

Enabling the context for Aboriginal and Torres Strait Islander Community Controlled **Birthing on Country** services

Problem or issue

Despite being supported by government policy since 2012, Aboriginal and Torres Strait Islander Community Controlled Health Services experience barriers to establishing Birthing on Country services.

What is already known

There is growing evidence that Birthing on Country services are acceptable, effective, and cost-saving models for women having First Nations babies.

What this paper adds

Synthesis of the policy, economic, and legal barriers to Birthing on Country services in two jurisdictions. Actionable recommendations to address barriers and enable scale-up of Birthing on Country services owned and governed by Aboriginal and Torres Strait Islander Community Controlled Health Services.

Recommendations

1. Workforce

Review educational and regulatory barriers to new graduate midwives working to full scope of practice

2. Insurance

Ensure availability of an affordable professional indemnity insurance product for healthcare companies that includes labour and birth

3. Medicare

Implement all recommendations made by the Primary Maternity Reference Group to the Medicare Taskforce

4. Funding

Work with jurisdictional governments to develop a funding stream including start-up funding, operations and infrastructure

5. Waiver

Establish a waiver of private patient adjustments for women carrying a First Nations baby admitted to hospital for birth by an endorsed midwife

6. QLD Birth Centres

Neonatal service, Clinical Service Capability Framework (QLD), enables 'access—24h— to registered medical practitioner through a higher level service in the network.'