has an overarching maternity share care guideline published in 2016 which provides guidance on how this model is applied within Queensland Health facilities.[22]

This model of care enables the GP to coordinate the care where other health providers are needed for physical, emotional and psychological care.[23] For example, any person selecting GP shared care who will be birthing in Metro North HHS (MNHHS) will be managed in accordance with the Queensland Clinical Guidelines: Maternity Shared care. These guidelines outline the roles and responsibilities of each party as well as operational requirements of the management of women under this model.[24]

3.4 Private midwife care

Private midwife care is a model of maternity services where care is provided by a paid midwife. This model of care attracts some Medicare and private health rebates to assist with the cost of care. Private midwife care allows clients to select their preferred midwife. Selecting care with a private midwife also enables women to ensure they will have continuity of care with the midwife through the antenatal, birth and postnatal periods. With the appropriate hospital permissions, private midwives are able to provide the care during birthing. Some private midwives are also able to provide the care for a home birth.

3.5 Private obstetric care

Private obstetric care is a model of maternity services where care is provided by a private obstetrician. As with private midwife care, selecting care with a private obstetrician may incur out of pocket costs after Medicare and private health insurance rebates. Selecting private obstetric care enables women to have access to specialist care throughout the entire pregnancy, during birth and through the postnatal period.

3.6 Public Hospital maternity care

Public Hospital maternity care is a model of maternity services where all care during pregnancy, birth, and postnatal is provided within the public hospital setting. As the care is provided within a public health organisation, there are no out of pocket costs to patients who select this model of care. Public Hospital maternity care enables women to have access to a full range of specialist and other services at no cost, should these be required.

Availability of Maternity Models of Care across Queensland

4

Within the public hospital setting there are often different models of care available depending on the geographical location. The available models may have limitations including restricted client numbers in popular models such as Midwifery Group Practice (MGP) models, travel requirements for women where the hospital is not a birthing hospital or where the woman's risk categorisation is above low-risk.

In 2019, QAIHC conducted a survey of 26 ATSICCHOs across Queensland. The survey received 26 responses and 60 per cent of the ATSICCHOs who participated reported having both a midwife employed within the service and a dedicated ATSIHW/P on site. In the same survey, more than 75 per cent reported having a dedicated space for a Mums and Bubs Clinic. Approximately 70 per cent of respondents reported having some form of shared care arrangement options for maternity service delivery.

This section provides a brief summary of the HHS models and integration with each ATSICCHO within each HHS region. The map on page 22 provides a graphical description of the HHS and ATSICCHO locations.

4.1 Far North Queensland

In Far North Queensland, the Apunipima Cape York Health Council (Apunipima) and the Torres and Cape HHS (TCHHS) offer a MGP model of care to all patients. Whether the care is provided by Apunipima or TCHHS is dependent on the geographical location the woman resides. The availability of this model supports women to receive their antenatal and postnatal care from a known midwife.

TCHHS has two locations that provide birthing services: Cooktown Multipurpose Health Service and Thursday Island Hospital.

For women with a risk level above low risk, travel to Cairns is required for the birth and women may be expected to travel anywhere from 32 weeks gestation. Apunipima provides antenatal and postnatal care in the community as well as working with the Cairns Hospital to ensure women are accessing maternity care whilst in Cairns. For women whose pregnancies are considered highly complex, travel to Townsville or Brisbane may be required.

4.2 Cairns and Hinterland

The Cairns and Hinterland HHS (CHHHS) services a region that has the highest number of Aboriginal and Torres Strait Islander people compared to other HHS areas across Queensland, with approximately 30 per cent of CHHHS patients overall identifying as Aboriginal and Torres Strait Islander people.[25]

The CHHHS also has the largest number of ATISCCHOs operating within the HHS catchment, being:

- Wuchopperen Health Service (Wuchopperen)
- Mamu Health Service Limited (Mamu)
- Gurriny Yealamucka Health Service Aboriginal Corporation (Gurriny)
- Mulungu Aboriginal Corporation Medical Centre (Mulungu)
- Apunipima.

All of the ATSICCHOs operating within the CHHHS catchment offer maternal and child health programs, including aspects of antenatal and postnatal care.

CHHHS offers an MGP model of care to women who are both low and medium risk. The MGP services delivered through CHHHS has capped numbers and the CHHHS website encourages patients to book in early due to high interest in this model. There is no formalised integrated model of MGP service delivery in this region where women are able to receive their midwifery care at the ATSICCHO and then birth with those same midwives at the hospital. Women whose pregnancy is classified as high risk are required to undertake obstetric care. CHHHS also offers the GP share care options.

CHHHS operate a Cairns Birth Centre. Women who elect to have their care provided by the Cairns Hospital MGP model are also able to access the Cairns Birth Centre. The Cairns Birth Centre aims to assist women to birth with minimal medical intervention and has been designed to look less clinical and more homely. Women wishing to birth in the Cairns Birth Centre do not, however, have the option of receiving most of their care through their respective ATSICCHO.

4.3 North Queensland

In North Queensland, across the North West HHS (NWHHS) footprint, the Mount Isa Base Hospital offers an MGP model with midwifery outreach clinics to Doomadgee, Mornington Island, Cloncurry and Julia Creek.

Mt Isa Aboriginal Community Controlled Health Service T/A Gidgee Healing (Gidgee Healing) is the ATSICCHO which services the Aboriginal and Torres Strait Islander communities in this region through their locations at Mount Isa, Normanton, Doomadgee and Mornington Island. Gidgee Healing offers some pregnancy care and post-natal care, though no integrated model of service delivery with the NWHHS was identified by this review.

4.4 Townsville

Townsville HHS's (THHS) main birthing hospital is the Townsville Hospital where there is a Birthing Suite. THHS work in partnership with the ATSICCHO—Townsville Aboriginal and Islander Health Service (TAIHS), to deliver onsite maternity midwifery care through the ATSICCHO two days per week.

THHS offers an all-risk MGP model that is also attached to the Townsville Birthing Suite. This means clients of TAIHS are able to access a midwife clinic, GP clinic and Mums and Bubs clinic onsite. THHS also supports the use of the GP Share Care model.

For women in the surrounding areas including Ayr, Charters Towers and Ingham, maternity services including Midwifery led Continuity of Care is available. All women in Charters Towers travel to Townsville for birthing and women in Ayr who are mid or high risk are required to travel to Townsville Hospital for birthing. The Ingham Health Service has caseload midwifery care available and works with rural generalist obstetricians and anesthetists to provide comprehensive care. The Ingham Health Service also has a birth room and birth pool available for low-risk women. This is not an Aboriginal and Torres Strait Islander-specific birth room.

For women residing on Palm Island, the THHS operates an MGP model inclusive of an ATSIHW employed by THHS. The model includes antenatal and postnatal care, though women have to travel into Townsville for birthing.

4.5 Mackay

Mackay HHS's (MHHS) main birthing hospital is the Mackay Base Hospital. Three ATSICCHOs operate in this HHS region, being:

- Girudala Community Co-Operative Society Ltd (Girudala)
- Aboriginal and Torres Strait Islander Community Health Service Mackay (ATSICHS Mackay)
- Mudth-Niyleta Aboriginal and Torres Strait Islander Corporation (Mudth-Niyleta).

Mackay Base Hospital offers an MGP model which includes home visits for women who reside within 25 kilometres of the hospital. The Mackay Base Hospital provides a culturally specific MGP service for women birthing Aboriginal and Torres Strait Islander babies known as KemKem Yanga. The all-risk model provides an ATSIHW/P to support the midwives to provide continuity of care to women.

Girudala is located in Bowen close to the Bowen Hospital and does not currently provide a midwifery led model of care. Bowen Hospital provides antenatal and postnatal care in a midwifery led context and women are referred to Proserpine or Mackay Base Hospitals for birthing.

Mudth-Niyleta services the Sarina community but does not provide antenatal or postnatal care. Mudth-Niyleta offers wrap around services such as housing assistance and family wellbeing programs. Sarina Hospital offers women in the area a Midwifery model of care for low risk antenatal services. There is no birthing in Sarina and women are referred to Mackay Base Hospital for birthing.

ATSICHS Mackay does not offer antenatal care services, but provides postnatal care upon client discharge from the Mackay Base Hospital.

4.6 Central West Queensland

In the Central West HHS (CWHHS) region there are no ATSICCHOs operating and as such there is no defined formalised integrated model of care provided. There are no ATSICCHO Midwifery led models of care available. The main birthing hospital is the Longreach Hospital through which an MGP model of care is offered. Midwifery maternity services are offered through the Longreach Hospital to outreach locations including Winton and Barcaldine.

4.7 Central Queensland

The Central Queensland HHS (CQHHS) has two ATSICCHOs that service communities within this region:

- Bidgerdii Aboriginal and Torres Strait Islander Corporation Community Health Service (Bidgerdii)
- Gladstone Region Aboriginal and Islander Community Controlled Health Service TA Nhulundu Health Service (Nhulundu).

The CQHHS provides the Gumma Gundoo program which aims to provide culturally appropriate maternity services with a known midwife.

In Rockhampton and Woorabinda, the model is all-risk and enables participants to have a known obstetrician where required. The Gumma Gundoo program provides an outreach service to smaller surrounding areas including Blackwater, Mount Morgan, Duaringa, Capricorn Coast, Biloela, Woorabinda and Gracemere. CQHHS also has provisions for both GP Shared care and Private Midwifery care as well as Maternity Navigator options to assist in ensuring women get to their appointments at the right time.

Bidgerdii has clinics in the Rockhampton and Mt Morgan areas of CQHHS. Bidgerdii provides bulk billing medical clinics, but does not currently offer midwifery based maternity services. Nhulundu is based in the Gladstone region. Nhulundu offers women in the Gladstone region access to maternal care through their antenatal, maternal and child health clinics.

4.8 Wide Bay

Galangoor Duwalami Primary Healthcare Service (Galangoor Duwalami) is currently the only ATSICCHO in the Wide Bay HHS (WBHHS) region; though both Nhulundu and Cherbourg Regional Aboriginal and Islander Community Controlled Health Services (CRAICCHS) operate close to the HHS boundary and patients will occasionally use services in the WBHHS.

For women birthing Aboriginal and Torres Strait Islander babies, Galangoor offers a Mums and Bubs clinic in which a Midwife provides antenatal and postnatal care. Women receiving their antenatal care through the Mums and Bubs Clinic are referred to the hospital for birthing.

Within the WBHHS, both Bundaberg and Hervey Bay hospitals offer an MGP model that supports midwifery continuity of care. The WBHHS website advises that

numbers in this program are limited and early referral is subsequently recommended. Outside of the MGP model, WBHHS offers public hospital maternity care through the hospital team care, GP Shared Care and Private Obstetric care options. The Private Obstetric Care option is only available through Bundaberg Hospital.

4.9 South West Queensland

Women residing in the South West HHS (SWHHS) region have two ATSICCHOs:

- Cunnamulla Aboriginal Corporation for Health (CACH)
- Charleville Western Areas Aboriginal and Torres Strait Islander Community Health (CWAATSICH).

There are also 14 HHS facilities that deliver health care.

CACH delivers maternity services under a partnership with SWHHS in a midwifery context. CACH independently offers transport services and a dedicated Mums and Bubs space. The SWHHS provides visiting midwifery services from Charleville one day per week. The partnership enables patients of CACH to receive a midwifery-based model of care onsite. The partnership has limitations in that it currently does not support a case conferencing component to align with the standard care provision at CACH.

4.10 Darling Downs

The availability of Midwifery led models of care in the Darling Downs HHS (DDHHS) region is much stronger than other similar regions. Four ATSICCHOs service the communities across this region to provide culturally appropriate primary health care:

- Goondir Health Services (Goondir)
- Carbal Medical Services (Carbal)
- Goolburri Aboriginal Health Advancement Company Limited (Goolburri)
- Cherbourg Regional Aboriginal and Islander Community Controlled Health Services (CRAICCHS).

Goondir, Carbal and CRAICCHS provide a free Maternal and Child Health Service that includes antenatal and postnatal care delivered by a local Midwife, tailoring care to the specific needs of women birthing Aboriginal and Torres Strait Islander babies. Goolburri provides a Mums and Bubs program and supports women to access other models of maternity service delivery through their service.

In the DDHHS region Dalby Hospital operates an MGP model that women from Chinchilla, Miles, Jandowae and Tara are able to access which includes birthing in Dalby for women who are low risk. Women who have complicating factors are required to birth in Toowoomba or Brisbane.

4.11 West Moreton

The West Moreton HHS (WMHHS) region is home to Kambu Aboriginal and Torres Strait Islander Corporation for Health (Kambu) which encompasses four clinic spaces and two-day care centres. Women birthing Aboriginal and Torres Strait Islander babies and seeking to access the Midwifery continuity of care model can do so through the Kambu clinics at Ipswich, Booval and Laidley. The clinics are staffed with midwives who work closely between Kambu and the Ipswich Hospital.[26] Ipswich Hospital also offers an MGP model coupled with Aboriginal and Torres Strait Islander specific support programs.

4.12 Sunshine Coast

In the Sunshine Coast HHS (SCHHS) region, both the Sunshine Coast Hospital and the North Coast Aboriginal Corporation for Community Health (NCACCH) offer access to midwife led maternity care options.

NCACCH operates on a brokerage model of connecting clients that are deemed eligible with the required services. The Mums and Bubs Program—Nanna Bills Mums and Bubs Program—supports women birthing Aboriginal and Torres Strait Islander babies through to the baby's first birthday.

The SCHHS offers a Midwife clinic access at Sunshine Coast University, Gympie, Nambour, Caloundra and Maleny Hospitals, and Noosa and Maroochydore community health centres. The SCHHS also offers an MGP model known as Bumps, though the program has limited numbers and women are allocated to the model after consideration of their wider needs.

4.13 Metro North

Metro North HHS (MNHHS) and Metro South HHS (MSHHS) cover the city of Brisbane. The Institute for Urban Indigenous Health (IUIH) is a regional Aboriginal and Torres Strait Islander Community Controlled Health Organisation which delivers primary health care services in partnership with four ATSICCHOs that service the South East Queensland region:

- Aboriginal and Torres Strait Islander Community Health Service Brisbane Limited (ATSICHS Brisbane)
- Kalwun Development Corporation Limited (Kalwun)
- Kambu
- Yulu-Burri-Ba Aboriginal Corporation for Community Health (Yulu-Burri-Ba).

Metro North Hospital provides the Ngarrama Family Service. MNHHS also offers a GP shared care option through all Metro North birthing facilities.

Through IUIH's partnership with the ATSICHS Brisbane, women residing in the MNHHS catchment are supported to access the ATSICCHO model of maternity care through the ATSICHS Brisbane clinic at Northgate.

4.14 Metro South

Metro South HHS (MSHHS) has two ATSICCHOs:

- ATSICHS Brisbane
- Yulu-Burri-Ba.

A partnership between the MSHHS and ATSICHS Brisbane has produced the Jajumbora Midwifery Hub, a program that provides continuity of care in a Midwife led model. This Midwifery Hub enables women to be connected to a named midwife right into the birth of their baby and for the postnatal care.

Also located in the MSHHS region is the Birthing in Our Community (BiOC) Model. BiOC is an integrated approach to midwifery services between the ATSICHS Brisbane and Mater Mothers Hospital, with the regional support of IUIH.

Further south of Brisbane is the ATSICCHO Yulu-Burri-Ba which has clinics across Wynnum, Capalaba and Stradbroke Island. Yulu-Burri-Ba delivers the Jajum Bajara Program, based on the BiOC Model this program ensures that women birthing Aboriginal and Torres Strait Islander babies are able to access a named midwife and a family support worker to deliver maternity services.

4.15 Gold Coast

In the Gold Coast HHS (GCHHS), the local ATISCCHO Kalwun Health Service (Kalwun) delivers a Mums and Bubs Program. Supported by a partnership with Gold Coast Hospital's MGP, this partnership enables Kalwun clients to have priority access to the Gold Coast Hospital MGP. Kalwun operates a complimentary Mums and Bubs Program which includes drop-in clinics at a range of locations across the Gold Coast.

5

Review of Programs

The Strategy[1] identifies eight key components of maternity services hubs. These are:

- *Partnerships*
- *Community based care*
- *ATSIHW/Ps*
- *Continuity of midwifery care*
- *Flexible service delivery model*
- *Comprehensive integrated primary health care (holistic care)*
- *Perinatal mental health and wellbeing*
- *Aboriginal and Torres Strait Islander workforce.*

To ensure women birthing Aboriginal and Torres Strait Islander babies across Queensland have access to culturally appropriate maternity services, a range of programs have been developed. These programs are often an additional service of the standard Model of Care offered within ATSICCHOs and compliment maternity services Models of Care in HHSs.

These maternity service programs vary across each HHS region but fundamentally, aim to improve the maternal health outcomes for women and their babies. Whilst the primary aim is to improve clinical outcomes, it is ensuring that this is achieved through culturally safe practices that meet the needs of women birthing Aboriginal and Torres Strait Islander babies.

The programs below have some or all of these components incorporated into their design. These maternal health programs include:

- Birthing in Our Community (BiOC)
- Jajumbora Logan Community Hub Midwifery Service
- Australian Nurse Family Partnership Program (ANFPP)
- Bridging Antenatal Care, Indigenous Babies and Smoking Cessation (BAIBS)
- Townsville Aboriginal and Islander Health Service (TAIHS)
- Mookai Rosie Bi-Bayan
- The Baby One Program
- KemKem Yanga
- Nanna Bills
- Ngarrama Family Service

Details of each program are provided below.

5.1 Birthing in Our Community (BiOC)

In the MSHHS, Birthing in Our Community (BiOC) is a partnership with IUIH, ATSICHS Brisbane and Mater Mothers. The partnership was formalised in 2013 through a Memorandum of Understanding (MOU) and a Statement of Commitment between the partners, and in time has since been renewed. This partnership has increased Aboriginal and Torres Strait Islander community accessibility and governance of maternity services, resulting in early intervention that is culturally appropriate.[27] The BiOC program uses a community-based MGP Model of Care, with additional support provided from an Aboriginal and Torres Strait Islander Family Support Worker and student midwives. The program also offers a range of other culturally safe holistic health services including transport, home visits, smoking cessation and social and peer support weekly community days.

5.2 Jajumbora Midwifery Hub

In the MSHHS region, Jajumbora Midwifery Hub is a partnership between ATSICHS Brisbane and MSHHS.[28] The program is a community-based Model of Care program, an extension of the MGP delivered within Logan Hospital. Midwives from Logan Hospital deliver antenatal, intrapartum and postnatal care within a Hub which is based at ATSICHS Brisbane's Child and Family Centre at Waterford West.[29] Similar to the BiOC program a range of culturally safe holistic health services are available to women including home visits, vaccinations, antenatal education, hearing screening, breastfeeding support and in-home postnatal care.

5.3 Australian Nurse Family Partnership Program (ANFPP)

The ANFPP is currently delivered in three HHS regions: CHHHS, WMHHS and MNHHS. The program is available to first time mothers through Wuchopperen in CHHHS region, IUIH Goodna in WMHHS region and Moreton ATSICHS Strathpine in MNHHS region. Women birthing Aboriginal and Torres Strait Islander babies are provided with support and guidance through pregnancy until the child's second birthday. Nurses and Aboriginal and/or Torres Strait Islander Family Partnership Workers (FPW) deliver the program to women through home visits for women to plan for strong futures, relationships and community connections.[30]

5.4 Bridging Antenatal Care, Indigenous Babies and Smoking Cessation (BAIBS)

The BAIBS is a program coordinated by DDHHS in partnership with the ATSICCHOs within the region. These ATSICCHOs include CRAICCHS, Carbal, Goolburri and Goondir. This program is aimed at increasing access to health care in the first trimester (earlier than 12 weeks) and engaging participants in smoking cessation programs in the first trimester.[31]

5.5 Townsville Aboriginal and Islander Health Service (TAIHS)

TAIHS is an ATSICCHO located within the Townsville HHS region. The TAIHS program provides antenatal and postnatal care to women birthing Aboriginal and Torres Strait Islander babies. Midwifery services are also delivered within TAIHS facilities by Queensland Health midwives, providing continuity of care and care delivery on site in a known and safe environment.[32]

5.6 Mookai Rosie Bi-Bayan

Mookai Rosie Bi-Bayan is a community controlled Aboriginal and Torres Strait Islander Organisation located in the CHHHS and an associate member of QAIHC. Mookai Rosie Bi-Bayan provides accommodation services to women and children who travel to Cairns for health and assists women in attending appointments as well as facilitating support to women while they are off Country.[33]

5.7 The Baby One Program

The Baby One Program located in the TCHHS region is delivered by Apunipima and available to women birthing Aboriginal and Torres Strait Islander babies. ATSIHW/Ps, who deliver culturally appropriate care to improve maternal and child health outcomes, lead the program which is a home-visiting program to improve access to antenatal and postnatal care.[34]

5.8 KemKem Yanga Midwifery Group Practice

KemKem Yanga Midwifery Group Practice is within the MHHS region. The MGP MoC started in May of 2019, staffed by four midwives and an Aboriginal and Torres Strait Islander Health Worker.[35] The service provides birthing services specifically for Aboriginal and Torres Strait Islander women and babies within the Mackay HHS region.

5.9 Nanna Bills Mums and Bubs Program

Nanna Bills Mums and Bubs Program is offered through NCACCH in the SCHHS region. Women birthing Aboriginal and Torres Strait Islander babies have access to a midwife with the option of home visits available. The program focuses on birthing, healthy lifestyles, nutritional information, support and access to other service providers.[36]

5.10 Ngarrama Family Service

The Ngarrama Family Service is a support service in the MNHHS region for women birthing Aboriginal and Torres Strait Islander babies and continues the support until children are school age. The Ngarrama program is offered at the Caboolture, Redcliffe and Royal Brisbane and Women's hospitals. Ngarrama ensures women will have access to both a midwife and an advanced ATSIHW as part of the cultural components of the service.[37]

Current system and policy barriers

6

Women birthing Aboriginal and Torres Strait Islander babies across Queensland have significantly varied access to models of maternity service delivery in Queensland. Access is restricted by geographical location, availability of the model through an ATSICCHO versus through a HHS, and workforce availability.

The system and policy barriers that inhibit women birthing Aboriginal and Torres Strait Islander babies from experiencing culturally safe maternity services are highlighted below. These barriers have been organised into the four Priority Reform areas under the *National Agreement on Closing the Gap* (2020).[2,3]

Priority Reform 1:

Developing and strengthening structures so that Aboriginal and Torres Strait Islander people share in decision making with governments on Closing the Gap

The presence, or lack thereof, of formal partnership agreements between a HHS and an ATSICCHO prevents patients from accessing continuity of care if they wish to receive antenatal care through their respective ATSICCHO. Formalised partnerships support an agreed model of service delivery and outline the integration of the services between the ATSICCHO and the HHS. The lack of formal partnerships often makes it difficult to define roles, share information, undertake healthcare delivery and obligations.

Partnerships require the sharing of decision making, power, control, responsibility and accountability. In partnerships, partners build trust and have an agreed and shared purpose, vision and intent in working together in a supportive and transparent way. Partners design and review outcomes together and problem solve solutions. In other words, Strategies must include co-design, co-development, co-implementation and co-evaluation with HHSs and the ATSICCHOs, and must be formalised through agreements.

Across Queensland, several partnerships for delivering maternity services have been identified, including:

- TCHHS and Apunipima's model delivered in the Cape York Region
- THHS and TAIHS' co-location of services in Townsville
- SWHHS's partnerships with CACH to provide staffing onsite at CACH
- MNHHS's partnership with IUIH to deliver the BiOC program
- MSHHS's partnership with Yulu Burri Ba through Redlands Hospital to deliver the Jajum Bjara Program
- GCHHS and Kalwun's partnership, which sees women birthing Aboriginal and Torres Strait Islander babies prioritised for the MGP model of care at Gold Coast Hospital.

The presence of existing partnerships across the state demonstrates the commitment of particular regions to work together, however not all of the partnerships are formalised. Formal partnerships, which outline the ways of working between HHSs and ATSICCHOs, create an evidence base to maintain stakeholder accountability. This removes the reliance on personal and professional relationships between individuals to maintain system effectiveness and reduces the influence personal bias can have on the wider system. Establishing formal partnership requirements would mean that women, through their ATSICCHO, have a say in how maternity services are designed and delivered.

Priority Reform 2:

Building and strengthening the formal Aboriginal and Torres Strait Islander community-controlled sector to deliver services and programs important to Closing the Gap

Workforce plays a significant role in ensuring women are able to access culturally safe models of maternity care. Workforce barriers include:

- a shortage of workforce skilled to deliver culturally safe maternity models of care, particularly in rural and remote regions
- a lack of integration of ATSIHW/Ps and ATSICCHO midwives in the HHS model of maternity care
- a lack of access to hospital based birthing facilities by ATSICCHO-based midwives resulting in midwives being unable to participate in birthing at the hospital.

These workforce barriers contribute to a lack of integration between the ATSICCHO and the Hospital.

Many ATSICCHOs and HHSs are offering a Midwifery Led Continuity of Care model of care, but these models are ultimately disjointed when a woman is unable to birth with her known midwife from the ATSICCHO. Enabling and improving a workforce flow between ATSICCHOs and their HHSs would support better integration and ensure more of our people provide maternity services care.

Priority Reform 3:

Ensuring mainstream government agencies and institutions that deliver services and programs to Aboriginal and Torres Strait Islander peoples undertake systemic and structural transformation to contribute to Closing the Gap.

There are two key barriers associated with delivering effective culturally appropriate services to Aboriginal and Torres Strait Islander peoples living in rural, regional and remote Queensland. These are:

- geographical impacts of not having locally available services resulting in long travel distances away from community
- the Queensland Government systems and policies which support Aboriginal and Torres Strait Islander peoples to travel and access these services.

According to the 2016 Census, almost 30 per cent of Aboriginal and Torres Strait Islander people in Australia reside in Queensland. Further, approximately 75 per cent of Aboriginal and Torres Strait Islander people in Queensland live outside of the major cities.[38]

When Aboriginal and Torres Strait Islander people have to travel to seek health services, it removes key components of culturally safe care including known relationships, continuity of care and collaborations with their ATISCCHO. The lack of birthing services in rural and remote areas of Queensland force women to travel for birth, often from 34 weeks gestation

onwards. In this instance, even if a woman has local access to an MGP model of care through her ATSICCHO or local HHS, the principle of continuity is disrupted when the woman has to travel and birth with an unknown health professional. The Patient Travel Subsidy Scheme (PTSS) is a Queensland Government funded program which is administered through Queensland Health. It provides financial assistance for patients who are referred to specialist medical services not available at their local public hospital or health facility. Patients approved for PTSS receive a subsidy to attend the closest public hospital or health facility where the specialist medical treatment is available. Patients travelling to private specialist services may be eligible for a subsidy if the service is not available within 50 kilometers of the patient's closest public hospital or health facility. Eligible patients can apply for the following subsidies: travel, accommodation and escort.[39]

Applications made for assistance through the PTSS are assessed and approved by the Chief Executive of the HHS that the application is submitted to, or another officer given the appropriate delegations to progress the application. Each subsidy has a set of criteria to assist the decision maker in determining eligibility and deciding the most cost effective and clinically appropriate subsidies to offer. The policy creates opportunity for local differentiation in its application which can lead to a lack of consistency between and within HHS regions.

Priority Reform 4:

Ensuring Aboriginal and Torres Strait Islander people have access to, and can use, locally relevant data and information to monitor the implementation of the Priority Reforms, the Closing the Gap targets and drive their own development.

In terms of information sharing, practices in maternity service delivery across ATSICCHOs and HHSs; the Pregnancy Health Record (PHR)[40] and The Viewer[41] act as the two most important conduits for ensuring readily available information.

Two barriers exist with information sharing:

- both the PHR and The Viewer rely heavily on staff at the respective service inputting relevant information; and
- the PHR is written in complex language and government-influenced imagery that does not seek to engage women birthing Aboriginal and Torres Strait Islander babies.

Without an information sharing system that ensures all maternity health service providers have access to the same information, women will continue to be required to tell their same story to a range of service providers during their maternity journey.

7

Recommendations

Based on the evidence contained in this Statewide Review Report, and noting the scope of this report, the following recommendations have been developed by the QAIHC MSIP Team. The recommendations have been categorised into the three overarching themes of the Strategy.[1]

Priority 1: We want a say in how maternity services are designed and delivered.

Maternity services for Aboriginal and Torres Strait Islander families are co-designed and delivered with the community, in partnership with providers

Recommendation 1: Require formal partnerships

There is a clear discrepancy across Queensland between the presence of a formal agreement and the presence of collaborative maternity service delivery. The relationships between ATSICCHOs and their respective HHS needs to be more than consultative for maternity services to be co-designed and co-delivered with the community. HHS Health Equity Strategies may provide opportunity to monitor and maintain accountability to formal partnerships.

Recommendation 2: Ensure Aboriginal and Torres Strait Islander governance over Maternity Service delivery

Aboriginal and Torres Strait Islander people must have ongoing governance and decision-making roles in the delivery of maternity services to women birthing Aboriginal and Torres Strait Islander babies in Queensland. This requires governance at all levels. At a statewide level including the policy context, the community controlled organisations that represent the views of community must be central to the decision-making process around the policies and systems that form the framework for service delivery. At a community level, women birthing Aboriginal and Torres Strait Islander babies should be involved in determining how the care is adapted at a community level. The evidence contained in this report demonstrates this varies greatly across, and even within, HHS regions.

Priority 2: We don't want to keep telling our same story to different people.

All women in Queensland pregnant with Aboriginal and/or Torres Strait Islander babies have access to woman-centred, comprehensive and culturally capable maternity care

Recommendation 3: Increase the delivery of genuinely connected care

Women birthing Aboriginal and Torres Strait Islander babies across Queensland often experience service delivery from a range of health professionals. Information sharing across health providers needs to be more than a transition-out planning process.

Health professionals should be sharing patient information in the early stages of care to ensure that when the patient presents within their facility, they are adequately equipped to assist the patient with physical, mental, social emotional wellbeing and cultural needs. Information sharing should be a central component of maternity services and should be delivered in a way that acknowledges that information is being shared across differing models of care. This includes knowledge of the patient's medical history as well as knowledge of the community-based services available within that hospital's region that may be applicable to the women birthing Aboriginal and Torres Strait Islander babies.

Maternity services should be delivered in a manner that connects all health providers through information sharing pathways. It has been highlighted through this report that where integration exists, information sharing is improved.

Recommendation 4: Review the PTSS policy and its practical application

Until there is an increase in the number of birthing facilities available across Queensland in regional, rural and remote areas, travel will continue to be a necessary component of the maternity journey for many women. For women birthing Aboriginal and Torres Strait Islander babies, travel already involves birthing their baby off country in an often-unfamiliar location with unfamiliar health service providers. To remove additional burdens these women may face, the systems and policies that support the maternity service model of care under which women travel for birthing should be reviewed.

The PTSS needs to be reviewed to ensure that women birthing Aboriginal and Torres Strait Islander babies are not experiencing out-of-pocket expenses, isolation during birth, institutional racism in accommodation facilities and personal bias in the application of the PTSS.

Priority 3: We want more of our people providing our maternity care.

A culturally capable workforce means more Aboriginal and Torres Strait Islander people across all disciplines of maternity care

Recommendation 5: Increase the co-delivery of maternity services in ATSICCHO

Across Queensland, access to culturally appropriate maternity service delivery through the community based ATSICCHO varies significantly dependent on the location. A collaborative approach between HHSs and ATSICCHOs could support the two organisations to work together to co-deliver maternity services.

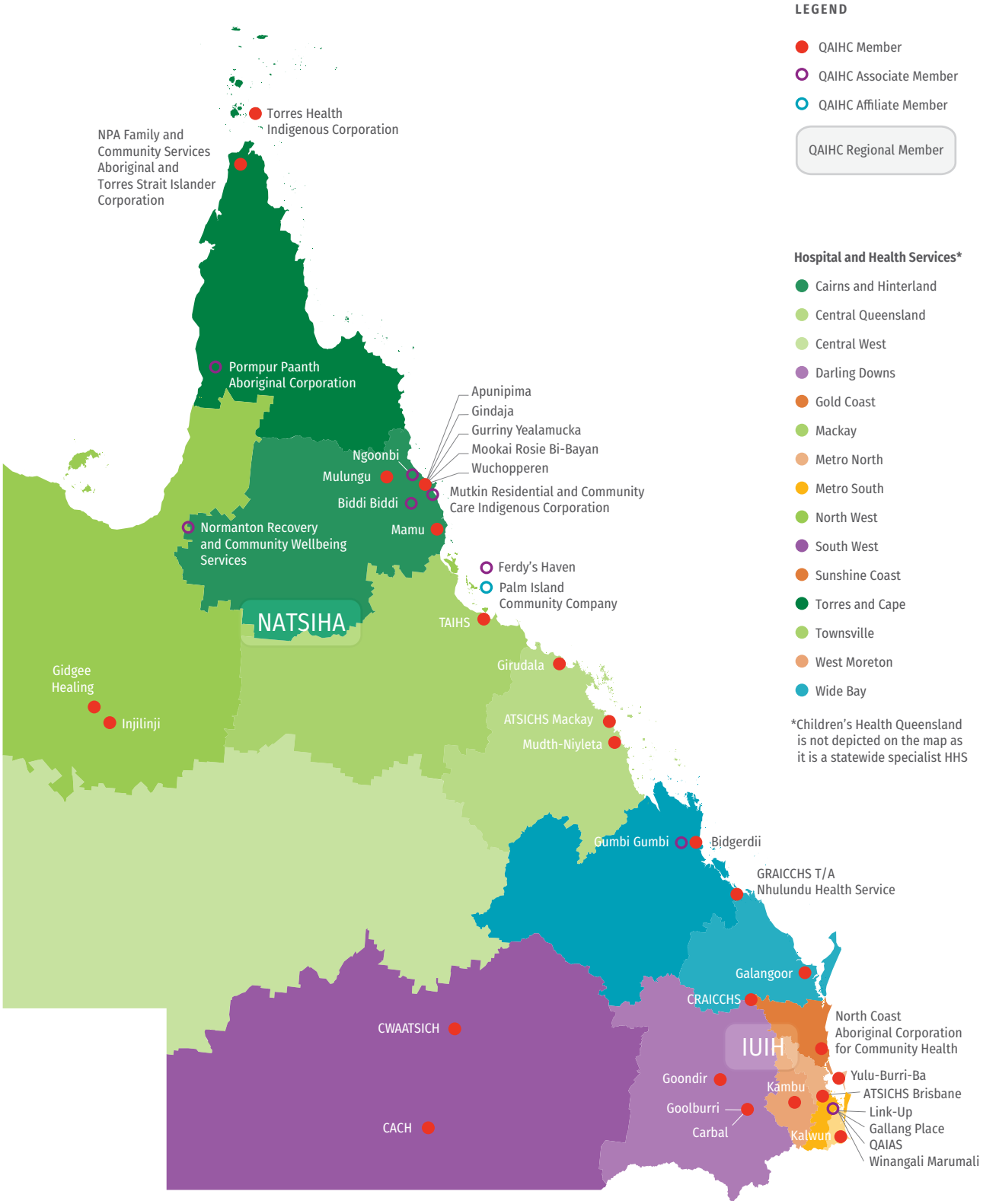
Section five of this report provides examples of programs that reduce duplication of health services and enable an approach that shares workforce. Enabling ATSICCHO staff to assist HHS staff within the HHS environment and vice versa builds cultural understanding and representation with the workforce and improves the experience of women birthing Aboriginal and Torres Strait Islander babies, and their babies.

Service delivery is not consistent across the state with some regions requiring additional support and resources to develop place-based responses and systems of maternity service delivery. Regions where partnerships do not currently exist and there is no connection between the touchpoints of the patient journey should be resourced appropriately to bridge these gaps.

Recommendation 6: Create and support a Queensland Aboriginal and Torres Strait Islander Maternity Network

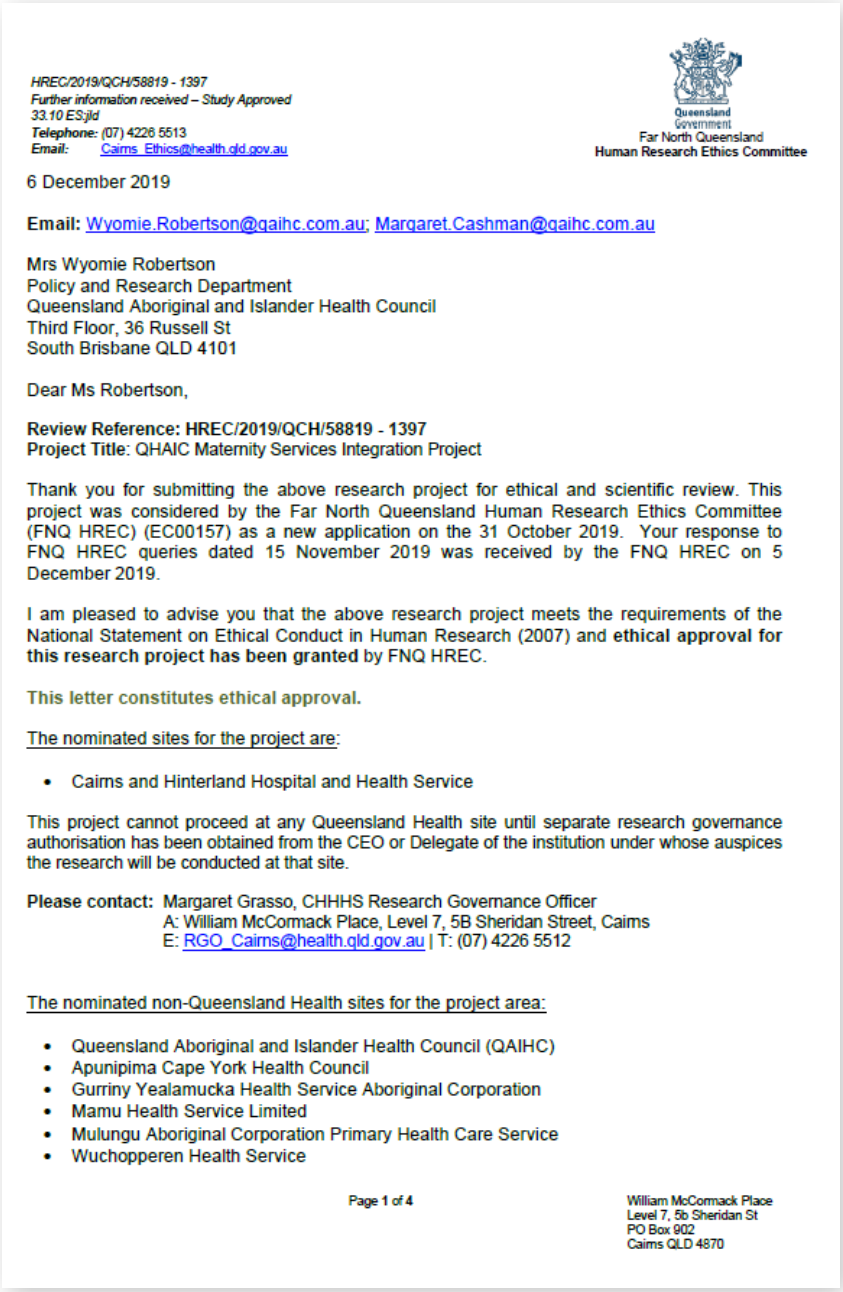
The introduction of a Queensland Aboriginal and Torres Strait Islander Maternity Network (and regional sub-networks) consisting of ATSICCHO and HHS Maternity staff who provide care to women birthing Aboriginal and Torres Strait Islander babies would create a platform for information sharing, case conferencing, knowledge translation and increase the understanding of health professionals on the various models of maternity service delivery across the state. A maternity network could also facilitate improved professional relationships, creating a changed approach towards a collaborative way of working.

Map of HHS Regions and ATSICCHO locations



Human Research Ethics Committee Approvals

The Maternity Services Integration Project (MSIP) obtained Human Research Ethics Committee (HREC) approval from Far North Queensland HREC under approval reference HREC/2019/QH/58819.



HREC/2019/QCH/58819 - 1397
Further information received – Study Approved
33.10 ES:jld
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Queensland Government
Far North Queensland
Human Research Ethics Committee

6 December 2019

Email: Wyomie.Robertson@qaihc.com.au; Margaret.Cashman@qaihc.com.au

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Dear Ms Robertson,

Review Reference: HREC/2019/QCH/58819 - 1397
Project Title: QHAIC Maternity Services Integration Project

Thank you for submitting the above research project for ethical and scientific review. This project was considered by the Far North Queensland Human Research Ethics Committee (FNQ HREC) (EC00157) as a new application on the 31 October 2019. Your response to FNQ HREC queries dated 15 November 2019 was received by the FNQ HREC on 5 December 2019.

I am pleased to advise you that the above research project meets the requirements of the National Statement on Ethical Conduct in Human Research (2007) and **ethical approval for this research project has been granted** by FNQ HREC.

This letter constitutes ethical approval.

The nominated sites for the project are:

- Cairns and Hinterland Hospital and Health Service

This project cannot proceed at any Queensland Health site until separate research governance authorisation has been obtained from the CEO or Delegate of the institution under whose auspices the research will be conducted at that site.

Please contact: Margaret Grasso, CHHHS Research Governance Officer
A: William McCormack Place, Level 7, 5B Sheridan Street, Cairns
E: RGO_Cairns@health.qld.gov.au | T: (07) 4226 5512

The nominated non-Queensland Health sites for the project area:

- Queensland Aboriginal and Islander Health Council (QAIHC)
- Apunipima Cape York Health Council
- Gurriny Yealamucka Health Service Aboriginal Corporation
- Mamu Health Service Limited
- Mulungu Aboriginal Corporation Primary Health Care Service
- Wuchopperen Health Service

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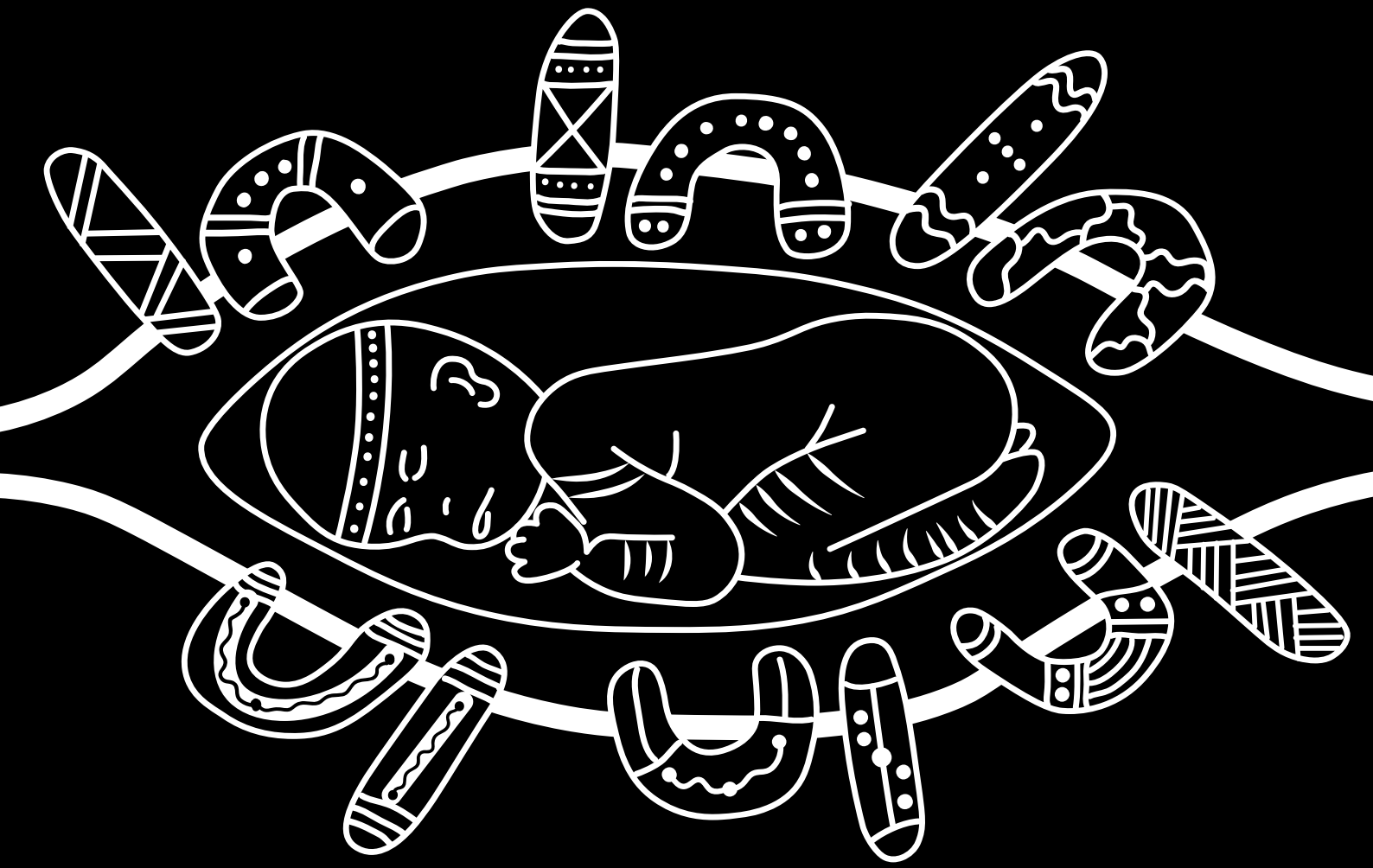
List of Terms and Abbreviations/Acronyms

Abbreviation/Acronym	Meaning
ATSICCHO	Aboriginal and Torres Strait Islander Community Controlled Health Organisation
ATSIHD	Aboriginal and Torres Strait Islander Health Division
ATSIHW/P	Aboriginal and Torres Strait Islander Health Worker / Practitioner
CATSINaM	Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
HHS	Hospital and Health Service
HREC	Human Research Ethics Committee
MGP	Midwife Group Practice
MMR	Maternal Mortality Ratio
MoC	Model of Care
MOU	Memorandum of Understanding
MSIP	Maternity Services Integration Project
National Agreement	National Agreement on Closing the Gap
PTSS	Patient Travel Subsidy Scheme
NWHHS	North West Hospital and Health Service
QAIHC	Queensland Aboriginal Islander Health Council
SPSS	Statistical Package for the Social Sciences
QAIHC Members	
Apunipima	Apunipima Cape York Health Council
ATSICHS Brisbane	Aboriginal and Torres Strait Islander Community Health Services Brisbane Ltd
ATSICHS Mackay	Aboriginal and Torres Strait Islander Community Health Services Mackay Ltd
Bidgerdii	Bidgerdii Aboriginal and Torres Strait Islander Corporation Community Health Service Central Queensland Region
CACH	Cunnamulla Aboriginal Corporation for Health
Carbal	Darling Downs Shared Care Incorporated TA. Carbal Medical Centre
CRAICCHS	Cherbourg Regional Aboriginal and Islander Corporation Community Controlled Health Service

Abbreviation/Acronym	Meaning
CWAATSICH	Charleville Western Area Aboriginal Torres Strait Islander Community Health Ltd
Galangoor	Galangoor Duwalami Primary Health Care Service
Gidgee	Mt Isa Aboriginal Community Controlled Health Service TA. Gidgee Healing
Girudala	Girudala Community Co-Operative Society Ltd
Goolburri	Goolburri Aboriginal Health Advancement Co Ltd
Goondir	Goondir Health Services
Gurriny	Gurriny Yealamucka Health Services Aboriginal Corporation
Injilinji	Injilinji Aboriginal and Torres Strait Islander Corporation for Children and Youth Services
Kalwun	Kalwun Development Corporation Limited (Kalwun Health Service)
Kambu	Kambu Aboriginal and Torres Strait Islander Corporation for Health
Mamu	Mamu Health Service Limited
Mudth-Niyleta	Mudth-Niyleta Aboriginal and Torres Strait Islander Corporation
Mulungu	Mulungu Aboriginal Corporation Primary Health Care Service
NCACCH	North Coast Aboriginal Corporation for Community Health
Nhulundu	Gladstone Region Aboriginal and Islander Community Controlled Health Service TA. Nhulundu Health Service
NPA	NPA Family & Community Services ATSI Corporation
TAIHS	Townsville Aboriginal and Torres Strait Islander Corporation for Health Services
Wuchopperen	Wuchopperen Health Service
Yulu-Burri-Ba	Yulu-Burri-Ba Aboriginal Corporation for Community Health
QAIHC Regional Members	
IUIH	Institute for Urban Indigenous Health
NATSIHA	Northern Aboriginal and Torres Strait Islander Health Alliance
QAIHC Affiliate Members	
PICC	Palm Island Community Company

List of Terms and Abbreviations/Acronyms

Abbreviation/Acronym	Meaning
Queensland Hospital and Health Services	
CHHHS	Cairns and Hinterland Hospital and Health Service
CQHHS	Central Queensland Hospital and Health Service
CWHHS	Central West Hospital and Health Service
CHHHS	Children's Health Queensland Hospital and Health Service
DDHHS	Darling Downs Hospital and Health Service
GCHHS	Gold Coast Hospital and Health Service
MHHS	Mackay Hospital and Health Service
MNHHS	Metro North Hospital and Health Service
MSHHS	Metro South Hospital and Health Service
NWHHS	North West Hospital and Health Service
SWHHS	South West Hospital and Health Service
SCHHS	Sunshine Coast Hospital and Health Service
TCHHS	Torres and Cape Hospital and Health Service
THHS	Townsville Hospital and Health Service
WMHHS	West Moreton Hospital and Health Service
WBHHS	Wide Bay Hospital and Health Service



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