



RANZCOG 2018

Aboriginal and
Torres Strait Islander
Women's Health Meeting

Turning Tides

Conference Handbook



Saturday 15 - Sunday 16 September 2018

Adelaide Convention Centre – Adelaide, South Australia

ranzcogasm.com.au/atsiwhm2018

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Funding and scholarships provided by the RANZCOG Foundation and the RANZCOG Queensland Regional Committee





RANZCOG 2018

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Torres Strait Islander
Women's Health Meeting

Turning Tides

WELCOME

It is with pleasure that we welcome you to the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) 2018 Aboriginal and Torres Strait Islander Women's Health Meeting.

The meeting aims to bring together health professionals with the common interest and desire to share their experiences and establish networks to work together to improve the health and well-being of Aboriginal and Torres Strait Islander women.

The program of presentations covers various topics from current public health information, clinical topics and young women's health to cultural issues. We hope that delegates will gain information on what is happening in different regions of the country as well as be informed on broader issues.

The meeting dinner, at the South Australian Museum, promises to be a highlight of the meeting. The RANZCOG *Innovate* Reconciliation Action Plan will be launched at the dinner.

Let us all share our knowledge and create change to improve the health and well-being of Aboriginal and Torres Strait Islander women and their families.

Dr Marilyn Clarke
Chair, Organising Committee

ORGANISING COMMITTEE

Dr Marilyn Clarke - Convenor
Ms Devinia Binell
Dr Kiarna Brown
Dr Jacqueline Boyle
Dr Sue Jacobs
Dr Margaret O'Brien
Dr Alicia Veasay
Dr Rebecca Wright
Ms Michele Quinlan - Secretariat

Important Message from the Organising Committee

The speakers at the meeting will be discussing important issues that address various aspects of Aboriginal and Torres Strait Islander women's health. Please be aware that some of the speakers are male. If you prefer not to attend these sessions, there is a *Women's Room* available for you to use. The *Women's Room* is located in City Suite 4. The male speakers are experts in their particular field and it is important to share their knowledge to improve the health of Aboriginal and Torres Strait Islander women and their families.

CONTINUING PROFESSIONAL DEVELOPMENT

RANZCOG

This meeting is approved as a RANZCOG accredited meeting and eligible Fellows, Associate Members and Educational Affiliates of this College may claim CPD points for attendance as follows:

Full Meeting Attendance (Sat 15 & Sun 16 Sept 2018)	11 PD points
Day 1 Attendance (Sat 15 Sept 2018)	4 PD points
Day 2 Attendance (Sun 16 Sept 2018)	7 PD points

RACGP

Delegates may complete an individual application for Category 1 activity via www.racgp.org.au/education/qicpd-program/gps/self-directed-learning/

Procedural Grants Eligibility

Procedural Grants eligibility is dependent on which sessions are attended. Delegates will be eligible for one day of procedural grant funding per six hours of obstetrics and gynaecology content attended.

PROGRAM HIGHLIGHTS

WELCOME TO COUNTRY

Aunty Georgina Williams

Sunday 16 Sept 2018

08.00 – 08.15, City Rooms 1&2

Aunty Georgina Williams, Ngankiburka-Mekauwe is a Kurna Senior Woman. She grew up on Point Pearce Mission, Yorke Peninsula. She has spoken at numerous forums on Aboriginal issues and is a long term campaigner on Aboriginal rights, also working to renew the knowledge of her ancestors in a contemporary urban world and to bridge the divide between black and white worlds. Creatively, Georgina has been involved in theatre, music, poetry and the visual arts.

ALISON BUSH MEMORIAL ORATION



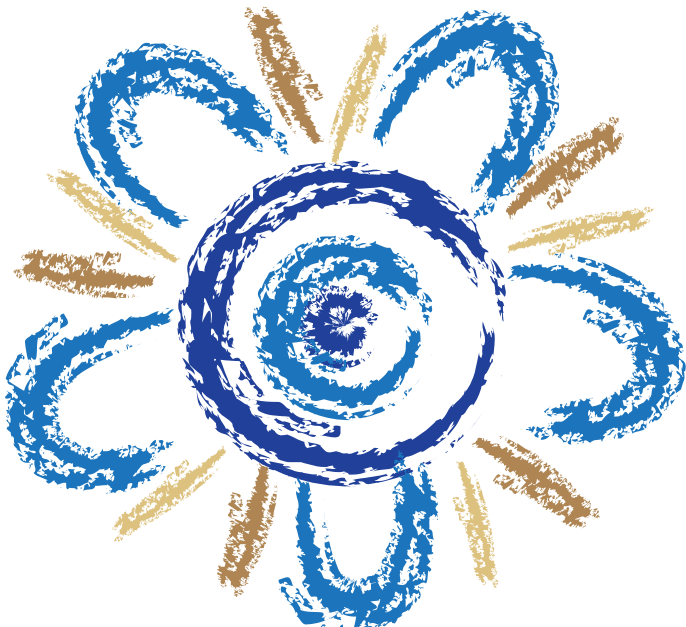
Professor Kerry Arabena

Sunday 16 Sept 2018

08.30 – 09.30, City Rooms 1&2

The Alison Bush Memorial Oration honours Sister Alison Bush who dedicated her life to improving the health outcomes of mothers and babies across Australia. In 1998, Sister Bush was made an Honorary Fellow of RANZCOG and in 1999, was awarded an Officer of the Order of Australia. In 2002, Sister Bush received the Centenary of Federation medal, recognising her dedication and contribution to the nursing profession, in particular the area of midwifery and Aboriginal health.

Professor Arabena's presentation titled 'First 1000 Days Australia' will discuss the findings of her interventions-based, pre-birth, multigenerational cohort study designed with and for Aboriginal and Torres Strait Islander families. The model aims to provide a comprehensive strategy to strengthen Aboriginal and Torres Strait Islander families to help address their children's needs from pre-conception to two years of age. In these crucial first 1000 days, the best foundations are laid down for the future health and wellbeing of Aboriginal and Torres Strait Islander children.



NAME BADGES

Please wear your name badge at all times. It is your official pass to meeting sessions, morning tea, lunch and afternoon tea.

MEETING DINNER TICKET

Entry to the Meeting Dinner held on Saturday 15 September 2018 at the South Australian Museum is by ticket only.

CERTIFICATE OF ATTENDANCE

Your certificate of attendance will be emailed to you following the meeting.

GST AND TAX INVOICES

You can view, download and print your tax invoice by logging into your registration account via the meeting website. All fees have been quoted in Australian Dollars (AUD) and are inclusive of the ten percent compulsory goods and services tax (GST).

CATERING

Morning teas, lunches and afternoon teas will be provided.

SPECIAL DIETARY REQUIREMENTS

Delegates who have specified special dietary requests at the time of registering, please make yourself known to a venue staff member at catering times and also the dinner to obtain your meal. Vegetarians will be catered for on the buffet during lunches and dinners.

If you did not provide this information at the time of registering, please advise the staff at the Registration Desk to make arrangements where possible.

PEOPLE WITH SPECIAL NEEDS

Should you require any specific assistance, please see staff at the Registration Desk to enable us to make your attendance at the meeting a pleasant and comfortable experience.

DRESS CODE

The dress code for the meeting sessions and meeting dinner is smart casual.

MOBILE PHONES

As a courtesy to fellow delegates and speakers, please ensure your mobile phones are switched off during meeting sessions.

EVACUATION PROCEDURE

In the event of an evacuation, the Adelaide Convention Centre staff will act as fire wardens to assist in the movement of patrons to the designated assembly point. Venue staff will inform guests when it is safe to return to the venue.

INSURANCE

Registration fees do not include insurance of any kind. The RANZCOG 2018 Aboriginal and Torres Strait Islander Women's Health Meeting Secretariat, Organising Committee and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists will take no responsibility for any participant failing to insure.

LIABILITY DISCLAIMER

The RANZCOG 2018 Aboriginal and Torres Strait Islander Women's Health Meeting, including the Organising Committee, RANZCOG, and all suppliers to the Meeting and their servants, agents, contractors and consultants, will not accept liability for the damages of any nature sustained by participants or their accompanying persons or loss or damage to their personal property as a result of the RANZCOG 2018 Aboriginal and Torres Strait Islander Women's Health Meeting or related events.

LOST PROPERTY

Please report all lost or found property to staff at the Registration Desk.

SMOKING POLICY

The Adelaide Convention Centre is a non-smoking environment. Smoking is strictly prohibited in all enclosed public spaces of the Centre inclusive of the exhibition halls, foyers and meeting rooms.

MEDICAL EMERGENCIES/FIRST AID

It is important that a staff member of the Adelaide Convention Centre or RANZCOG is immediately alerted of any medical emergency.

REGISTRATION DESK

The Registration Desk is located in City Room Foyer, Level 1 West, Adelaide Convention Centre and will be open at the following times:

Saturday 15 September 2018

12.00-17.00

Sunday 16 September 2018

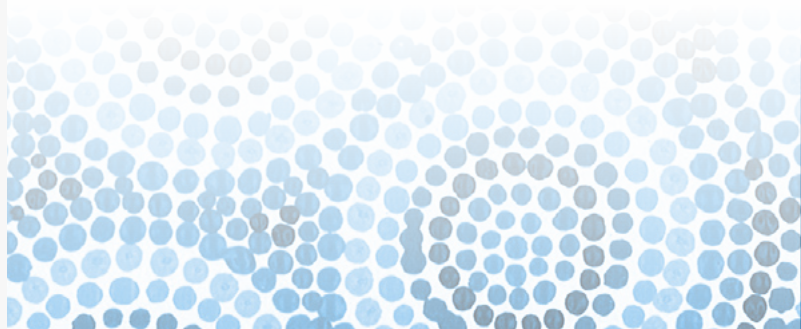
07.15-17.30

WOMEN'S ROOM

The Women's Room is located in City Suite 4, Level 1 West and will be open at the following times:

Sunday 16 September 2018

07.15-17.30



LOCATION

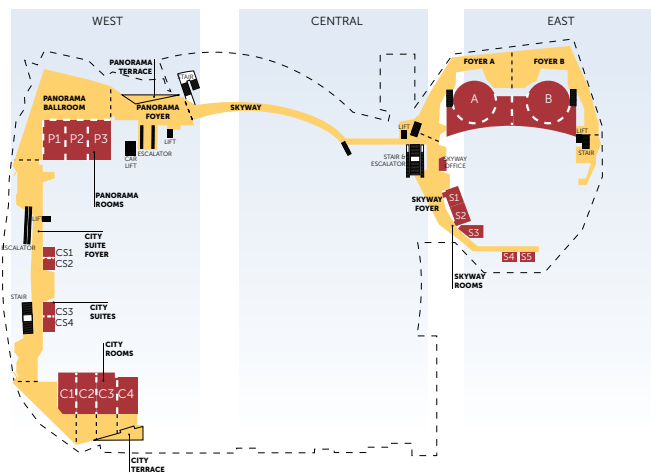
Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) 2018 Aboriginal and Torres Strait Islander Women's Health Meeting is being held at the Adelaide Convention Centre, Adelaide, Australia.

Adelaide Convention Centre

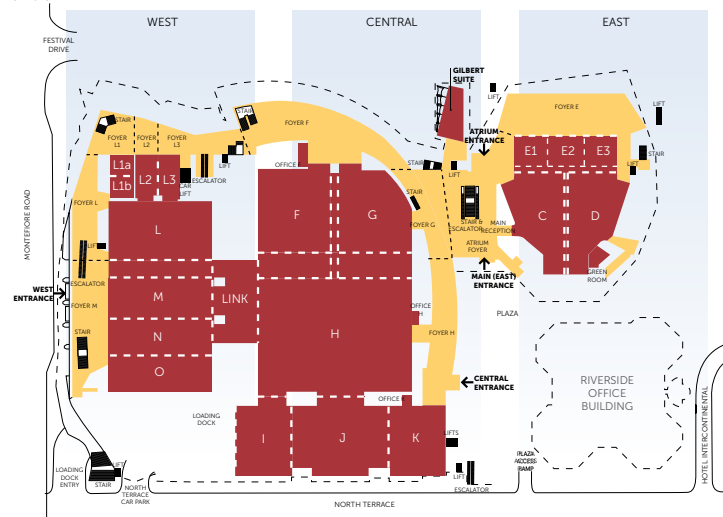
North Terrace,
Adelaide SA 5000, Australia
+61 8 8212 4099

www.adelaidecc.com.au/

LEVEL ONE



GROUND LEVEL



- RECEPTION
- LIFT
- TOILET
- ACCESS TOILET
- PARKING
- FIRST AID ROOM
- STAIRS & ESCALATORS
- FOYER
- FUNCTION AREA
- HOMEGROUND



0 5 10 20 30 40 50
SCALE

NOTE FOR DELEGATES: Please enter via Western entrance located on Montefiore Road and take the lifts/escalators to Level 1 West

ROOM LOCATORS

Saturday 15 September 2018

City Room 1	Culturally-Safe Health Care for Aboriginal and Torres Strait Islander Women Workshop
City Room 3	Implanon Workshop
City Foyer 1, 2, 3 & 4	Registration, Afternoon Tea
L1 (Ground Level)	Introduction to Ultrasound Workshop
Foyer L1, L2 & L3	Afternoon Tea

Sunday 16 September 2018

City Rooms 1&2	Plenary and Concurrent Sessions
City Suite 4	Women's Room
City Foyer 1, 2, 3 & 4	Registration, Morning Tea, Lunch, Afternoon Tea

WORKSHOPS – SATURDAY 15 SEPTEMBER 2018

Culturally-Safe Health Care for Aboriginal and Torres Strait Islander Women Workshop

Time: 1.00–5.00pm
Venue: Adelaide Convention Centre - City Room 1
Facilitator: Poche Centre for Indigenous Health and Well-Being, Flinders University
Participants: Open to all RANZCOG ATSIWHM and ASM delegates
Includes: Afternoon tea

This workshop speaks to both Indigenous and Non-Indigenous medical and healthcare professionals and workers providing care to Aboriginal and Torres Strait Islander women. Course content is delivered using a mix of presentations, small group work and videos to deconstruct racialised stereotypes and misinformation and gain real-world strategies for developing culturally-safe and effective healthcare practices and systems.

Introduction to Ultrasound Workshop

Time: 1.00–5.00pm
Venue: Adelaide Convention Centre - L1 on Ground Level
Facilitator: Associate Professor Janet Vaughan & Dr Marilyn Clarke
Participants: Tailored to Aboriginal and Torres Strait Islander Health Workers and Midwives. Limited to 10
Includes: Afternoon tea

This half-day practical workshop focuses on basic ultrasound knowledge and skills for the third trimester. The course outline has been tailored specifically for Aboriginal and Torres Strait Islander Health Workers and Midwives. The workshop consists of 4 hours of live, practical hands-on scanning tuition and targeted lectures. Workstations will be organised to enable interactive small group teaching and will have a pregnant subject, an experienced tutor and an ultrasound machine.

Implanon Workshop - sponsored by Merck, Sharp, Dohme

Time: 3.00–5.30pm
Venue: Adelaide Convention Centre - City Room 3
Facilitator: Dr Meredith Frearson
Participants: Open to all RANZCOG ATSIWHM delegates

This workshop provides theoretical instruction and simulated practical application of Implanon NXT, a long-acting reversible contraceptive (LARC) available in Australia. The training covers information about its benefits, side effects and risks and is suited to clinicians, registered nurses and midwives, community health nurses and workers.

18.30–22.30 Meeting Dinner (South Australian Museum)

Held at the South Australian Museum, delegates will be inspired by the impeccable Aboriginal artworks, warm company and thought provoking presentations. The Ngangkari, traditional healers of Central Australia, are special guests for the evening and delegates will have the opportunity to hear and learn of their work and customs.

RANZCOG will launch its *Innovate* Reconciliation Action Plan at the meeting dinner.

Australia Aboriginal Cultures Gallery

South Australian Museum
 North Terrace, Adelaide SA 5000
 08 8207 7500
www.samuseum.sa.gov.au/explore/museum-galleries/australian-aboriginal-cultures

SCIENTIFIC PROGRAM – SUNDAY 16 SEPTEMBER 2018

Morning Session

Chairs: Dr Marilyn Clarke and Dr Erika Chapman-Burgess

8.00–8.15

Welcome to Country

Aunty Georgina Williams

8.15–8.30

RANZCOG President Welcome Address

Professor Steve Robson

8.30–9.00

Keynote Presentation: Alison Bush Memorial Oration

Professor Kerry Arabena, Director, Indigenous Health Equity Unit, Centre for Health Equity, The University of Melbourne

9.00–9.30

Traditional Healers of Central Australia

NPY Women's Council Aboriginal Corporation

9.30–10.00

Morning Tea

10.00–12.30

Concurrent Session (C1): The Ebb and Flow in Gynaecology

Chairs: Dr Sue Jacobs and Dr Beth Campbell

Concurrent Session (C2): The Deep Waters of Obstetrics

Chairs: Dr Alicia Veasey and Dr Talila Mirov

10.00–10.30

Cervical Cancer Prevention for Aboriginal and Torres Strait Islander Women

Associate Professor Julia Brotherton, Medical Director
National HPV Vaccination Program Register

Lisa Whop, NHMRC Early Career Research Fellow, Menzies School of Health Research

Birth in Our Community: Partnering to Improve Health Outcomes for Mothers and Babies

Dr Yvette Roe, Senior Research Fellow, Mater Medical Research Institute

10.30–11.00

Polycystic Ovary Syndrome (PCOS) in Aboriginal and Torres Strait Islander Women: What Do the New Guidelines Mean?

Associate Professor Jacqueline Boyle, Deputy Director, Monash Centre for Health Research and Implementation, Monash University

Catching the Tide: What Works for Smoking Cessation in Pregnancy for Aboriginal Women?

Associate Professor Gillian Gould, Centre for Brain and Mental Health, School of Medicine and Public Health, University of Newcastle

Carolynha Johnson, Quit SA

11.00–11.30

The North Queensland Syphilis Outbreak: Learnings and Future Directions to Support Pregnant Aboriginal and Torres Strait Islander Women

Dr Annie Preston-Thomas, Public Health Medical Officer-Sexual Health, Tropical Public Health Services Cairns

Cherrie Glasson, Tropical Public Health Services Cairns

Diabetes in Pregnancy in Aboriginal and Torres Strait Islander Women

Dr Anna McLean, Endocrinologist, Cairns Hospital

Chenoa Wapau, Cairns Hospital

11.30–12.00

Supporting and Empowering Women to Manage Their Fertility: An Urban Indigenous Project

Dr Caroline Harvey, GP, Institute for Urban Indigenous Health

Dr Yvette Roe, Senior Research Fellow, Mater Medical Research Institute

Preterm Birth in Aboriginal and Torres Strait Islander Women

Dr Scott White, Specialist in Maternal Fetal Medicine, Fellow, King Edward Memorial Hospital for Women

12.00–12.30

Panel Discussion

Panel Discussion

12.30–13.30

Lunch

13.30–15.00

Free Communication Oral Presentations: "Deep diving into Aboriginal and Torres Strait Islander Women's Health"

Chairs: Dr Margaret O'Brien and Dr Leila Usher

15.00–15.20

Afternoon Tea

15.20–17.00

Plenary Session: "Riding the Wave of Change"

Chairs: Dr Kiarna Brown and Dr Joel Wright

15.20–15.50

Domestic Violence Program: "Staying Home, Leaving Violence" (NSW)

Jenelle Bowen, Program Manager, Staying Home, Leaving Violence, NSW

15.50–16.20

Aboriginal and Torres Strait Islander Mental Health

Dr Marshall Watson, Child, Adolescent and Adult Forensic Psychiatrist, SA Health Women's and Children's Health Network

16.20–16.50

Lessons and Insights from an Aboriginal midwife: Challenges in Midwifery Care

Skye Parsons, Project Officer - Midwifery, Nursing and Midwifery Office, NSW Ministry of Health

16.50–17.00

Closing Remarks

Dr Marilyn Clarke, Chair of 2018 Aboriginal and Torres Strait Islander Organising Committee

08.00 – 08.15, City Rooms 1 & 2

Welcome To Country

Aunty Georgina Williams

08.15 – 08.30, City Rooms 1 & 2

RANZCOG President Welcome Address

Professor Steve Robson

08.30 – 09.00, City Rooms 1 & 2

Keynote Presentation: Alison Bush Memorial Oration

Professor Kerry Arabena

Professor Kerry Arabena will present the findings of her interventions-based, pre-birth, multigenerational cohort study designed with and for Aboriginal and Torres Strait Islander families titled 'First 1000 Days Australia'. The model aims to provide a comprehensive strategy to strengthen Aboriginal and Torres Strait Islander families to help address their children's needs from pre-conception to two years of age. In these crucial first 1000 days, the best foundations are laid down for the future health and wellbeing of Aboriginal and Torres Strait Islander children.

09.00 – 09.30, City Rooms 1 & 2

Ngangkari – Traditional Healers of Central Australia

NPY Women's Council (NPYWC) is a service delivery, advocacy and support organisation created by Anangu women from the 28 remote communities in the tristate border region of NT, SA and WA. NPYWC delivers a range of services and programs working with Anangu to improve their health, wellbeing and safety as well as supporting ongoing cultural practices.

NPYWC Ngangkari Program is a dynamic group of Ngangkari who are also highly respected artists, teachers, and health workers. As well as applying their traditional skills as healers in their communities, they provide advice to Indigenous and non-Indigenous people outside their communities, using their extensive knowledge of culture and family. In 2009 the effectiveness of the work of the NPY Women's Council Ngangkari in Indigenous mental health was acknowledged with a prestigious award from the Royal Australian and New Zealand College of Psychiatrists, and the Dr Margaret Tobin Award for excellence in mental health service delivery. In 2011 the Ngangkari were conjoint recipients of the World Council for Psychotherapy Sigmund Freud award for 'contributions to psychotherapy,' bestowed by the City of Vienna.

THE EBB AND FLOW IN GYNAECOLOGY – CONCURRENT SESSION 1

10.00 – 10.30, City Room 1

Cervical Cancer Prevention for Aboriginal and Torres Strait Islander Women

A/Prof Julia Brotherton & Dr Lisa Whop

Over 25 years of the National Cervical Screening Program has not delivered equitable outcomes for Aboriginal and Torres Strait Islander women, who still have over twice the incidence and four times the mortality rate from cervical cancer as other Australian women. Recent data have shown that Aboriginal and Torres Strait Islander women have a lower participation rate in screening and those who do screen have a higher rate of cervical abnormalities detected and a lower rate of timely follow up investigation. In this presentation, we will discuss the opportunities provided by the renewal of the cervical screening program to finally improve participation and outcomes for Aboriginal and Torres Strait Islander women by supporting culturally appropriate models of care right through the screening pathway, providing the opportunity for self-collection for never and under-screened women, and by ensuring that the program can routinely report on progress for Aboriginal and Torres

Strait Islander women. We will also discuss the HPV vaccination coverage achieved for Aboriginal and Torres Strait Islander women and the encouraging evidence of impact that is equivalent in magnitude to that achieved for other Australians.

10.30 – 11.00, City Room 1

Polycystic Ovarian Syndrome (PCOS) in Aboriginal and Torres Strait Islander Women: What Do the New Guidelines Mean?

A/Prof Jacqueline Boyle

PCOS is the most common endocrine condition in reproductive aged women with reproductive, psychological and metabolic complications. It is under-diagnosed and women report often being dissatisfied with the health information and health care they receive.

New international guidelines developed with clinical, academic and consumer collaboration on the diagnosis and management of PCOS were published in July of this year. These will be presented and the implications for health care for Aboriginal and Torres Strait Islander women discussed.

11.00 – 11.30, City Room 1

The North Queensland syphilis outbreak: Learnings and future directions to support pregnant Aboriginal and Torres Strait Islander Women

Dr Annie Preston-Thomas and Ms Cherrie Glasson

Since 2011 there has been a syphilis outbreak affecting young Aboriginal and Torres Strait Islander people in North Queensland which has resulted in the deaths of six babies. In North Queensland, two-thirds of cases have been in people aged less than 30 years; people who are considering parenthood and forming families. The North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan 2016 -2021 was developed as a direct response to the syphilis outbreak. It involves measures to improve community awareness, prevention, health promotion and management for sexually transmissible infections (STI's). In relation to maternity care, activities undertaken or underway include midwife and clinical education, an initiative involving regional antenatal care providers to empower and increase knowledge about pregnancy-related health care, identify barriers and enablers to accessing antenatal services and increase antenatal attendance for Aboriginal and Torres Strait Islander women, development of a Queensland Syphilis in Pregnancy guideline, audits of syphilis and STI testing in antenatal care and a review of cases in congenital syphilis, to understand what could be done better to prevent any cases in the future. We will present an overview of our work to improve antenatal provision for Aboriginal and Torres Strait Islander women in the Cairns area. Engaging Aboriginal and Torres Strait Islander women early in maternity care and maintaining the engagement are important aspects of improving the well-being of mothers and their babies and prevention of future cases of congenital syphilis, as are improving health service systems through best practice antenatal care and a culturally competent health service.

11.30 – 12.00, City Room 1

Supporting and Empowering Women to Manage Their Fertility: An Urban Indigenous Project

Dr Caroline Harvey and Dr Yvette Roe

Background: Aboriginal and Torres Strait Islander women have a higher total fertility rate than non-Indigenous woman, and the rate of births to Indigenous teenagers in Queensland is about 5 times that of all teenagers in the state. Increased family spacing has been found to improve maternal and infant health outcomes. However, little current evidence is available to inform practice for health practitioners on how to best support urban Indigenous communities to make informed choices about family planning.

Aim: This research aimed to gain an understanding of current level of knowledge of and information sources amongst Indigenous women and men in an urban setting with regards to family planning choices.

Methods: The research used a yarning circle method with a convenience sample of Indigenous Aboriginal and

Torres Strait Islander women and men accessing Aboriginal community controlled health services (ACCHS). Participants included postnatal women, Elders, young women with no children; and teenagers.

Findings: The primary finding was the importance of supporting and empowering women. Across four sub-themes; (a) strengthening families; (b) identifying knowledge holders and places; (c) making choices, and (4) societal norms. The findings resulted recommendations to embed an integrated family planning service and strategies to engage the community.

Conclusion: The research identified the importance of supporting and empowering women and in doing so, provide integrated services, strengthen families and promote an awareness of choice. ACCHS aim to provide services that reflective of the community needs and aspirations thereby making them best place to respond to community feedback.

12.00 – 12.30, City Room 1

Panel Discussion

All Presenters

THE DEEP WATERS OF OBSTETRICS – CONCURRENT SESSION 2

10.00 – 10.30, City Room 2

Birthing in Our Community: Partnering to Improve Health Outcomes for Mothers and Babies

Dr Yvette Roe

The gap between Aboriginal and Torres Strait Islander people and non-Indigenous child mortality rates (0-4 years) has widened since the Closing the Gap strategy was announced in 2008 with 82% of child deaths occurring in the first year of life and almost 50% from perinatal conditions. The largest cause of perinatal death is preterm birth yet preterm birth rates have not changed since national targets were set in 2008. Preterm birth is associated with life-long co-morbidities (i.e. obesity, diabetes, respiratory illness and reduced cognitive development); and impacts on many other determinants of health (educational achievement; employment opportunities). Research shows, however, that preterm births can be reduced through early and regular engagement of parents with high quality and culturally safe maternity care. Progress in these areas has been slow with incremental and short-term health gains.

This presentation will describe the partnership between two Aboriginal Community Controlled Health Organisations and a tertiary maternity service to establish the 'Birthing on Country' service for urban Aboriginal and Torres Strait Islander families. In just 4 years (2014-17), the redesigned services have led to profound reduction in Aboriginal or Torres Strait Islander preterm birth babies compared to women who receive standard care. This presentation will discuss the key mechanisms that led to an increase in term births.

10.30 – 1100, City Room 2

Catching the Tide - What Works for Smoking Cessation in Pregnancy for Aboriginal Women?

A/Prof Gillian Gould and Ms Carolynanha Johnson

Smoking during pregnancy has major adverse effects on the expectant woman and the developing foetus, contributing significantly to the health gap. Children whose mothers smoked are more likely to experience chronic diseases: respiratory and cardiac illnesses, obesity and diabetes.

Forty-three per cent of Australian Indigenous pregnant women smoke tobacco, over three times the prevalence of non-Indigenous counterparts. A reduction of smoking prevalence is starting to be seen among Indigenous pregnant women, yet smoking cessation rates in pregnant Indigenous women are half that of others.

Impediments to Indigenous smoking cessation reveal individual, community and system-level factors. Health messages lack salience; services and resources may not be accessible. Women report stigma of smoking when pregnant and may disengage with health services. Health professionals seldom perform all the recommended

steps for smoking cessation care with pregnant women, and approaches may not be sensitive to Indigenous culture. Living among other smokers may jeopardize the capacity of individuals to quit.

This presentation outlines what works for smoking cessation in pregnancy and how these approaches can be translated into practice among Indigenous pregnant women. Promising translational approaches for culturally appropriate smoking cessation care in Indigenous pregnant women includes a pilot trial of ICAN QUIT in Pregnancy, a pilot of a complex intervention with incentives, a national co-designed RCT, SISTAQUIT® (Supporting Indigenous Smokers To Assist Quitting), and new research to develop a targeted mobile phone App.

To catch the tide of change, strategies are required that improve access for pregnant Indigenous women, foster better engagement with Indigenous women, address smoking in a non-judgemental manner, and provide tailored approaches.

11.00 – 11.30, City Room 2

Diabetes in Pregnancy in Aboriginal and Torres Strait Islander Women

Dr Anna McLean and Ms Chenoa Wapau

Diabetes in pregnancy (DIP) is increasingly a public health concern, as rates of the condition continue to rise in Australia and globally. DIP includes both diabetes diagnosed during pregnancy which is termed Gestational Diabetes Mellitus (GDM) and pre-existing Type 1 Diabetes Mellitus (T1DM) and Type 2 Diabetes Mellitus (T2DM). The introduction of the most recent diagnostic criteria have contributed to an increase in the screening and diagnosis of GDM, as has the epidemic of T2DM in the general population. Early Screening has led to an increase in early diagnosis of GDM, more frequent antenatal appointments and busier clinics. Australian population groups such as Aboriginal and Torres Strait Islander women have higher rates of GDM and up to ten times the rates of pre-existing T2DM compared to Caucasian women. Far North Queensland has a population of approximately 240,000 and a large proportion of the region's population identify as Aboriginal or Torres Strait Islander: 10% in Cairns, 69% in the Torres Strait Islands and 52% in Cape York. There are around 2,500 deliveries per year at the Cairns Hospital and 14% are complicated by DIP. Of these, 87% of women have GDM, 12% of women have T2DM and 1% T1DM. This talk will focus on some strategies being used to improve outcomes for women with DIP. Included in the talk will be a short presentation by one of our Indigenous Research Officers from the Menzies Diabetes in Pregnancy Project, Chenoa Wapau who will describe her experience on the project so far.

11.30 – 12.00, City Room 2

Preterm Birth in Aboriginal and Torres Strait Islander Women

Dr Scott White

Preterm birth is a major contributor to death and disability in children. It is a particular challenge for first nations peoples throughout much of the globe. In Australia, Aboriginal and Torres Strait Islander women in Australia are twice as likely to experience preterm birth than their non-indigenous counterparts, one of the most significant of the disparities in indigenous health outcomes. The contributors to preterm birth in Aboriginal and Torres Strait Islanders are multiple, ranging from pre-existing chronic diseases such as diabetes through to various social determinants of health. Ethnic variation in physiological gestation length may also play a significant role which is an important consideration for the implementation of measures aimed at increasing gestation length. This presentation will review the state of preterm birth in Aboriginal and Torres Strait Islanders, the ethnic variation in normal gestation length, and the interventions which may reduce the rate of preterm birth.

1200 – 1230, City Room 1

Panel Discussion

All Presenters

DEEP DIVING INTO ABORIGINAL AND TORRES STRAIT ISLANDER WOMEN'S HEALTH - FREE COMMUNICATION

13.30 - 13.45, City Rooms 1 & 2

Secret Women's Business: A Snapshot into Traditional Aboriginal Medicine used in Women's Health in Australia

Dr Erika Chapman Burgess

Indigenous Australia is evidently known as one of the oldest cultures, dating back over 60,000 years. Australia's history involves a timeline synonymous with that of other colonized countries of the World, where the Indigenous people and its culture have suffered.

The Aboriginal and Torres Strait Islander people of Australia were the very first healers and doctors, and their practice of medicine, healing and knowledge of Traditional Aboriginal Medicine has been passed down through time to generations. These customs and understandings have undoubtedly influenced the core foundations of modern medicine today.

Traditional Aboriginal Medicine consists of a complex and multilayered medical knowledge that embodies a holistic health belief system, incorporating all elements of the land. This valuable knowledge is shared within communities, passed down from Elders to the youth, or amongst men and women.

"Women's Business" refers to the very sensitive and sacred concept of Women's Health within Aboriginal and Torres Strait Islander communities. Women's Business or Secret Women's Business" comprises of the sensitive teachings and discussion of health issues among Elders, women and young girls – which undoubtedly plays an integral role in a young girls life.

The teachings of Women's business traditionally were ceremonial based, involving song, dance, music and verbal passing of knowledge. These teaching would cover, growth, puberty, bearing children and knowledge of birthing sites.

13.45 - 14.00, City Rooms 1 & 2

The Impact of Pelvic Floor Dysfunction in Aboriginal and Torres Strait Islander Women

Dr Talila Milroy and Dr Sue Jacobs

Objective: Undertake a qualitative survey of Aboriginal and Torres Strait Islander women attending the Redfern Aboriginal Medical Service, aged between 18-80 years old, to determine the impact of disorders relating to pelvic floor dysfunction and determine the barriers to care, satisfaction with care and desired services these women would like.

Findings: Currently interviews are being undertaken with recruited women. We will be presenting the findings from these interviews. Interviews consist firstly of answering questions from the PFIQ-10 questionnaire and secondly of open ended questions relating to other aspects of care. Our goal is a minimum of 50 participant interviews and so far women have been very interested in sharing their experiences of pelvic floor dysfunction and the emerging themes include

1. The importance of speaking to a female doctor
2. The desire for education about pelvic floor exercises, the types of medications prescribed and management options
3. The financial and time burden of these conditions on the female
4. The desire for a womens health physiotherapist that could be accessed

Key conclusions or recommendations: Research specifically into Aboriginal and Torres Strait Islander women's pelvic floor issues is scarce with the majority of information derived from larger research publications looking at much wider populations. Fewer studies have focused on the impact these issues have and what services the women themselves determine to be important. We hope to feed the findings back to the Redfern Aboriginal Medical Service along with the wider medical community.

14.00 - 14.15, City Rooms 1 & 2

Aboriginal Family Health Research Partnership

Ms Cathy Leane and Ms Karen Glover

Improving Aboriginal birthing outcomes requires a sustained effort by many and so the Aboriginal Family Health Research Partnership (AFHRP) started. The AFHRP aims to create strong and sustainable partnerships between Aboriginal community, researchers, service providers and government; to reduce disparities in the health and wellbeing of Aboriginal children, young people and families; and, to conduct community-driven, culturally respectful research leading to sustained improvements for the health and wellbeing of Aboriginal families in South Australia. Partnership members include community to identify and ensure appropriate and relevant engagement and priorities developed by Aboriginal people, researchers to ensure rigorous research and solid evidence produced, and policy and service delivery members, to ensure the research has knowledge translation and exchange in mind from the beginning and throughout. The AFHRP was launched in 2017 and currently includes ten projects covering various topics relating to Aboriginal women, men, children and families. A local Kurna father and his daughter produced the digital artwork to tell the AFHRP story to ensure culture is at the centre of our work.

14.15 – 14.30, City Rooms 1 & 2

Surfing the Online Wave: The MAMAS (Mothers Aunties Maternal Aboriginal Smokefree) and BUB (Bringing Up Baby) EMPOWER Apps

Ms Sarah Perkes and Ms Noelene Skinner

Aboriginal women want healthy pregnancies and strong healthy babies. Currently, few accepted community-based supports are available for healthy lifestyle and Social and Emotional Wellbeing (SEWB) for Aboriginal women. The most vulnerable pregnant Aboriginal women experience tough challenges, including addiction, violence and poor SEWB, all of which carry high risks for their health and that of their unborn children. Aboriginal women often present later for antenatal care and Aboriginal babies are less likely to attend health checks for a number of complex reasons including fear and inadequate services. Aboriginal women are high users of social media, which may be an untapped resource for improving the health of Aboriginal women during pregnancy and 'turning the tide' for their babies and across the lifespan.

Through conducting extensive qualitative research with Aboriginal women and communities including 11 focus groups and over 100 interviews, Aboriginal women indicated that they want online platforms that are culturally responsive, safe, strengths based and inclusive of all health, including spirituality. Consequently, we are developing two unique apps. The first app will focus on pregnancy and the second app on baby health. These apps have great potential to promote SEWB during pregnancy, support abstinence, foster health-seeking behaviour and support mothers to track their baby's development journey. The MAMAS and BUB EMPOWER apps will be developed in close consultation with the Aboriginal community. They will be shared platforms helping to prioritise relationships with peers and promote early engagement with health services

14.30 - 14.45, City Rooms 1 & 2

An Overview of Systematic Reviews on Smoking Cessation Care and Barriers for Smoking Cessation in Pregnant Australian Indigenous Women

Dr Nicole Ryan

Background: Forty six percent of Australian Indigenous pregnant women smoke tobacco (12% for non-Indigenous). Smoking in pregnancy can lead to chronic disease, poor maternal and infant health outcomes, and long-reaching health effects on Aboriginal children into adulthood.

Aim: To synthesise evidence on smoking during pregnancy for an overview of reviews.

Methods: Bibliographic databases using the MeSH terms systematic reviews, English language, humans, date 2010-2017. Inclusion eligibility was based on full text review and assessment with AMSTAR.

Results: There were 16 reviews on smoking in pregnancy, (12 primarily focused on pregnant women, including two on Indigenous women). Three reviews included any age and gender (including Indigenous populations and pregnancy smoking), another included women who were pre-conception or pregnant, currently smoked or recently quit smoking. One review specific to Australian Indigenous pregnant women, found no evidence for effective interventions in supporting women to quit smoking. Nineteen review articles included barriers to smoking cessation; three of these specific to Australian Indigenous women. Main barriers for pregnant Aboriginal women include family and community influence on their efforts to quit, (social–normative use of tobacco); smoking as a coping strategy and a lack of salient/culturally-appropriate messages on the risks of smoking from health providers.

Conclusion: Strategies recommended for supporting Australian Indigenous pregnant women to quit smoking include tailoring smoking interventions and information to local culture, delivering of cessation support by all antenatal providers, involving family and community members, evidence-based training of providers, addressing relapse, assessing other substance use and, contingency-based financial rewards.

14.45 – 15.00, City Rooms 1 & 2

Aboriginal Family and Baby Bundles: Improving Nutrition in the First 500 Days and Beyond

Dr Philippa Middleton and Ms Karen Glover

Objective: The Aboriginal Family and Baby Bundles (ABFABB) research project aims to address healthy weight during pregnancy and in the year following birth.

Program outline: The study has significant intergenerational maternal and child health implications for Aboriginal women and their families. Aboriginal Family and Baby Bundles (ABFABB) consists of nine main interventions over an eighteen month period, supporting healthy weight for Aboriginal women and their families through: enhancing health literacy, providing timely feedback and advice about their diet (particularly omega 3 and vitamin levels); and gathering information to inform future nutrition supports for Aboriginal women and babies and the wider family. Contents of the ABFABB bundles were designed through consultation processes, and will continue to be refined and improved through three plan-do-study-act cycles. Each Bundle has a theme and key message consistent with Australian standards and delivered in culturally sensitive ways by an Aboriginal researcher.

Comments and conclusions to date: Aboriginal women already feel comfortable and engaged with the ABFABB program which is integrated with the Aboriginal Family Birthing Program. After babies are born, we will work with the Child and Family Health Services to complement care of women and their young babies, with a large emphasis on breastfeeding.

RIDING THE WAVE OF CHANGE

15.20 - 15.50, City Rooms 1 & 2

Domestic Violence Program: “Staying Home, Learning Violence”

Ms Jenelle Bowen

The Staying Home Leaving Violence program will explain the basic components of family and domestic violence including the cycle of violence and domestic violence during pregnancy, post partum and first twelve months of the infants life. This presentation will also identify the key stakeholders and integrated response through Safety Action Meetings. And finally this presentation will explore the Aboriginal and Torres Strait Islander perspective including barriers to service and strategies for improved engagement and collaboration.

15.50 – 16.20, City Rooms 1 & 2

Aboriginal and Torres Strait Islander Mental Health

Dr Marshall Watson

Not available at time of printing

16.20 – 16.50, City Rooms 1 & 2

Lessons and Insights from an Aboriginal Midwife: Challenges in Midwifery Care

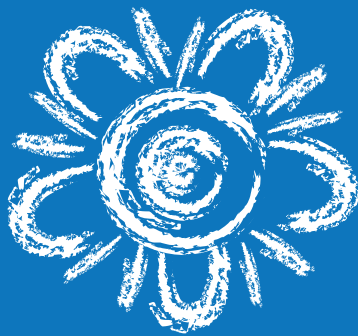
Ms Skye Parsons

Culturally safe maternity care must be flexible and accessible to maximise the health of Aboriginal and Torres Strait Islander women and their infants throughout pregnancy, labour, birth and the postnatal period. A culturally appropriate service enables, encourages, supports and empowers Aboriginal families throughout this time. This presentation will discuss the lessons, challenges and insights that enabled the community to access culturally appropriate maternity care and the benefits as an Aboriginal Midwife working within community.

16.50 – 17.00, City Rooms 1 & 2

Closing Remarks

Dr Marilyn Clarke



RANZCOG 2018

Aboriginal and
Torres Strait Islander
Women's Health Meeting

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