



Call the Midwife COVID-19 and Maternity Care for First Nations Australians

Covid-19 is having a profound impact on First Nations families, women’s maternity care & experience:

- Antenatal & postnatal education and support services are closed or transitioning to online (not all First Nations women have computers or internet access)
- Pregnant women are anxious as hospitals restrict the number of support people women can have in birth, threatening cultural safety
- Some woman are planning homebirths without midwives (freebirths) as they can’t afford to pay the fees
- Women are being denied access to nitrous oxide and water for pain relief & birth
- Women are denied access to Birthing on Country Services
- Women are not getting the breastfeeding support they need
- 12-20% of women (pre-COVID) in Australia experience postnatal depression and anxiety – these rates are higher in First Nations women and both are escalating with COVID
- Maternal death rates for First Nations women are 3-times higher and suicide is a leading cause
- Infant death rates are 2-times higher and preterm birth is a leading cause.

Expand Birthing on Country Services Immediately

Birthing on Country is:

- a metaphor for the **best start in life** for First Nations mothers, babies and their families
- recommended by the Council of Australian Governments Strategic Directions for Australian Maternity Services (2019)

Birthing on Country Services are:

- **culturally safe, evidence-based** models services that incorporate a redesigned maternal and infant health service for greater quality and safety. They operate within an Indigenous governance framework and addresses the social determinants of health by rapidly increasing the Indigenous workforce and integrating services to strengthen families.



Pic: Molly Wardaguga:
'Bring birthing back home'

Birthing on Country Services increase:

- ↑ First Nations governance and control
- ↑ First Nations workforce (~550%)
- ↑ Continuity of midwifery and community-based care
- ↑ Integrated wrap around women and baby centred
- ↑ Women presenting early and frequently for care
- ↑ Exclusive breastfeeding at discharge

Birthing on Country Services decrease:

- ↓ Preterm birth by ~50%
- ↓ Low birth weight infants
- ↓ Caesarean sections
- ↓ Admissions to neonatal intensive care
- ↓ Postnatal depression
- ↓ Postnatal anxiety

How?

- Fund Aboriginal Community Controlled Health Organisations to employ midwives to work in continuity of care services
- Implement the recommendations from the Review into Medicare for Midwives and provide Medicare and insurance for birth out of hospital

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Evidence Base: Midwifery Care - Protective in COVID 19

A Cochrane Systematic Review of continuity of midwifery care found outcomes for women & babies are significantly improved when care is offered by a known midwife.
15 randomised studies involving 17,674 mothers & babies found benefits include:

Reductions in	Increases in
↓ Amniotomies (artificial breaking of waters)	↑ Women not needing analgesia or anaesthesia in labour
↓ Epidural and spinal analgesia	↑ Spontaneous vaginal births
↓ Episiotomies	↑ Women knowing their midwife at birth
↓ Instrumental births (vacuum or forceps)	↑ Satisfaction
↓ Preterm babies ~24%	↑ Women feeling more in control & more able to cope physically & emotionally
↓ Loss of babies (before birth & up to 28 days)	
↓ Cost	

Continuity of midwifery carer, compared to standard care, buffers the effects of prenatal maternal stress on mothers and babies: The QF2011 Queensland Flood Study

Mothers	Babies
↓ Postpartum depression at 6-weeks postnatal	↑ Infant neurodevelopment at 6-months of age: fine motor skills & problem solving
↓ Postpartum anxiety at 6-weeks postnatal	

Continuity of midwifery carer is a core component of Birthing on Country Services for First Nations Australians. Birthing on Country Services:

↓ Preterm birth by ~50%	↑ First Nations governance & workforce
↓ Low birth weight infants	↑ Integration of wrap around services
↓ Caesarean sections	↑ Women presenting early and more often
↓ Admissions to neonatal intensive care	↑ Exclusive breastfeeding at discharge

Homebirth - Protective in COVID 19

A Systematic Review & meta-analysis of intended homebirth versus hospital birth, 15 studies involving ~500,000 mothers & babies. Benefits include:

↓ Epidural analgesia	↓ Instrumental Birth (vacuum / forceps)	○ No difference in neonatal mortality
↓ Oxytocin augmentation	↓ Caesarean section	○ No difference in perinatal mortality
↓ Episiotomy	↓ Maternal infection	
↓ 3rd or 4th degree tear	↓ Postpartum haemorrhage	

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