



# PROOF OF BIRTH

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## CHAPTER 8

# Improving identification of Indigenous babies in maternity services

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Some of the chapters in this book have highlighted the challenges that a number of Aboriginal and/or Torres Strait Islander people face on learning that they have no proof of birth — as well as no official proof of their Aboriginal and/or Torres Strait Islander identity. At the conclusion of this chapter is a story outlining the impacts of this realisation and the challenges that one Aboriginal woman faced when she was trying to obtain a passport and found an official reflection, in a necessary bureaucracy, of the person she knew herself to be.

A project to improve identification of Aboriginal and/or Torres Strait Islander babies in Victorian maternity services is currently underway. Research conducted by Onemda<sup>1</sup> on identification rates of Aboriginal and/or Torres Strait Islander newborns in Victoria found that

maternity services under-identify Aboriginal and Torres Strait Islander babies at a rate of 30–40%. While this project is focused on identifying Aboriginal and/or Torres Strait Islander babies in the health service, some of the recommendations to come out of the project will focus on how maternity services and Maternal Child Health Nurses (for example) might be able to work with Births, Deaths and Marriages to better support Aboriginal and/or Torres Strait Islander families to register their baby. In order to do this effectively, we must first ensure that every Aboriginal and/or Torres Strait Islander baby is recognised within the maternity service.

Improving health and healthcare requires a sincere engagement with patients and families. Integral to this is an understanding of their needs, including cultural needs. Asking the standard Aboriginal and/or Torres Strait Islander status questions is the first step in providing patient-centred care for Aboriginal families.

All pregnant women attending a mainstream maternity service in Victoria can expect to be asked two questions by their maternity clinician during their first visit: ‘Are you of Aboriginal or Torres Strait Islander origin?’ and ‘Is your baby of Aboriginal or Torres Strait Islander origin?’

We ask about the baby as well as the woman because 27% of Aboriginal and/or Torres Strait Islander babies born in Australia have a non-Aboriginal mother<sup>2</sup> and an Aboriginal father.<sup>3</sup> Until 2009, we asked only about the woman’s status, which meant that all babies with an Aboriginal father and non-Aboriginal mother were missed.

Self-reporting in response to the Aboriginal and/or Torres Strait Islander status question has been found to be the most accurate means of ascertaining someone's Aboriginal or non-Aboriginal status.<sup>4</sup>

Asking the standard Aboriginal and/or Torres Strait Islander status questions acknowledges a family's cultural identity and its relevance to their clinical needs and care plan. It provides an opportunity to link Aboriginal and Torres Strait Islander families with appropriate services and empowers them to work with health services to achieve positive health outcomes.<sup>5</sup>

This opportunity is especially significant when engaging Aboriginal and/or Torres Strait Islander families, who generally experience higher rates of Sudden Infant Death Syndrome (SIDS) and higher rates of perinatal mortality, infant mortality and low birth weight babies than the non-Aboriginal population.<sup>6</sup> While a lot of work is being done in mainstream services to provide culturally safe care, Aboriginal and Torres Strait Islander families can still be wary of mainstream services due to past injustices and/or stories of discrimination — historical or current — towards their family and community.

The Department of Health and Human Services Victoria are supporting maternity services to identify every Aboriginal and/or Torres Strait Islander baby, with resources and training tools that can be embedded within their existing systems.

Compiling data that is complete, consistent, accurate and timely is crucial so that services can:

- identify key service referrals for Aboriginal women and their families;
- improve communication with Aboriginal women and their families;
- have increased confidence in decision making and planning;
- improve clinical outcomes for Aboriginal and/or Torres Strait Islander families;
- plan culturally appropriate services for the future;
- develop protocols and procedures for inter-agency referrals;
- save time spent correcting data errors; and
- ensure that funding matches service needs.

It is important to consider the opportunities while a family is still linked in with a health service, to support them to register the birth of their baby. Before leaving hospital with a new baby, women are given a parent pack that contains a Birth Registration Statement. They take the envelope home and try to find time in their hectic and often profoundly different lifestyle to complete the paperwork to register their child's birth. Some Aboriginal Community Controlled Health Organisations (ACCHOs) have recognised that this can be particularly challenging for a number of Aboriginal and/or Torres Strait Islander families. In their advanced thinking on the importance of holistic healthcare, they have been supporting families to register their babies' births.

Very few Australians have even a rudimentary understanding of the history and politics that have shaped lives

and health outcomes for Aboriginal and Torres Strait Islander families and have led to these families having, in general, lower educational levels, lower employment and lower income than non-Aboriginal Australians, as well as inadequate infrastructure and increased rates of incarceration.<sup>7</sup> The resilience of communities is evident in strong ACCHOs with progressive models of holistic healthcare; models that, when considering birthing and maternity care, require strong partnerships with mainstream health services.

Pregnancy and birth are a unique time for health professionals to engage Aboriginal and/or Torres Strait Islander families. Generally, this is a positive time for a woman who needs a service's support to fulfil a normal physiological process. Women having babies are rarely sick, or in need of acute care, so this is a great time for health care teams to engage a family and embark on a positive health journey with them. Their time in hospital and with the Maternal Child Health team are a crucial opportunity to ensure that the baby's birth is registered so she/he can grow up to enjoy the freedoms and rights that come with this.

Jacqui Watkins and her team at Western Health are educating Aboriginal families about the importance of registering their babies. As the following story illustrates, Jacqui understands, all too well, the significant impacts that not being registered can have on a person's sense of self and their opportunities later in life.

### **Jacqui's Story**

All Mum wanted to do in her life was go to Nashville, but she couldn't get a passport.

Mum was born at Nutwood Downs station, probably in 1931: there were no written records during those times. She had a very different start in life, certainly different to her children, grandchildren and great grandchildren who were born in hospitals and their births dates and times duly recorded.

Mum was taken from Nutwood Downs Station, Northern Territory and raised at Garden Point on Melville Island, like so many other children from around the Northern Territory, and they are all now known as her 'Garden Point Family'. Sister Annunciata<sup>8</sup> was one of the nuns that looked after Mum and the other children and she was a big part in their lives and ours to the point where we used to call her Nanna — because we didn't have any other family, of course.

There's this photo that was in the *NT News* of the boat that took mum from Darwin to Melville Island with Sister Annunciata and all the children. A beautiful old photo. I've also got an old photo from when all the children were brought down to Toorak, in Melbourne, to stay at Loreto College during the war. When the Japanese bombed Darwin they were all put on trucks and trains.

Anyway, so they were all taken up to Melville Island. Mum had no contact at all with family. Her mother stayed back in the community so she was completely removed — even off the land. She was over the ocean, as far away as you could possibly imagine for a little child. Mum found out much later in life that her mother passed away soon after. She knew she had a brother somewhere.

She was probably about eight years old, didn't speak English. She remembers that they were punished if they spoke their language — so that's where a lot of the languages were lost. Mum never spoke about what happened to her when we were growing up (she had nine of us); we were the start of her family she said.

When she was in her 50s was the first time she cried for her own mum. She was sweeping the floor and that's when she thought about everything and then it was pretty soon after that we all realised what had happened.

From there we got in touch with Link Up9 and Mum was able to trace her family. We also went to Births, Deaths and Marriages but there was no record of Mum. I remember Mum saying to me she felt like a nobody; she felt like she didn't exist when we received the paperwork back.

She not only lost her family, her culture, her language, she wasn't even a registered person. What the nuns did (and apparently this was common practice back then), is they baptised Mum and gave her baptism date as her birth date, 12th May.

She was also given a new name at her baptism — because this day was also the feast day of St Imelda her name was changed from Edna to Imelda. We did get some documents from the Catholic Church, they were registration forms registering where a child was. That is the only record of Mum at a young age.

There were some attempts made later on by the welfare branch, particularly in the 1960s, to try and build all those things, put all of those things together and to

incorporate the records from the missions and so on, actually into the formal birth registries. It was never complete and it actually introduced as much confusion as it resolved because of things like people being known by different names in different places and sometimes even notions of a birth date being many years out.

Mum started the process of late registration but nothing ever came out of it. I think she was just that devastated that she couldn't face it. When she was younger she was a very strong woman, she had to cut all emotions, of what had happened. So later on in life, to have to start facing and remembering what had happened to her, all those emotions came out. Then having to go through all that red tape to get a birth certificate ... I really think Mum just couldn't deal with it.

When my sister lived in Nashville she took Mum's ashes over with her.

This is one poem of many that was written by Mum. This is how she communicated how she was feeling:

Taken away when I was a child  
 Taken away from my mother  
 A child who had no father  
 A child of a darkskinned mother

Taken to different surroundings  
 Too young to question them  
 I never knew my family  
 Just a child of a darkskinned mother

Raised with love and kindness  
 Taught many useful things  
 I would not have known if they'd left me  
 With my darkskinned mother



Sometimes a faint remembrance  
Like elusive drifting smoke  
Takes me back to times when  
I was with my darkskinned mother

But early memories now  
Are like fading dreams  
And I can't even see the face  
Of my darkskinned mother

Her people belonged to this land  
This land was her people's home  
My father belonged somewhere  
But where do I belong?

Written by the late Imelda Marie Watkins

## Endnotes

- 1 B Heffernan et al., *The history of Indigenous identification in Victorian Health datasets, 1980–2011: initiatives and policies reported by key informants*, Lowitja Institute, Melbourne, 2012, p. ii; and LR Jackson Pulver et al., 'Identification of Aboriginal and Torres Strait Islander women using an urban obstetric hospital', *Australian Health Review*, 2003, vol. 26, pp. 19–25.
- 2 Where used in this document, the term 'Aboriginal' refers to Aboriginal and/or Torres Strait Islander people.
- 3 M Clarke & J Boyle, 'Antenatal care for Aboriginal and Torres Strait Islander women', *Australian Family Physician*, vol. 43, no. 1, 2014, pp. 20–24.
- 4 Australian Institute of Health and Welfare (AIHW), *National best practice guidelines for collecting Indigenous status in health data sets* (Cat. no. 29), Canberra, AIHW, 2010.
- 5 M Bisognano & D Schummers, 'Flipping healthcare: an essay by Maureen Bisognano and Dan Schummers', *BMJ*, vol. 349, 2014, g 5852.
- 6 M Clarke & J Boyle, above n. 3.
- 7 M Clarke & J Boyle, above n. 3.
- 8 Sister Annunciata Dew-White was one of the three founding sisters of the Garden Point Mission on Melville Island, in June 1941.
- 9 Link up is a service that assists Indigenous people who were adopted, placed in foster care, institutionalised or forcibly removed, to trace and be reunited with their families. See <http://www.linkupvictoria.org.au/>