

Local Guideline



John Hunter
Children's Hospital
CHILDREN, YOUNG PEOPLE AND FAMILIES



Health
Hunter New England
Local Health District

Aboriginal and Torres Strait Islander family support in NICU

Sites where Local Guideline applies	Neonatal Intensive Care Unit, JHCH
This Local Guideline applies to:	
1. Adults	Yes
2. Children up to 16 years	Yes
3. Neonates – less than 29 days	Yes
	Approval gained from the Children Young People and Families Network on 25 July 2017
Target audience	All clinical and non-clinical staff, who provide care to neonatal Aboriginal and Torres Strait Islander infants and their families.
Description	This guideline provides information for staff to provide support to Aboriginal and Torres Strait Islander families whilst their infant is in NICU
Hyperlink to Guideline	
Keywords	Aboriginal, Awabakal, Birra-Li, Cultural, Quit4NewLife
Document registration number	NICU_JHCH_03.09
Replaces existing document?	No
Related Legislation, Australian Standard, NSW Ministry of Health Policy Directive or Guideline, National Safety and Quality Health Service Standard (NSQHSS) and/or other, HNE Health Document, Professional Guideline, Code of Practice or Ethics:	
	<ul style="list-style-type: none"> NSW Health Policy Directive 2014_036 Clinical Procedure Safety http://www0.health.nsw.gov.au/policies/pd/2014/pdf/PD2014_036.pdf NSW Health Policy PD 2005_406 Consent to Medical Treatment http://www.health.nsw.gov.au/policies/PD/2005/pdf/PD2005_406.pdf NSW Health Policy Directive PD 2007_036 Infection Control Policy http://www.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_036.pdf Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health PD2011_069 http://www0.health.nsw.gov.au/policies/pd/2011/PD2011_069.html
Prerequisites (if required)	N/A
Local Guideline note	This document reflects what is currently regarded as safe and appropriate practice. The guideline section does not replace the need for the application of clinical judgment in respect to each individual patient but the procedure/s require mandatory compliance. If staff believe that the procedure/s should not apply in a particular clinical situation they must seek advice from their unit manager/delegate and document the variance in the patients' health record.
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Date authorised	25 July 2017
This document contains advice on therapeutics	No
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Note: Over time links in this document may cease working. Where this occurs please source the document in the PPG Directory at: <http://ppg.hne.health.nsw.gov.au/>

RISK STATEMENT

This local guideline has been developed to provide guidance to clinical staff in NICU to assist in supporting Aboriginal and Torres Strait families whilst their infant is in the NICU or SCN. It ensures that the risks of harm to Aboriginal and Torres Strait Islander infants whilst being cared for are minimized, identified and managed.

Any unplanned event resulting in, or with the potential for injury, damage or other loss to infants/staff/family as a result of this management must be reported through the Incident Information management System and managed in accordance with the Ministry of Health Policy Directive: Incident management PD2007_061. This would include unintended injury that results in disability, death or prolonged hospital stay.

Risk Category: *Communication & Information*

GLOSSARY

Acronym or Term	Definition
AHLO	Aboriginal Hospital Liaison Officer
AHW	Aboriginal Health Workers
AMS	Aboriginal Medical Service
HNELHD	Hunter New England Local Health District

Aboriginal and Torres Strait Islander family support in NICU - One Page Summary and Checklist

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GUIDELINE

This Guideline does not replace the need for the application of clinical judgment in respect to each individual patient.

Background

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“Aboriginal health is everyone’s business” (Close The Gap report 2015-16).

To deliver care to families of Aboriginal and Torres Strait Islander people it is important to have knowledge of the communities and populations within our local health district. The Hunter New England Local Health District region is home to approximately 52, 000 Aboriginal and Torres Strait Islander peoples, who comprise 5.7% of HNE Health region's total population. HNE Health has the largest proportion (23%) of NSW’s Aboriginal and Torres Strait Islander population residing in our region, compared to all other Local Health Districts. (Source: ABS, 2011 Census data).

The map following shows the various Aboriginal nations within the HNE Health Region with **Awabakal** located within the immediate area of our hospital.

- Other nations are
- Kamilaroi/Gomeroi
 - Gamilaroi
 - Geawegal
 - Bahtabah
 - Thungutti
 - Aniawan
 - Biripi
 - Worimi
 - Nganyaywana
 - Wonnarua
 - Banbai
 - Ngoorabul
 - Bundjalung
 - Yallaro
 - Darkinung



http://intranet.hne.health.nsw.gov.au/ctg/hne_aboriginal_and_torres_strait_islander_population

Aboriginal Definition of Health

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Understanding the Aboriginal philosophy of life and the relationship between health, illness and life in general is expressed well in the following quote:

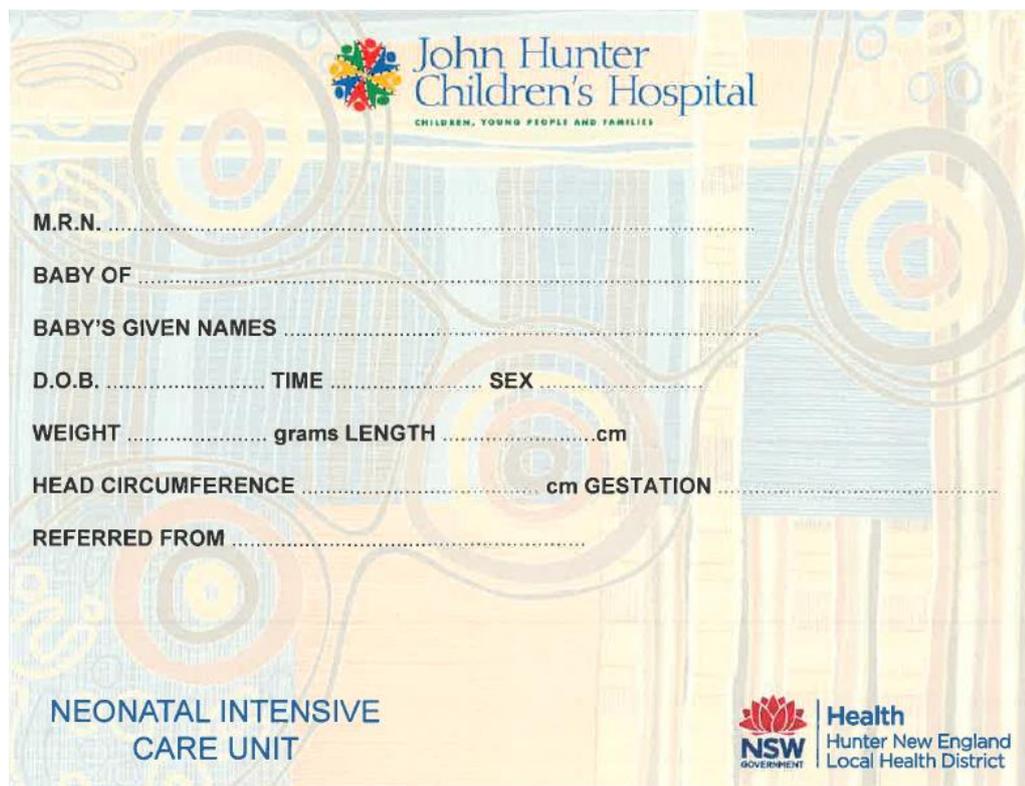
“Aboriginal health is not just the physical well-being of the individual but is the social, emotional and cultural well-being of the whole community in which each individual is able to achieve their full potential thereby bringing about the total well-being of their community. It is a whole of life view and includes the cyclical concept of life-death-life”

Aboriginal Health Plan 2007-2011 Hunter New England Aboriginal Health Partnership

Ways to ensure a safe cultural environment for families and staff [top](#)

Environment

- Aboriginal and Torres Strait Island flags flying with the Australian flag at reception
- Display of the sorry statement at entrance of NICU
- Culturally acceptable artwork shown throughout nursery
- Offering Aboriginal designed cot covers
- Employment of Aboriginal people within NICU
- Electronic display offering Aboriginal Health employees in JHCH
- Specific Aboriginal reading material eg Quit4NewLife brochures
- Cot card with Aboriginal design for all families



The form is titled "John Hunter Children's Hospital" with the tagline "CHILDREN, YOUNG PEOPLE AND FAMILIES". It features a background of traditional Aboriginal art with concentric circles and wavy lines in shades of blue, yellow, and orange. The form fields are as follows:

M.R.N.

BABY OF

BABY'S GIVEN NAMES

D.O.B. TIME SEX

WEIGHT grams LENGTH cm

HEAD CIRCUMFERENCE cm GESTATION

REFERRED FROM

NEONATAL INTENSIVE CARE UNIT

NSW GOVERNMENT | Health Hunter New England Local Health District

Culturally competent staff for delivery of service

Enrolment for all staff in the following courses to understand the importance of a safe cultural environment and promote cultural respect

- Compulsory 'respecting the difference' training- on line
- Compulsory 'cultural respect' education training program –1 day face to face

Identifying Aboriginal and Torres Strait Islanders

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It is important to identify Aboriginal people when they are inpatients within NICU for many reasons but predominantly to provide an optimal health service and experience for them and their families whilst in hospital.

NSW Health mandates that at the time of first contact with health services the question is asked "Are you of Aboriginal or Torres Strait Islander origin?" In NICU both biological parents of the infant are asked.

Importance of asking:

- Identifies where they live and where their family come from-may have a local address but the family may originate from another Aboriginal nation
- Confirms Aboriginality - sometimes it is not possible to determine whether a person is Aboriginal or Torres Strait Islander from their appearance and should never be assumed
- Assists staff to provide culturally sensitive services and ensure the hospital experience is a positive one that families will embrace for the future e.g. attending Outpatient clinic appointments
- Provides accurate statistics to facilitate planning, monitoring and improvements in Aboriginal Health
- Facilitates access to Aboriginal Health Workers and Services

Example of ways to ask:

Do you or the father identify as being Aboriginal or TSI? If Yes, Where do you live? Is this where you originate from? OR What is your Aboriginal background?

What we can offer to Aboriginal and Torres Strait Islander families

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- **Aboriginal Hospital Liaison Officer (AHLO)** available for support whilst in NICU
Call [Extension 23190](#)
- If accommodation required for an Aboriginal family call [Ext 49213650](#)
- Referral to a local service for local Aboriginal and Torres Strait Islander families e.g. **Birra-Li**. Call [4924 6595](#) or email: HNE-Birrali@hnehealth.nsw.gov.au
See referral form in Appendix 1

Often this support is commenced ante-natally for pregnant mums, babies, children and families and aims to provide culturally appropriate support and education during pregnancy, after birth and for children up to early school years.

The services include child and family primary health care, including at-home immunisation, child health checks, support service referrals and health education.

If mother is already a client of Birra-Li - Contact the Aboriginal Health Workers or lactation consultant at Birra-Li on above number: Mon- Fri 8am- 4.30pm

- Membership of an Aboriginal Medical Service **AMS e.g. Awabakal**
Awabakal is a GP clinic focusing on Aboriginal health. The main clinic in Hamilton is open Monday –Friday and can be contacted on 4907 8555
- To contact local AMS services for those families when being discharged closer to their family home
- **Aboriginal Health Worker** available for families living >100km away from Newcastle. Call: 4016 4965

Not all Aboriginal people will want to be identified as Aboriginal, so it should not be assumed that all Aboriginal people will want to receive services from an Aboriginal Hospital Liaison Officer

Communication Techniques

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Eye Contact

It is normal for Aboriginal people to show respect by lowering their eyes and/or not holding eye contact. Do not assume that they are behaving with mistrust or with suspicion if they do not maintain eye contact.

Time orientation

Aboriginal people are more likely to focus on the past and present than in the future. Conversations about future plans such as following discharge may be best left with those with an established relationship or an Aboriginal Hospital Liaison Officer.

Person Orientation

Aboriginal people tend to be more 'people' oriented than 'task', 'information' or 'material goods' oriented. This means **human relationships form the most important factor in all interactions**. Along with family loyalties or duties, personal relationships represent the over-riding concern in Aboriginal societies.

Being raised in an extended nuclear family system, whose significant kinship categories go far beyond the nuclear family, reinforces this "person orientation". The three R's are very relevant to Aboriginal society; **Relationship, Respect and Responsibility**.

Social, Emotional and Spiritual Influences

Aboriginal people are very much influenced by everything around them – family, friends, peers, colleagues, authority figures and the environment. Be respectful of the many things that can influence the entire situation impacting on an Aboriginal person. For example when considering asking family members to leave an infant, think about the impact their departure will have on the family's overall wellbeing.

'Health' encompasses a 'whole of life' view for Aboriginal people and not just physical wellbeing. It is important for staff to respect the differences and not impart strict rules that possibly have been set up to minimise general congestion in the nursery e.g. only allowing parents to visit in the quiet time may require some flexibility to allow any visitors for the Aboriginal infant.

Individualism

Every Aboriginal person should be treated as an individual with individual needs and understandings and Aboriginality not seen as a stereotype.

Consent for Information

Follow normal protocol for gaining consent but be aware of culturally sensitive information given by Aboriginal patients before disseminating to family members or other services. Consent may not be given due to concern around where the information may be directed. Always clarify and never assume.

Visitors

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Aboriginal people have strong family values. The family structure and the extended family networks that operate in Aboriginal communities mean that an Aboriginal person can have many "relatives" and as such may have many visitors whilst in hospital.

It is important to Aboriginal people to show respect by visiting relatives in hospital especially around major events such as births and deaths.

The significance for NICU staff is that it may be extended family members that wish to visit during the quiet period as a parent advocate.

For Aboriginal families from distant areas, telehealth may be an option to connect the family visiting the infant to extended family not able to visit. This may allow possible viewing of the infant as well as discussions between family and health professionals.

Access to large meeting rooms can also be arranged for the Aboriginal extended family if counselling or discussions are necessary regarding the care, treatment and prognosis of the infant.

Grief and Loss

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The long term impact of grief and loss and the importance of a family centred approach need to be acknowledged and appropriate responses supported.

It is also considered that recovery from grief and loss is best supported by Aboriginal people, including specialist Aboriginal Health Workers (AHWs) trained in social and emotional well-being and Aboriginal Psychologists.

One way that non-Aboriginal staff can assist in the area of grief and loss is to respect and provide space for large gatherings when loss occurs and to be aware of different spiritual needs and beliefs.

In NICU visiting of large numbers of family members for sick and dying infants can be facilitated by use of meeting rooms away from nursery.

(Hunter New England Local Health District ABORIGINAL HEALTH PLAN 2014-2016)

Smoking

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There is a large disparity in smoking rates between Aboriginal and non-Aboriginal pregnant women which significantly contribute to the disproportionate health burdens experienced by Aboriginal and Torres Strait Islander people in NSW. This directly contributes to the morbidity and mortality of Aboriginal and Torres Strait Islander people in NSW. (HNELHD_CG_13_29).

In 2013 a report by HealthStats (NSW) reported that 46.6% of NSW Aboriginal women aged 16 or older smoked during pregnancy compared to only 8.3% of non-Aboriginal women.

The Hunter New England Closing the Gap Report 2015 – 2016 Annual Report suggested that improvements including sustained efforts are required to reduce smoking during pregnancy. Results from the above report with particular emphasis on the progress on maternal & child health measures are listed below.

SUPPORT A HEALTHY START TO NEW LIFE					
Measure	Target	Aboriginal	Non Aboriginal	Gap	Trend
Smoking during pregnancy	38% Aboriginal 7.5% Non- Aboriginal	40.6%	14.0%	26.5%	▲
Babies at term breastfed at mother's discharge	75%	69.6%	82.8%	13.2%	▼
First ante-natal care <14wks	70%	76.3%	84.4%	8.2%	▲
UHHV 2wks post-natal	75%	68.0%	73.9%	5.9%	▶
Low birth weights	2%	3.2%	1.7%	1.4%	▶
Children fully immunised at 12-15 months	90%	92.7%	94.1%	1.4%	▶
Children fully immunised at 4 years	90%	96.0%	95.5%	+0.5%	▶

Smoking During Pregnancy	
Definition	% of pregnant women who smoke anytime during pregnancy
Previous Gap	A gap of 26.9% existed in 2014-15
Change	Gap has closed by 0.7%
Accountability	Strategic Lead: WHAM/ Nursing & Midwifery Services Service Delivery: Clinical Services Nursing and Midwifery, Rural and Regional Health Services & Greater Metropolitan Health Services
Data source	ObstetriX
Comments	Smoking rates for Aboriginal women has reduced by 2% in the last 12 months in line with the MoH targets. Continued efforts are required from all maternity services to continue to reduce these rates. While this smoking indicator is measured during pregnancy it will require a whole of service effort to address smoking with all HNE patients to have greater impacts on smoking rates across the Aboriginal community.



**26.5%
Annual
Gap**

Closing the Gap Report 2015-16

Quit for new life is a NSW Ministry of Health & NSW kids and Families initiated program that is committed to closing the gap in smoking rates between Aboriginal women and non-Aboriginal women to promote a healthy start to life for Aboriginal infants.

It offers a culturally suitable program that provides smoking cessation support to Aboriginal pregnant women and their household members who smoke and continues into the postnatal period.

Key Performance Targets

Minimum performance targets for the delivery of the program by Hunter New England Local Health District have been set as follows:

65% of pregnant Aboriginal women (that are smokers) attending a service which implements Quit for New Life are:

- Referred to the Quitline and /or if clinically appropriate provide NRT
- Booked in for a follow up appointment for smoking cessation care.

When an Aboriginal mother is identified in NICU who is a smoker or family members in the household are smokers a referral to the Quitline is made in the same way as for a non Aboriginal mothers.

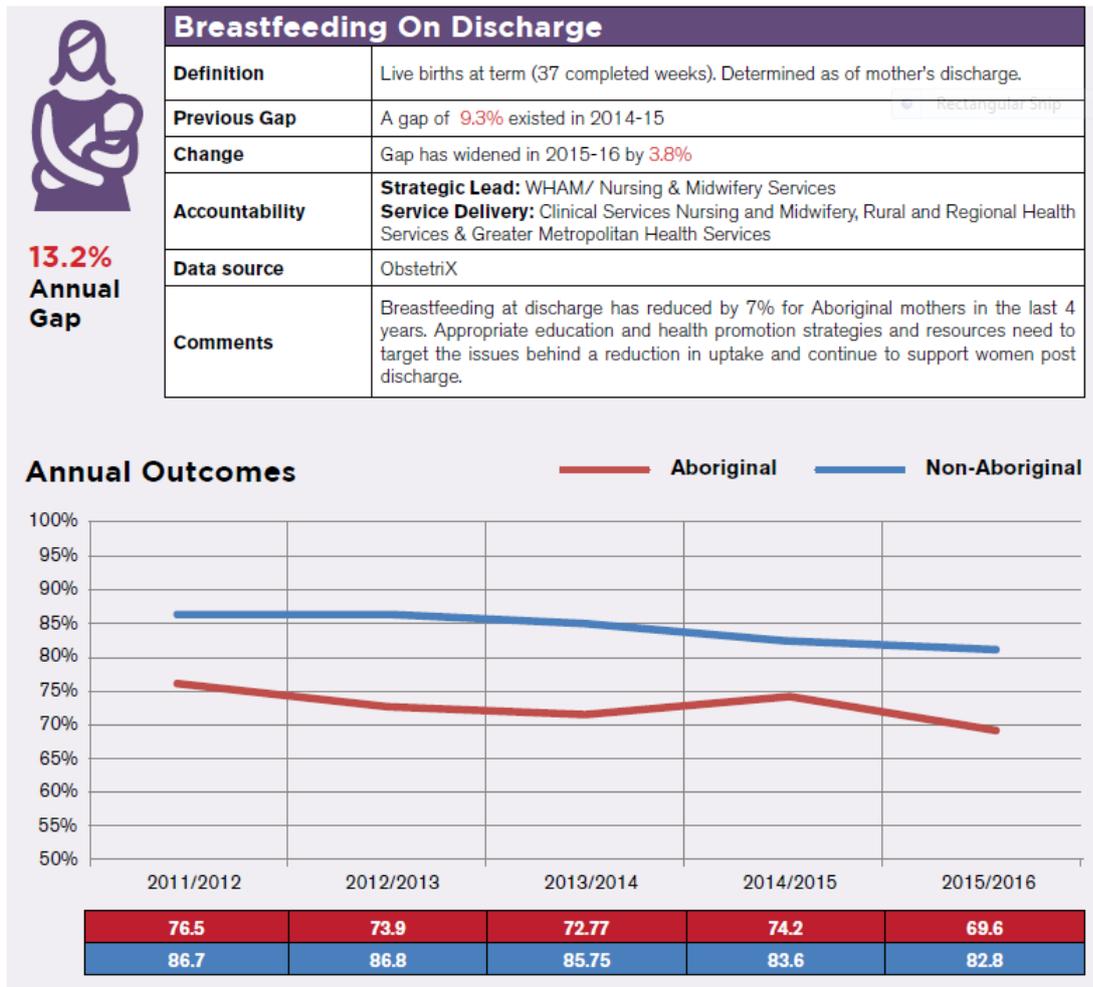
Quit for New Life brochures are included in the information pack. Through the Quit for New Life program nicotine replacement therapy may be offered to the mother or household members for free for up to 12 weeks.

Follow up is with the GP following discharge.

Breastfeeding

The below section from the HNE Closing the Gap Report 2015-2016 demonstrates that the gap has widened between Aboriginal and Non-Aboriginal women in breast feeding rates at discharge.

It is vital to improve these statistics by referring Aboriginal mothers in NICU to a Lactation Consultant soon after the baby's admission and for clinicians to promote the benefits of breastfeeding.



Closing the Gap Report 2015-16

References

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Aboriginal Health Plan 2007-2011 Hunter New England Aboriginal Health Partnership

Communicating Positively - A guide to appropriate Aboriginal Terminology
<http://www.health.nsw.gov.au/aboriginal/Publications/pub-terminology.pdf>

Hunter New England Local Health District ABORIGINAL HEALTH PLAN 2014-2016
HNE Closing the Gap 2015-2016 Report
http://intranet.hne.health.nsw.gov.au/_data/assets/pdf_file/0019/155350/HNE_CLOSING_THE_GAP_ANNUAL_REPORT_2015-16.pdf

National Aboriginal Community Controlled Health Organisation (NACCHO) Manifesto on Aboriginal Well-Being, 1993

NSW Aboriginal Health Plan 2013-2023 PD2012_066
http://www0.health.nsw.gov.au/policies/pd/2012/PD2012_066.html

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FEEDBACK

Any feedback on this document should be sent to the Contact Officer listed on the front page.