Goal 5: Improve maternal health

Target 8: Reduce the maternal mortality ratio for Indigenous Women.

- Indicator 16: Reduce the maternal mortality ratio
- Indicator 17: Reduce the incidence of risk factors for poor perinatal and child health outcomes.

“Can we really look in to the eyes of these old men, who have devoted their lives to healing and helping our people, and say that we must be patient? Do we say to our kids and grandkids that things in the future will be better, while deep down being uncertain of the truth of this statement? The answer to both is no! We must act now, in a targeted way, to achieve equality of health for our people.”

Mr Romlie Mokak, Chief Executive Officer
Australian Indigenous Doctors’ Association
Museum of Sydney
31 March 2006
Indigenous women have more children than non-Indigenous women with a fertility rate of 2.15 babies compared to 1.76 babies in the total Australian female population. In 2003 the teenage birth rate was four times the overall Australian teenage birth rate.

The maternal mortality rate is relatively higher than for non-Indigenous women; 35% of women giving birth identify as Aboriginal or Torres Strait Islanders, but 9% of maternal deaths were Aboriginal and Torres Strait Islander women.

Indigenous women are also more likely to undertake “risky” behaviour during their pregnancy. Such as smoking or consuming alcohol.

SPOTLIGHT ON SOLUTIONS

Dr Sandra Eades: first Aboriginal doctor to be awarded a PhD

Dr Sandra Eades has become Australia’s first Aboriginal medical doctor to be awarded a Doctorate of philosophy for her investigation of the health of Aboriginal women and children in the Perth area.

The ‘Bibbulung Gnarneep’ Solid Kid Study was the first to demonstrate a strong link between infant health outcomes and social factors such as maternal educational level and access to housing. The risk of significant illness in infants was found to be higher if mothers had completed less than Year 10 secondary schooling or lived in a house in a bad state of repair.

Dr Eades’ study found factors such as high blood pressure before pregnancy, vaginal bleeding during pregnancy and maternal consumption of excess spirits during pregnancy were all associated with poorer birth outcomes. It also found that 65 percent of mothers in the study smoked during pregnancy and 82 percent of infants were exposed to passive smoke at home, a finding that reflects the frequent occurrence of respiratory illness among Aboriginal infants exposed to tobacco smoke.

Dr Eades has developed a follow up study to test whether a culturally appropriate behavioural intervention can assist pregnant Indigenous women to quit smoking during pregnancy.


Discussion Points

- Why is antenatal care so important?
- Why do you think Indigenous women are less likely to access mainstream health care?
- What other areas of disadvantage can impact on the health of women and babies?
- What services and programs do you have in your area that offer similar services?