There is a long history of poor health outcomes among Aboriginal mothers and their babies, many of which are related to chronic illness and other problems in later life.

Despite good care in pregnancy being recognised as an important way to address these issues, antenatal care can be disjointed and challenging for mothers in remote communities. These women are often transferred to hospital in Darwin for birthing late in pregnancy precluding any opportunity to develop relationships and continuity of care with health services during this critical period. This can have particularly dire consequences for some women particularly if they avoid care in pregnancy all together.

In 2007, the National Health and Medical Research Council (NHMRC) funded the ‘1+1=A Healthy Start to Life’ project to establish and evaluate an innovative Midwifery Group Practice for remote-dwelling Aboriginal women in two large remote Northern Territory communities travelling to Darwin for their birthing. The study aimed to develop and evaluate improved continuity of care arrangements for these women birthing away from country.

The initial 12 month evaluation of the program demonstrated important benefits as well as improved infant health. It showed an increase in antenatal care and ultrasounds, women being more likely to be admitted into hospital when necessary, and continuing to receive more postnatal care when in Darwin after the birth.

There is growing and converging evidence from reproductive health sciences, developmental and neurosciences, and chronic disease research resulting in new scientific and policy understandings of the importance of early childhood development, particularly for the years conception to age three.

- Unlike most Australian jurisdictions, the NT has a very high proportion of children who are Indigenous (40 per cent vs 5 per cent nationally) and from (very) remote locations (49 per cent vs 3 per cent nationally) and there is an urgent need to improve understanding of the development paths of such children. Early data analysis is already generating important policy-relevant findings. For example, teenage pregnancy and maternal smoking have been shown to have significant effects on children’s AEDI and NAPLAN results and overcrowded housing is another strong predictor of high levels of school absenteeism.

- 2011 Year 3 NAPLAN reading scores for Indigenous and non-Indigenous children showed 58.5 per cent of Northern Territory Indigenous children scored at or below the national minimum standard in comparison to 7 per cent of their Northern Territory non-Indigenous counterparts and 22 per cent of all Australian indigenous Year 3 children.

The children of the women who participated in the 2007 Midwifery Group Practice are now eight and nine years old. This project will investigate the impact of this model of midwifery care on health and education outcomes in the longer term and investigate aspects of the antenatal and postnatal care provided which may be associated with these outcomes, as well as the support given by relevant services and systems to optimise child development.

Through the ‘1+1=A Healthy Start to Life’ study, children’s health and education outcomes will firstly be examined using ethically approved, confidential, unit-record linkage methods. This will be done using the services of the nationally accredited SA NT Data-Link authority. It will allow us to assess a range of health and educational outcomes such as presentations to community health clinics, reasons for hospitalisation, immunisation, literacy and numeracy scores collected as part of the NAPLAN Year 3 assessments and individual school attendance patterns.

We will collaborate with existing local community-based researchers, to contact the ‘1+1=A Healthy Start to Life’ families to seek their consent to conduct face-to-face interviews with participating women and their families. This component of the study will collect contextually rich information about family living circumstances and children’s development; including significant life events, health concerns, care practices, cultural and family obligations.
PARTNERSHIP IMPACT

This study will provide the first systematic description of the health and educational outcomes of children, now aged eight and nine years, whose mothers participated in a midwifery group practice program designed to improve the continuity of care they received in the pregnancy and postnatal period.

It will help identify gaps in services where the provision of additional support and early intervention could be beneficial.

Findings of this study will provide a vital step towards securing other competitive NHMRC funding for an expanded study to compare these children’s outcomes with a propensity score matched sample of families who did not receive the program. The increased scope of a second study will provide the level of evidence needed to justify on-going funding for similar midwifery programs and their expansion to other remote communities.

Demonstrating the long-term benefits of improved continuity of care in pregnancy and infancy (which was expressed as a key need of Aboriginal women in the planning of the ‘1+1=A Healthy Start to Life’ project) will provide the impetus for the wider availability and funding of such midwifery programs to improve the health and developmental outcomes of Indigenous children.

The study will also create opportunities to engage with a range of relevant government and community stakeholders and strengthen the networks influencing policy reform in Aboriginal and Torres Strait Islander maternal and child health.