



Policy Brief: Supporting Aboriginal Mothers in Regional and Remote South Australia

Regional and Remote Perspectives from the Powerful Nunga Mums, Strong Healthy Bibi and Families Model of Care

Led by The Kids Research Institute Australia

Executive Summary

Aboriginal women experience disproportionately high rates of cardiometabolic complications during pregnancy yet continue to face barriers to culturally safe and accessible healthcare, especially those living in regional and remote South Australia.

The *Powerful Nunga Mums, Strong Healthy Bibi and Families Project* identified the urgent need for a culturally responsive Model of Care that supports the physical, social, and emotional wellbeing specifically for Aboriginal women experiencing cardiometabolic conditions during pregnancy. In response to the findings, a Model of Care was co-designed and developed.

This policy brief outlines key findings from the project, focussed on regional and remote perspectives, providing recommendations to improve maternal and child health outcomes through improved access to services, culturally safe care and strengthened supports.

Background

Aboriginal women across South Australia who present with cardiometabolic conditions experience sub-optimal perinatal and postnatal care.

Many women from regional and remote areas are required to travel frequently and long distances, often to Adelaide, for antenatal, birth and postnatal appointments. This leads to disconnection from family, community, and Country; financial strain and hardship; housing insecurity; and limited access to nutritious food and culturally appropriate support. These factors negatively influence physical, social and emotional wellbeing for Aboriginal women in South Australia who experience cardiometabolic complications during pregnancy, labour, birth, and the postnatal period.

Current healthcare models and policies often fail to reflect Aboriginal women's needs, cultural contexts, or address broader determinants of health, such as housing, accommodation, nutrition, and social and emotional wellbeing, particularly for those living in regional and remote areas.

The Powerful Nunga Mums, Strong Healthy Bibi and Families Model of Care

With Aboriginal women's voices and lived experiences at the centre of its design, the *Powerful Nunga Mums, Strong Healthy Bibi and Families Model of Care* provide strong recommendations to deliver:

Improved care coordination, support, and knowledge for Aboriginal women in South Australia who experience cardiometabolic complications during pregnancy, labour, birth, and the postnatal period.

The Model is underpinned by nine core principles reflecting the values, priorities, and lived experiences shared by women across South Australia. These principles foster a healthcare journey built on trust, inclusivity, and commitment to better health outcomes for Aboriginal communities.

The Model also identifies system supports to effectively implement priority recommendations and achieve meaningful outcomes across all action areas.



The vision of the Model is: to continue the longevity of birthing and the practice of Grandmothers' lore by providing a culturally safe space for Aboriginal women, where their choices are respected and heard.

Implications for Research

For Aboriginal women living in regional and remote communities, experiencing cardiometabolic conditions during pregnancy often means travelling far from home to access care. The need to leave Country, family, and community due to limited regional and local services causes additional physical hardship, financial pressure, and emotional distress, further impacting the long-term health and wellbeing of mothers and babies.

Regional and Remote Perspectives

Women living outside metropolitan areas identified the recurring barriers to accessing care, with limited specialist care available locally to support birthing on country, and the challenge of extended and repeated travel to Adelaide, often without family or network supports. This burdensome travel contributes to social isolation, financial strain, and emotional distress.

Limited, costly, and inappropriate accommodation, and transport options further compound these pressures, while limited access to culturally safe healthcare and adequate supports impacts physical and social and emotional wellbeing.

These findings emphasise the need for appropriate, locally delivered, and culturally responsive healthcare services that reduce travel requirements and strengthen community-based supports.

Policy Implications and Recommendations

Social and Emotional Wellbeing

Social and emotional wellbeing is negatively impacted when women need to travel long distances for appointments and birth, isolated from friends, family, and community, often while facing increased financial strain.

Reducing travel-related burdens and offering comprehensive, culturally safe supports ensures that Aboriginal women receive appropriate and equitable maternal healthcare. Strengthening the healthcare system, workforce, and environment to respect and respond to the unique cultural values, needs and experiences of women will achieve higher quality care and more equitable outcomes.



Recommendations:

- Increase access to services by expanding telehealth for counselling and specialist consultations at home or local community clinics.
- Implement coordinated, wrap-around care models with an integrated clinical, cultural, social, and emotional wellbeing support.
- Establish and support trauma-informed, culturally safe workforce roles, including navigator and Aboriginal Maternal Infant Care Worker roles that are attuned to women's cultural, social, emotional, and physical needs.
- Develop and implement online, culturally tailored perinatal resources and care models integrating clinical, social, and emotional wellbeing supports.
- Deliver cultural safety training for staff and adapt existing screening tools such as the Edinburgh Depression Tool to ensure cultural relevance.

Cultural Safe Systems and Workforce Enablers

Aboriginal women, both as clients and members of the healthcare workforce, continue to face barriers such as racism and discrimination that undermine trust and compromise quality of care. Women have expressed the need for respectful, holistic healthcare that upholds their autonomy and cultural values.

A comprehensive approach is needed to build an equitable healthcare environment, one that embeds culturally safe practices, actively addresses systemic racism, and supports a skilled and culturally responsive workforce.



Recommendations:

- Prioritise and implement cultural safety training and policies across healthcare services.
- Establish frameworks that empower, respect, and strengthen the Aboriginal workforce, recognising their vital role in providing culturally safe care.
- Allocate funding to prioritise recruitment, retention, and professional development of Aboriginal health staff across services.
- Training opportunities and Career Pathways are supported for Aboriginal maternal and infant care workforce
- Aboriginal Birthing program accessible for all women with care provided within a Continuity of Care model.
- Implement child protection system reforms focusing on family prevention and supports versus high-risk child/family identification.
- Reforms to ensure culturally trauma informed practice to support Aboriginal children/ infants considered 'high risk' to remain with their families/ kin.

Transport and Accommodation

Women required to travel to Adelaide for maternal and postpartum care face significant barriers related to transport and accommodation. These challenges are particularly acute for those managing complex cardiometabolic conditions, which often require multiple and extended visits for ongoing monitoring and treatment.

There is a lack of affordable, appropriate, and culturally safe accommodation near major metropolitan hospitals. Many women undertake repeated journeys with minimal financial assistance and limited connections to Adelaide-based services. These circumstances compound financial strain, logistical difficulties, and emotional stress for women and their families.

Reducing travel-related burdens and offering comprehensive support ensures that Aboriginal women and their families receive equitable maternal care.



Recommendations:

- Establish culturally safe, affordable accommodation near major hospitals for mothers requiring care.
- Implement changes to the State-wide Patient Assistance Transport Scheme (PATS), including improved coordination and pre-payment options.
- Increase PATS funding to expand coverage for travel-related expenses.
- Develop and implement protocols to support birthing and travel plans, strengthening continuity of care between regional, remote, and metropolitan services.
- Ensure systems are not administratively burdensome impacting negatively on women (reduce paperwork and retelling story)

Nutrition and Food Security

Food plays a key role in managing cardiometabolic complications during pregnancy. Adequate nutrition is often compromised when women must travel away from home for pregnancy-related care. Without access to cooking facilities and culturally appropriate guidance, women have limited ability to prepare healthy meals that meet their nutritional needs.

There is a need to ensure consistent access to nutritious food and culturally appropriate dietary guidance for Aboriginal women during pregnancy. This should include suitable cooking facilities and culturally appropriate meal programs that support maternal nutrition, infant health, and overall wellbeing.



Recommendations:

- Increase access to perinatal care and nutritional support close to home through health clinics and community centres.
- Provide funding to expand access to dietitians and nutrition workers through Aboriginal community-controlled health services.
- Fund the implementation of actions from the Remote Aboriginal and Torres Strait Islander Food Security Strategy, such as community education programs, gardens, and pantries to improve access.
- Develop culturally tailored meal plans, recipes, and educational resources for use during pregnancy and postpartum.
- Promote the essential role of nutrition in maternal health by increasing access to healthy food options for Aboriginal women and families.

Birthing Close to Home

Current policies and limited healthcare resources often require Aboriginal women with cardiometabolic conditions to travel long distances from their communities to give birth. Prioritising access to culturally safe birthing options in regional areas rural and remote areas, supports Aboriginal women's health and autonomy, enabling them to make informed decisions about where and how they give birth, surrounded by the support and care that best meets their needs.



Recommendations:

- Funding to expand access to culturally safe regional birthing options, such as Aboriginal Birthing Units.
- Funding to improve access to telehealth and infrastructure in regional hospitals for specialist consultations.
- Funding and developing models which enable specialist outreach services in regional and remote communities
- Strengthen the regional and remote Aboriginal maternal workforce to provide supports and continuity of care close to home.
- Flexible policies that allow women with well-managed cardiometabolic conditions to safely deliver in regional hospitals.

The Importance of Peer Support and Cultural Connections

Peer support and community connections are vital to the maternal health journey, offering Aboriginal women and their families, culturally relevant guidance, and supports that allow shared experiences, and a sense of belonging.

However, many women face isolation due to frequent travel to Adelaide for specialist care. Women who travel for care often feel alone, without access to information or spaces to share their experiences.

Establishing strong peer support networks for Aboriginal mothers and strengthening

Aboriginal workforce supports are key to reducing isolation, improving access to information, and empowering women to navigate pregnancy and parenthood with confidence.



Recommendations:

- Develop peer support networks for Aboriginal mothers and Aboriginal health professionals.
- Strengthen the local community members and health workforce to deliver culturally relevant care close to home.

Conclusion

Improving outcomes for Aboriginal mothers who present with cardiometabolic complications during pregnancy, and who reside in regional and remote South Australia, requires culturally informed approach that prioritises coordination of care, and care close to home.

By investing in and implementing the Powerful Nunga Mums Model of Care, long-term benefits will be achieved for both Aboriginal communities and the healthcare system. Addressing these challenges such as travel and accommodation barriers, system coordination, and culturally responsive care will lead to more equitable maternal health outcomes.

Through targeted and sustainable funding, Aboriginal women with cardiometabolic presentations can receive the supports and resources needed for healthy pregnancies, birthing and wellbeing across the life course. The full model of care can be accessed at www.thekids.org.au/projects/powerful-nunga-mums-strong-healthy-bibi-families or scan the QR code.



Acknowledgements and Citation

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