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**Birthing on Country: A model of care designed with and for Aboriginal and Torres Strait Islander women on Ngunnawal land**

The number of birthing women in the Australian Capital Territory who identify as Aboriginal and or Torres Strait Islander fluctuates between 1.5% and 2.1% of the total population. Nationally, Aboriginal women experience increased rates of adverse outcomes compared to other nationalities. Minimal or no antennal care, culturally unsafe practice and smoking during pregnancy are factors that may contribute to adverse outcomes such as high rates of maternal mortality, preterm birth, low birth weight and perinatal death.

However, with the appropriate model of care these outcomes could be reduced, significantly increasing positive outcomes as well as maternal satisfaction. Unlike other states throughout Australia the ACT has not yet developed a continuity model of care that includes labour and birth and that specifically supports Aboriginal and Torres Strait Islander families. Evidence indicates the need for a Birthing on Country model of care to be provided in the ACT, that is designed with and for Aboriginal and Torres Strait Islander women birthing on Ngunnawal land. The development of an advisory group with appropriate stakeholders who will ultimately take ownership and direct the model in partnership with ACT Health care is proposed. The Birthing on Country models of care developed and implemented in other states throughout Australia have been shown to empower Aboriginal women, provide cultural safety and a connection to country whilst increasing positive outcomes. This model of care is one way the ACT and Australia can continue to make progress in closing the systemic gap, to reach true equality and reconciliation with Indigenous Australians.

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