

# 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. NSW Birth Centres

Private Health Facilities Regulation 2017 (NSW) enables '24-hour access to anaesthetists, obstetricians and paediatricians through a higher-level service in the network'.