

# Preconception and pregnancy care for Aboriginal and Torres Strait Islander People



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## Background

Improving outcomes in Aboriginal and Torres Strait Islander maternal and child health is a matter of national priority. Engaging in preconception and pregnancy care is associated with a reduction in perinatal deaths and improved birth outcomes.

## Objective

This article highlights the importance of preconception and pregnancy care provision that is culturally safe and contextually tailored. It focuses on three important areas of healthcare in pregnancy: smoking, syphilis and vaccinations.

## Discussion

Preconception and pregnancy represent a time when women and their partners may be more receptive to health promotion messages and experience increased motivation to make behaviour changes. General practitioners are well placed to provide preconception and pregnancy care.

**THIS ARTICLE** summarises three key health issues outlined in Chapter 5 of the *National Guide to preventive healthcare for Aboriginal and Torres Strait Islander People*.<sup>1</sup> Improving outcomes in Aboriginal and Torres Strait Islander maternal and child health is a matter of national priority and is reflected in key documents such as the National Agreement on Closing the Gap.<sup>2</sup> Although significant disparities in maternal and child health outcomes between Aboriginal and Torres Strait Islander and non-Indigenous Australians continue, the *Australia's mother and babies 2020*<sup>3</sup> report demonstrated some positive traction on a range of indicators for Aboriginal and Torres Strait Islander mothers. This includes an increased number of mothers attending an antenatal visit in the first trimester, more mothers attending five or more antenatal care appointments, a decrease in maternal smoking rates, and a decrease in pregnancies for women aged 20 years and under.<sup>3</sup>

Improvements in pregnancy outcomes are enhanced by the provision of preconception and pregnancy care that is culturally safe and contextually tailored. Acknowledging and understanding the effects of colonisation, the history of the forced removal of children (known as the Stolen Generations), disparate outcomes related to the social determinants

of health, and a high prevalence of intergenerational trauma are key factors to consider when providing preconception and pregnancy care.<sup>4</sup> Such healthcare needs to be empowering, strengths-based, free from healthcare provider judgement or racism and responsive to cultural needs.<sup>5</sup> The availability of Aboriginal and Torres Strait Islander healthcare providers within the community is ideal for the provision of culturally safe care. Although this may not always be possible, Aboriginal and Torres Strait Islander women highly value continuity of care throughout their pregnancy. Aboriginal and Torres Strait Islander women have also identified healthcare provider qualities, such as being non-judgemental, kind, welcoming and warm, and a strengths-based approach as important in pregnancy care.<sup>2,6-8</sup> Midwife-led pregnancy care models<sup>9,10</sup> and opportunities for women to birth on Country<sup>11</sup> are associated with high levels of cultural safety and positive maternal and child health wellbeing outcomes.<sup>10,12</sup>

Delivering healthcare with a trauma-informed approach represents a further means of progressing health equity for Aboriginal and Torres Strait Islander mothers and their children.<sup>13-15</sup> This approach to care recognises the high prevalence of trauma for Aboriginal and Torres Strait Islander women

and considers the intersecting impacts of systemic and interpersonal violence, and structural inequalities.<sup>15,16</sup> Trauma- and violence-informed care aims to safely assess and respond to maternal (and paternal) adverse childhood experiences, intergenerational trauma and current psychosocial stressors to promote healing and recovery for mother, baby and family.<sup>14</sup>

Supporting the health and wellbeing of Aboriginal and Torres Strait Islander men or non-birthing partners is also an important healthcare consideration during the antenatal period. Programs such as the Apunipima Cape York Health Council Baby One Program provide an innovative family-systems approach to perinatal care.<sup>17</sup> Research with Aboriginal and Torres Strait Islander fathers and fathers-to-be describes a range of health challenges, as well as social and emotional wellbeing stressors, during their partner's antenatal period.<sup>17-19</sup> Research has also found that some Aboriginal and Torres Strait Islander men would like more opportunities to engage with pregnancy healthcare to help support their partner and unborn child, but many found the clinical environment unwelcoming.<sup>20</sup> Creating systems that support family functioning while respecting the agency and, if applicable, safety of a pregnant woman is central to the delivery of culturally responsive and contextually tailored pregnancy care.

Preconception and pregnancy represents a time when women and their partners may be more receptive to health promotion messages and experience increased motivation to make behaviour changes.<sup>21,22</sup> Behavioural advice recommended during pregnancy includes smoking cessation, avoiding alcohol, good nutrition, vitamin supplementation, appropriate weight gain and adequate physical activity.<sup>22</sup> Healthcare professionals need to be confident in delivering health promotion and interventions to women and their families during the antenatal period. This should be supported with the availability of culturally responsive resources. Care should be taken to space the timing and frequency of antenatal health promotion messaging to ensure women are not overwhelmed or experience shame if they are not able to achieve the desired change.<sup>22</sup>

## Smoking

Smoking during pregnancy represents the most important modifiable risk factor causing adverse outcomes for both mother and baby.<sup>23</sup> The Australian Institute of Health and Welfare (AIHW) identified that during 2016-18 more than 43% of pregnant Aboriginal and Torres Strait Islander women smoked at some stage during their pregnancy,<sup>24</sup> compared with less than 10% for non-Indigenous Australian women. Although the overall trend of smoking during pregnancy is falling, data collected in 2023 on Aboriginal and Torres Strait Islander pregnant women show smoking rates during pregnancy have remained steady at over 40%.<sup>24,25</sup>

Smoking cessation prior to or early in pregnancy supports improved health outcomes, especially for the baby. Population studies undertaken by the AIHW have shown that one in six preterm births could be prevented, whereas two in five small-for-gestational-age babies could be born into the healthy weight category.<sup>25</sup> Given the health outcomes that can be achieved by not smoking during pregnancy, appropriate health promotion messaging should be developed for girls and women of reproductive age. Healthcare practitioners are tasked with providing education on the risks of smoking during pregnancy and offering culturally responsive smoking cessation counselling.

The Tackling Indigenous Smoking program supports two projects targeting smoking in Aboriginal and Torres Strait Islander women with a goal of developing evidence-based smoking cessation interventions for this population. The Which Way? smoking cessation study identified that Aboriginal and Torres Strait Islander women want to quit smoking, with a desire for non-pharmaceutical quit support, especially during pregnancy.<sup>26</sup> The study provides evidence that women want support provided face to face, in a group setting and facilitated by Aboriginal and Torres Strait Islander health workers.<sup>26</sup> iSISTAQUIT<sup>27</sup> focuses on providing best practice smoking cessation training to healthcare providers. The program aims to increase quit rates by ensuring healthcare providers deliver smoking cessation care that is culturally responsive, free from judgement and racism, and with adequate resources to support quit attempts.<sup>27</sup>

## Syphilis

The early identification and treatment of maternal syphilis reduces the risk of miscarriage, stillbirth and congenital syphilis infection; therefore, screening is recommended for all pregnant women.<sup>23</sup> There have been increasing rates of syphilis reported since 2011, especially, but not exclusively, in young Aboriginal and Torres Strait Islander people. Nationally, between 2013 and 2022, the rate of infectious syphilis among First Nations people increased from 22 to 111 notifications per 100,000 population.<sup>28</sup> Between 2016 and 2024, 99 cases of congenital syphilis were identified: 53 cases in First Nations infants (54%). Of the 99 total cases of congenital syphilis, 33 infants died with 19 infants identified as First Nations (58%).<sup>29</sup>

The *National strategic approach for responding to rising rates of syphilis in Australia 2021*<sup>29</sup> and the *National strategic approach for an enhanced response to the disproportionately high rates of STI and BBV in Aboriginal and Torres Strait Islander people*<sup>30</sup> have identified three national targets:

- reduce the incidence of syphilis overall, with a focus on women of reproductive age
- eliminate congenital syphilis
- control outbreaks among Aboriginal and Torres Strait Islander peoples in Queensland, the Northern Territory, Western Australia and South Australia.<sup>29,30</sup>

In response to the increasing rates of syphilis within the Aboriginal and Torres Strait Islander population, the recommendation of more frequent syphilis testing throughout pregnancy has been made.<sup>29</sup> Serological testing should be performed as least three times during pregnancy: at the first antenatal visit; between 26 and 28 weeks; and at 36 weeks or delivery (whichever is earlier).<sup>29</sup> Consider five points of testing for women who might be at ongoing risk as per local and jurisdictional guidelines.

## Vaccinations

Historically, two vaccines were recommended to all pregnant women: influenza immunisation and whooping cough immunisation (as part of the diphtheria, tetanus and acellular pertussis immunisation [dTpa]).<sup>31</sup> A third vaccination against respiratory syncytial virus (RSV)

has now been added to the Australian Immunisation Handbook.<sup>31</sup> The vaccine is administered between 28 and 36 weeks gestation.<sup>31</sup> If the mother has not had an RSV vaccine during pregnancy or the vaccination was provided within 2 weeks of delivery, a monoclonal antibody injection (Nirsevimab) can be provided to a newborn.<sup>31</sup> The covid vaccination, while not routinely recommended for pregnant patients, should also be considered and administered to those considered at high risk of morbidity and mortality.<sup>31</sup>

A 2015 study based in Western Australia found that the single most important factor for maternal uptake of vaccinations was recommendation by their health professional.<sup>32</sup> Healthcare professionals should be aware of the immunisation recommendations during pregnancy, actively encourage mothers to receive vaccines and set up recall systems to ensure vaccinations are provided at the correct time.

## Conclusion

As demonstrated in the *Australia's mother and babies 2020*<sup>3</sup> report, improvements on a range of indicators have been recorded for Aboriginal and Torres Strait Islander mothers. General practitioners, with continued cultural education and training, are well placed to continue this positive trend.

## Key points

- Preconception and pregnancy represent a time when women may be more receptive to health promotion.
- Engaging in early and regular antenatal care is associated with a reduction in perinatal deaths and improved birth outcomes.
- Healthcare provider continuity is highly valued by Aboriginal and Torres Strait Islander women during pregnancy.
- Including fathers and non-birthing partners in the provision of pregnancy care is likely to have positive impacts.
- Healthcare professionals require cultural education, training and ongoing support.

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