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**Indigenous-led Continuity of Midwifery Care Program**

In Australia, Indigenous women and their families receive inferior quality care resulting in poor outcomes and experiences than those who are non-indigenous. Indigenous women report higher rates of disjointed care throughout their pregnancy, racism and discrimination, a lack of cultural awareness and difficulty accessing services. Midwives report a gap in practicing culturally safe care, particularly within tertiary hospital settings and accessing Aboriginal health workers and liaisons. Aboriginal and Torres Strait Islander women are also more likely to birth prematurely and have higher rates of SGA and low birthweight babies. In 2020, 292 Indigenous babies were born in the ACT.

My policy proposes the implementation of an Indigenous-led all-risk continuity of care program for Aboriginal and Torres Strait Islander women, and women birthing Indigenous babies to improve maternal and neonatal outcomes. Employing 3 fulltime equivalent midwives working in a caseload as part of the C@TCH program at Centenary Hospital will ensure at least 50% of ACT’s Indigenous women’s needs are prioritized. In alignment with the 2021 Close the Gap Health goal of increasing the maternal care workforce, positions should be prioritized to Indigenous midwives with the inclusion of Indigenous student midwives. Implementation includes cultural-safety training to midwives undertaking these positions to address racial bias and improve cultural education around care for Indigenous women and their families.

The outcome of this trial will be evaluated through surveys from women and midwives, and birth note audits. If the evaluation is successful, the program should be extended to all Indigenous women in the ACT.

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