

PROJECT SUMMARY

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

Improving care, support and knowledge of women who experience cardiometabolic complications in pregnancy



Australian National University

Overview

Aim: To identify the priority actions that support implementation of the *Powerful Nunga Mums, Strong Healthy Bibi and Families Model of Care*, driving meaningful change for culturally informed action and system-level reform funded by targeted investment.

Audience: Policy makers, funders, health sector stakeholders.

Purpose: To articulate the model's core principles, priority areas, and system supports needed to deliver respectful, inclusive, and effective care, ensuring Aboriginal women with cardiometabolic conditions, and their families are supported throughout the maternal health journey.

Promise: Commitment to Aboriginal-led solutions will enable implementation of the Model of Care through resource provision and policy alignment, providing evidence informed approaches in creating stronger, healthier futures for Aboriginal women, their babies, and communities.

Why we need to do better

Aboriginal and Torres Strait Islander women experience substantial burden: age-standardised prevalence of pre-existing hypertension is 2.5%, gestational hypertension is 3.8%, pre-existing diabetes is 4.2%, and gestational diabetes is 17.4% (AIHW, 2022).

These cardiometabolic complications of pregnancy are associated with adverse pregnancy and perinatal outcomes for mother and baby, and increased risk of cardiometabolic complications later in life (Voaklander et al., 2020, Vogel et al., 2021).

Despite the high prevalence of cardiometabolic complications, Aboriginal and Torres Strait Islander women experience sub-optimal care during and following pregnancy in South Australia. A lack of understanding for Aboriginal and Torres Strait Islander cultural needs and the use of mainstream health models remain significant and preventable gaps. The focus on physical disease alone excludes cultural, social and emotional wellbeing as foundations for lifelong health and wellbeing for Aboriginal women and babies. Cardiometabolic care in pregnancy is a meaningful opportunity for health education that can underpin improved self management and better outcomes for both mother and baby for decades to come.

What we need to see

- Aboriginal women's voices central to design and delivery of services and systems
- Holistic health services and programs
- Aboriginal women receive health education and information the right way
- Care is culturally safe, with Aboriginal hands caring for Aboriginal women and babies/families.

Artwork by Kaurna, Ngarrindjeri, Narungga, Wirangu artist Gabriel Stengle, and is her reflections on journeys for mothers, baby and families during pregnancy. This project received MRFF funding from the Australian Government's Translation Research Accelerator program, delivered by MTP Connect.



Key Findings and Main Messages

- Aboriginal women with cardiometabolic complications during pregnancy often experience disjointed, complex health journeys, with the ongoing reliance on mainstream, non-Indigenous models of care, disconnecting them from essential and appropriate supports.
- There is a lack of integrated and coordinated services and care which provide flexible options based on womens' priorities and needs.
- Current healthcare systems do not adequately meet the cultural needs of Aboriginal communities, particularly for women with complex health journeys.
- Aboriginal-specific maternal health services are limited, with a critical shortage of Aboriginal midwives and Aboriginal Maternal Infant Care workers, with crucial programs such as the Aboriginal Birthing service, that is not offered for all Aboriginal women across South Australia.
- There are current policy restrictions and resource limitations, leading to limited local access to services, this leads to Aboriginal women with cardiometabolic conditions being required to give birth far from home, creating significant physical, financial, and emotional stress.
- Lack of accessible transport and affordable accommodation remains a major barrier for women who must travel to Adelaide multiple times or stay for extended periods to receive care and birthing.

Policy Context

The *Powerful Nunga Mums, Strong Healthy Bibi and Families Model of Care* aligns with national and state policy directions that commit to improving health outcomes for Aboriginal and Torres Strait Islander people, with the aim to embed Aboriginal-led, culturally safe approaches across the healthcare system.

At the national level, the Model contributes directly to the objectives and targets of the National Agreement on Closing the Gap, particularly those relating to maternal, child, and family health outcomes. It also aligns with the National Maternity Services Strategy and the National Safety and Quality Health Service (NSQHS) Standards, supporting a coordinated, culturally responsive, and evidence-based approach to care.

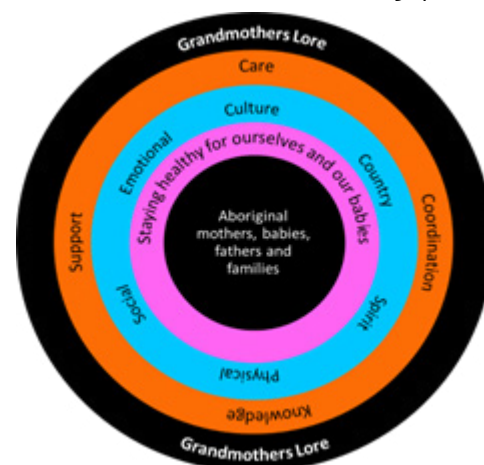
Within South Australia, the Model is consistent with SA Health's Aboriginal Health Care Framework, the principles of Continuity of Care, and the strategic directions of the Women, Children and Families Health Service. It supports the Aboriginal Community Controlled Health Organisation holistic model of care, which recognises that health and wellbeing are influenced by physical, social, emotional, spiritual, and cultural determinants.

The implementation of the *Powerful Nunga Mums, Strong Healthy Bibi and Families Model of Care* will provide a pathway for system reform and to operationalise key policy commitments to close the maternal health gap. It reinforces the shared responsibility of governments, funders, and service providers to transform systems in partnership with Aboriginal communities and deliver on long-term, community-led health priorities.

Holistic View

A holistic approach is vital to Aboriginal women's health and cardiometabolic care during pregnancy and after birth.

Integrating this holistic approach into practice will help to strengthen relationships, improve health outcomes, and ensure that Aboriginal women's voices, cultural knowledge, and care needs remain central to maternal healthcare.





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.

Core Principles

Core Principles underpin the care model, reflecting the values and experiences of Aboriginal women across South Australia. Centred on respectful relationships, cultural safety, community leadership, and holistic wellbeing, these principles promote a sustainable, accountable approach tailored to the needs of Aboriginal women and families—fostering trust, inclusivity, and improved health outcomes.

The Model of Care has identified 18 priority areas and actions

The Model is to be implemented across the health system, on the continuum, of pre-pregnancy, during pregnancy, labour and birth, post-birth and 8 systems supports. Each priority area identifies specific issues, highlighting the voices of Aboriginal women and recommended actions with enabling system supports necessary to deliver culturally safe, responsive, and effective maternal healthcare.

This Model serves as a framework for governments and service providers to take meaningful action by resourcing, investing in, and implementing these priorities. In doing so, it ensures that Aboriginal women receive the comprehensive, culturally appropriate care they are entitled to. By adopting these priorities, funders and providers contribute to building a better healthcare system that respects cultural values, enhances women's health and wellbeing, and drives positive, long-term outcomes for Aboriginal mothers and their families.

PRIORITY AREAS

SYSTEMS			
1. Culturally safe systems and workforce		2. Strong Supported Aboriginal workforce	
ACROSS JOURNEY			
3. Social and emotional wellbeing wrap around		7. Peer supports and support people	
4. Accommodation and travel supports		8. Choice and control and consent	
5. Nutrition		9. Supporting women whose children are considered 'high-risk'	
6. Information, resources and education			
PRE-PREGNANCY	DURING PREGNANCY	LABOUR & BIRTH	POST BIRTH
10. Care, management and support	11.Screening, support, care and management	13. Support and care during birth	16. What should happen in neonatal intensive care unit (NICU)
	12. Ongoing support for monitoring and self-management of cardiometabolic conditions	14. Birthing close to home	17. Knowledge on 'what's next'
		15. Aboriginal birthing space	18. Support, care and management after baby born
SYSTEM SUPPORTS			
1. Governance: Aboriginal Leadership and Partnerships		5. Systems: Information and Communications Technology Solutions	
2. Resourcing and Sustainable Funding		6. Community Engagement	
3. Workforce: A Strong Cardiometabolic and Maternal Workforce		7. Integrated and Coordinated Services	
4. Transport and Accommodation Support		8. Monitoring and Evaluation	

What we are already doing with our partners for implementation



Developing E- Learning resources in partnership with the Women's and Children's Health Network focussing on culturally safe practice that includes modules to support understanding, based on the cultural humility framework. This will be promoted to be implemented in the LHNs and other health organisations.



Implementation of a pilot project trialling components of the Model of Care with Barossa Hills LHN. This includes the documenting good practice with Aboriginal workforce leads working with local Aboriginal clients.



Advocacy and knowledge translation activities drawing on and privileging Women's voices from the project.

What needs to happen now!

Urgent, new system and program priorities



- Digital Toolkit for e-health monitoring during and after pregnancy
- Culturally tailored online perinatal resources
- Peer Support Networks for women during and following pregnancy
- Chronic Disease Care Plans
- Nutrition Options and Education

Urgent system Improvements



- Flexible regional birthing policies
- Travel reforms
- Cultural Safety training
- Strengthen Aboriginal workforce
- Increase access to telehealth specialist appointments
- Holistic support and care

Acknowledgements and Citation

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For more information, visit www.thekids.org.au/projects/powerful-nunga-mums-strong-healthy-bibi-families or scan the QR code.

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