



Together we Walk

Stillbirth Educational Resource
For Healthcare Practitioners





Story behind the artwork “Weeping Woman”

Our stories will forever be our own and the story of birthing is magic. We are connected to our babies from before the time they are conceived. They are a part of us, as their mothers, and they have been, for as long as time has been. Our spirits will forever be intertwined, in this life, and the next.

For our women, the loss of a baby is not only theirs, but is felt by all our people who are connected. It is felt long after... The silence has been deafening for generations.

This artwork “Weeping Woman” has been created with the intent of starting a conversation on Sorry Business and how generations can feel the impact of a baby who is born sleeping.

The top half of this painting represents the physical world we live in. The pink background represents our sunrise and sunset - the moment where time stands still - right before the light of a new morning and the dark of the end of day. You will also see the birthing trees where the scars of the Coolamons have been cut by previous generations. The weeping mother's branch looks over her baby. Sadly, she will never get to guide them on their journey to this (physical) world. Our bub is still wrapped in the waters of their mum, along with the tears that flowed with the loss. She knows that bub is now in the care of our old people, until they meet again.

The bottom half of the artwork depicts where the ancestors rest as they have returned to the Country they cared for so long ago. Our bub will rest with them until they return to us, or we meet them in the Dreaming. The ochre of Country is centred with the water connecting them - guarded by the old people (ancestors). They are the protectors of our mother, guiding her spirit always.


Artwork by Wodi-Wodi, Walbunja woman Tanya Williamson








Acknowledgements



*We acknowledge the land
and waters where you are using this guide.*

*For all our yesterdays, todays and tomorrows.
For where you stand today, the Country tells the
Journey of all that has come before us. Our lore,
our birthing connections, our Mother.*




*It will hold our Journey long after we
return to the Dreaming.*

This guide has been created to help you learn a way of walking alongside Aboriginal and Torres Strait Islander women, supporting them to navigate a way through the journey ahead. Our intention is to help you to better understand the strong connection between our mothers and their bubs on their birthing journeys.

This guide has been created from the words and stories shared by Aboriginal Health Practitioners, midwives, clinicians and support workers from Waminda South Coast Women's Health and Wellbeing Aboriginal Corporation in collaboration with the Stillbirth Centre of Research Excellence (Stillbirth CRE). It incorporates our own ways of knowing, being and doing and is designed to help you support Aboriginal women and families in a time where the skies may become cloudy and the waters a little rough.

Note: This resource represents the voices of Aboriginal women, men and health professionals in our community and the words "we", "us" and "our" are used throughout to share knowledge and perspectives.



Contents

About this Project

1

Section 1:

What you need to know about stillbirth

2

Section 2:

Assessing risk

3

Section 3:

Having the yarn

7

Section 4:

Identifying the woman's support system

12

Section 5:

Having the yarn around Sorry Business

14

Section 6:

Information & support for women & their families

15

Section 7:

Future pregnancies & the journey forward

16

Appendix A

17

About this project

This project was born out of a collaboration between the Stillbirth Centre for Research Excellence (Stillbirth CRE) Equity and Diversity stream and Waminda South Coast Women's Health and Wellbeing Aboriginal Corporation. Waminda are an Aboriginal Community Controlled Health Organisation who provide culturally safe, holistic wrap-around healthcare services to women and their Aboriginal families on the South Coast of NSW and are leading the way in the Birthing on Country movement in Australia.

Tanya Williamson was employed by Waminda to collect data with Waminda staff regarding their knowledge of stillbirth, how comfortable they were communicating with women about stillbirth prevention measures and - for Aboriginal staff - what advice they would give to non-Aboriginal healthcare practitioners to guide their conversations with Aboriginal women.

Yarns were carried out with a total of 43 Waminda workers including midwives, nurses, case workers, support workers, Aboriginal Health Practitioners, and transport workers.

These staff were invited to participate as each of them play a key role in the provision of care to childbearing women accessing our service.

The findings from this research informed the development of Together We Walk.

Together We Walk was written by Tanya Williamson, proud Wodi-Wodi, Walbunja woman. Graphic Design was completed by Hannah Peters, Visual Communicator at Waminda.

Our partners -

This project received funding from the Australian Government. The co-design process was facilitated through collaboration with Stillbirth CRE.



Tanya Williamson - Author & Artist

Section 1:

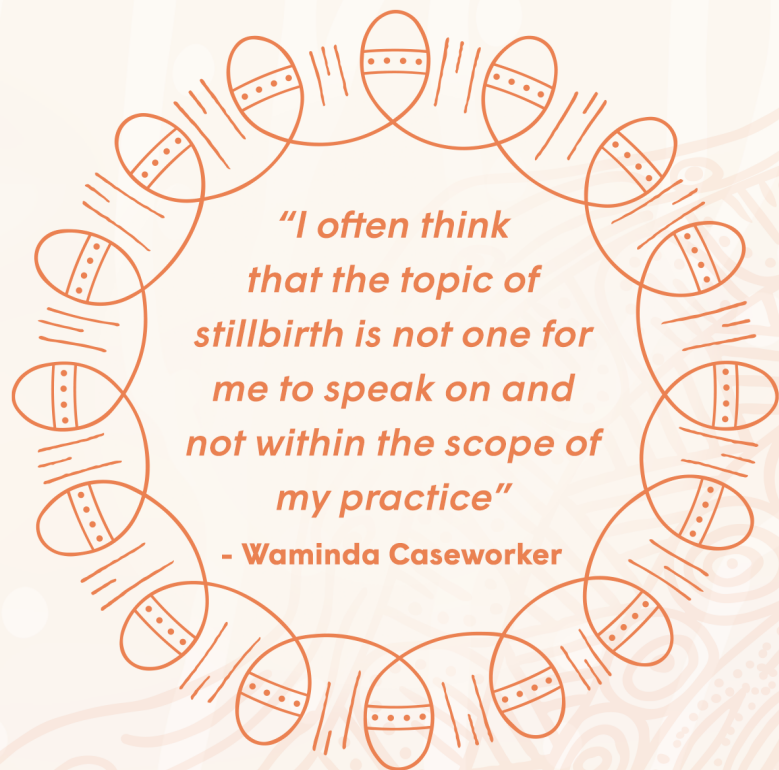
What you need to know about stillbirth

Stillbirth is everyone's business. Whether or not clinical care of pregnant women is within your scope of practice, all healthcare practitioners, allied health and support workers need to have an awareness of the risk factors for stillbirth and how stillbirth can be prevented. By taking a holistic approach to caring for pregnant women, we can all play a part in preventing stillbirth and supporting women whilst on their birthing journey.

This guide will help you understand the importance of kinship, connection to Country and culture for Aboriginal and Torres Strait Islander women and the part these connections play in their childbearing experiences. It will also discuss communicating in a way that is culturally safe and sensitive for Aboriginal and Torres Strait Islander women.

What is stillbirth?

In Australia, stillbirth is defined as the death of a baby before birth from 20 weeks gestation onwards and/or weighing 400 grams or more (AIHW, 2023). The baby may have passed during the pregnancy or, less commonly, during birth. For Aboriginal and Torres Strait Islander women and their families, when a stillbirth occurs it means their baby will be born sleeping and forever dreaming.



"I often think that the topic of stillbirth is not one for me to speak on and not within the scope of my practice"

- Waminda Caseworker

According to the Australian Institute of Health and Welfare, the stillbirth rate for Indigenous babies in 2021 was 13.1 per 1000 births.¹ The rates of stillbirth experienced by Aboriginal and Torres Strait Islander women is almost twice as high as for non-Indigenous women.¹

Maternal risk factors for stillbirth include age, geographic location, physical health, smoking and substance use. Fetal risk factors include gestational age, birthweight, fetal growth restriction, placental dysfunction and congenital anomalies.

[1] Aboriginal and Torres Strait Islander mothers and babies, Maternal and perinatal mortality - Australian Institute of Health and Welfare (aihw.gov.au)

Section 2: Assessing risk

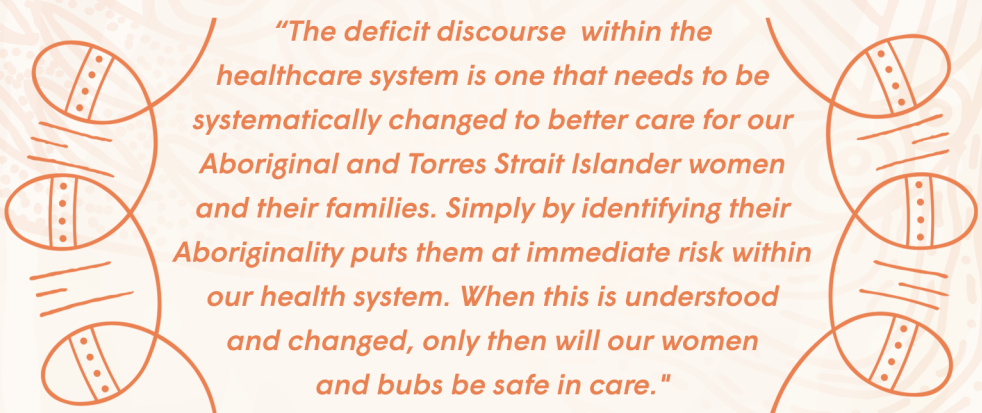
It is common practice for healthcare practitioners to identify risk factors for stillbirth that may interfere with women having a healthy baby. Identifying risk factors helps healthcare practitioners to mitigate risks by discussing them with the woman and recommending changes that can be made to support her to have a healthy pregnancy.

Risk assessments are often made by the healthcare practitioner using supposedly objective measures with the woman placed into a certain risk category. Criteria used to assess risk commonly include ethnicity, age, pre-existing health conditions and smoking or substance use.

When the risk is related to a behaviour, for example smoking, then information and support can be provided regarding behaviour change such as smoking cessation.

Although rates of stillbirth are higher in the First Nations population, Aboriginality is NOT an objective measure in relation to risk of stillbirth.

However, when health care practitioners unconsciously or consciously identify that Aboriginality itself is a risk, we need to consider how that risk can be mitigated because Aboriginal and Torres Strait Islander women cannot separate themselves from their own bodies. For example, many clinical guidelines such as the NSW Fetal Safety Risk Assessment Pathway and the historical 'Stillbirth CRE Fetal Growth Restriction (FGR) Care Pathway' shown on the next page, list Aboriginality as a risk factor for fetal growth restriction.



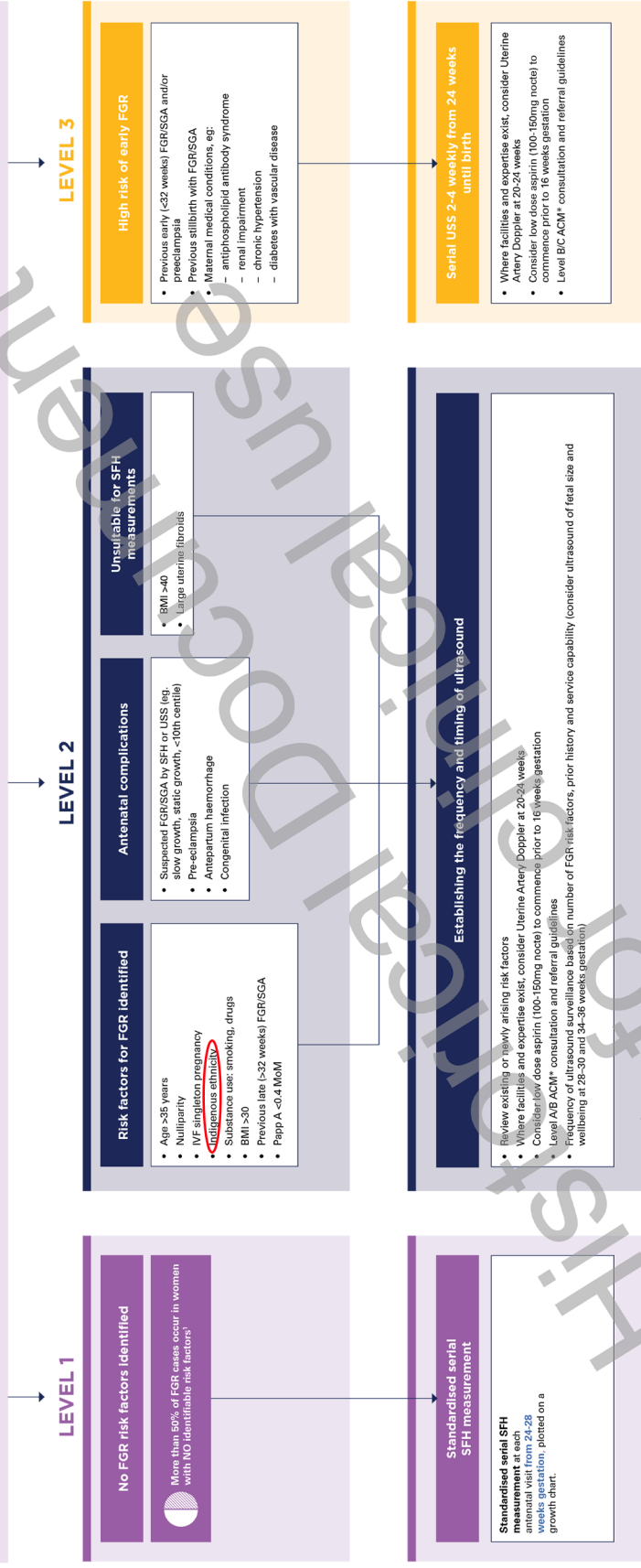
"The deficit discourse within the healthcare system is one that needs to be systematically changed to better care for our Aboriginal and Torres Strait Islander women and their families. Simply by identifying their Aboriginality puts them at immediate risk within our health system. When this is understood and changed, only then will our women and bubs be safe in care."

- Waminda Midwife

Fetal Growth Restriction (FGR) Care Pathway for singleton pregnancies



RISK ASSESSMENT IN AUSTRALIA FOR FGR AT BOOKING AND AT EACH ANTENATAL VISIT



* Australian College of Midwives. A copy of the guideline can be accessed here: <https://www.midwives.org.au/resources/national-guidelines-consultation-and-referral-3d-edition-issue-2-2014>

1. Isabelle M. Boitrice B, Anne E. Monique K, François G, Jennifer Z. Does the Presence of Risk Factors for Fetal Growth Restriction Increase the Probability of Antenatal Detection? A French National Study. *Pediatric and Perinatal Epidemiology* 2016; 30(1): 46-55. Adapted by PSANZ/Stillbirth CARE 2019 from Royal College of Obstetricians and Gynaecologists. *The Investigation and Management of the Small-for-Gestational-Age fetus*, 2013. Maternal/paternal SGA, low fruit intake and excessive daily exercise are not readily ascertainable.



The Safer Baby Bundle resources are based on five key areas to support healthcare professionals with new strategies to help reduce stillbirths.

Smoking Cessation
Supporting women to stop smoking in pregnancy.
#Quit4Baby

Fetal Growth Restriction (FGR)
Improving screening and surveillance for fetal growth restriction.
#GrowingMatters

Decreased Fetal Movements (DFM)
Improving awareness and surveillance for decreased fetal movement.
#MovementsMatter

Side Sleeping
Improving awareness of maternal side sleeping position.
#SleepOnSide

Timing of Birth
Improving decision making around timing of birth for women with risk factors.
#LetsTalkTiming

The perception that Aboriginality or Indigenous identity is a risk factor in and of itself impacts on Aboriginal and Torres Strait Islander women and the care they receive. This deficit lens on Aboriginality is harmful to women.

Whilst evidence does indicate that Aboriginal and Torres Strait Islander women currently experience higher rates of stillbirth than non-Aboriginal women, there needs to be careful consideration of where the risk arises. Many of the social and health determinants faced by Aboriginal and Torres Strait Islander women today do not arise from their Aboriginality but rather are a direct result of the impact of colonisation and subsequent intergenerational trauma. This includes living with daily experiences of racism both at interpersonal and systems levels.

For Aboriginal and Torres Strait Islander women and their families this risk is often overlooked, yet it can have a hugely significant impact on the health and wellbeing of a mother and her baby whilst on their birthing journey.

These concepts may be confronting for healthcare providers to consider, however we urge you to sit with these truths so that meaningful change can be achieved.

The responsibility for changing this dynamic lies with non-Indigenous healthcare practitioners and starts with critical reflection about your practice. We have provided a list of resources to help you on your journey to being an Ally to Aboriginal and Torres Strait Islander people.

Appendix A – Imperfect Allies Resources

Activity -

Complete the risk matrix on the next page to determine the level of risk you might pose to the cultural safety of an Aboriginal or Torres Strait Islander woman.

Are You A Non-Indigenous Health Care Practitioner?



No
Do you work within an Aboriginal Health Service ie: NACCHO, ACCHOS Aboriginal Medical Service?

Yes
Have you attended cultural safety training?

If No
Complete cultural safety training e.g. [murramullangari - CATSINaM Learn | Stillbirth CRE eLearning](#)



Yes
Use the Policies and procedures in place within your service relating to cultural safety whilst caring for Aboriginal and Torres Strait Islander women. Implement these to the best of your ability.

No
What can you do within your service to help with cultural safety? See below links if your service does not have these: [murramullangari - CATSINaM Learn | Stillbirth CRE eLearning](#)

Yes
Are you aware of how to be an Ally for the Indigenous women you are caring for? Refer to links provided:

[Imperfect Allies Cultural Immersions Resources V3.pdf \(sharepoint.com\)](#)
[10-ways-to-be-a-genuine-ally-to-Indigenous-communities.pdf \(amnesty.org.au\)](#)



Low Risk
Even though you have lived experience as an Indigenous healthcare practitioner, you still pose a moderate risk to Women due to the institutionalised racism present within most healthcare systems. Though your personal politics may differ – you are still bound by that way of working (i.e. the system is the risk).

Do you understand the importance and significance of cultural practices and protocols within your community that help with the health and wellbeing of the Aboriginal and Torres Strait islander women? Please refer to links
[Cultural practices - Cultural Ways - Australian Indigenous HealthInfoNet \(ecu.edu.au\)](#)



High Risk
Being a non-Indigenous person makes you high risk for potentially causing harm to Aboriginal and Torres Strait Islander women. Due to your socialisation and education in a world that privileges Whiteness and uses a 'deficit discourse' to blame Aboriginal and Torres Strait Islander people for their health challenges, you are likely unaware of your privilege and how this influences your practice, power dynamics and language. Read the following and reflect on your practice:
[Deficit Discourse and Indigenous Health: How narrative framings of Aboriginal and Torres Strait Islander people are reproduced in policy - Lowitja Institute](#)

Section 3: Having the yarn

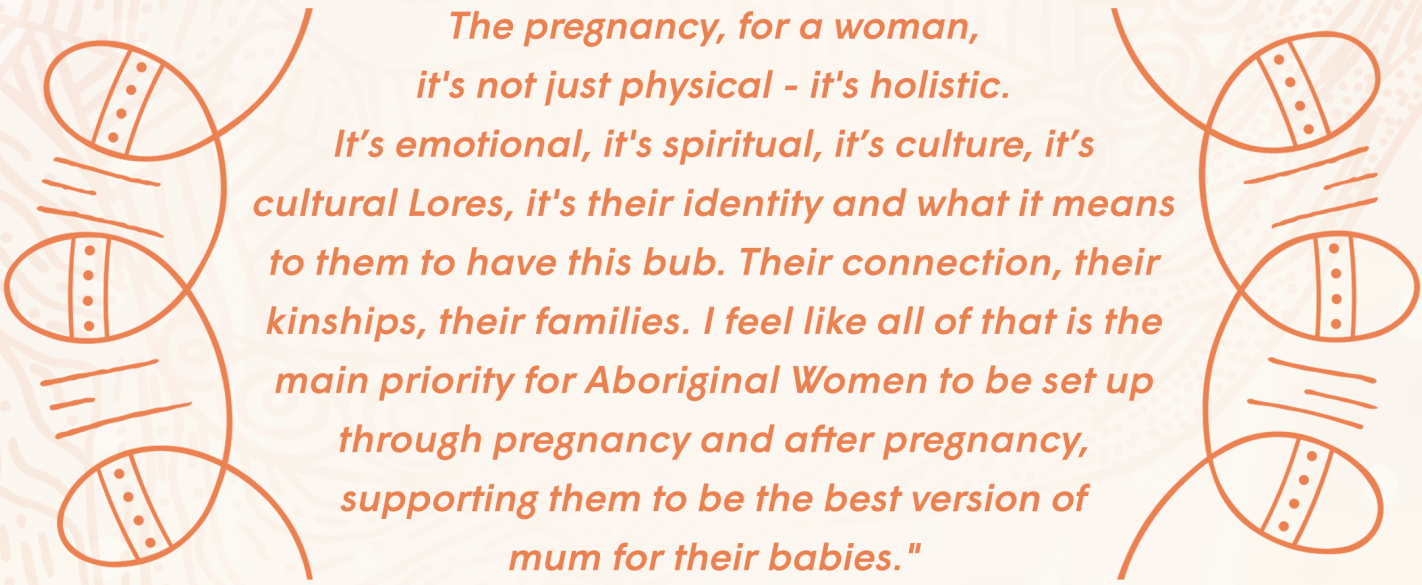
The birthing journey

As healthcare practitioners offering care to Aboriginal and Torres Strait Islander women whilst they are pregnant, consider the care you provide as being part of the woman's journey.

This is a time for you to get to know the woman so you can understand her journey and what is needed to provide appropriate care for her and her bub. Building a relationship of trust is the most important aspect of your care. Remember that women know their own situation best and are experts in their own bodies and what they need to thrive.

Although we understand that healthcare practitioners face time pressures when working in the system, quality care does not focus solely on checking that the woman is meeting milestones, ticking boxes, and waiting for the next appointment. Care needs to be holistic, addressing the woman's emotional, mental, spiritual, social and physical needs.

Spiritual and cultural practices are very important for some Aboriginal and Torres Strait Islander women. Be mindful - particularly if you are a non-Aboriginal healthcare practitioner - that talking to Aboriginal and Torres Strait Islander women about their cultural knowledge or connection to Country must be done with caution and respect.



The pregnancy, for a woman, it's not just physical - it's holistic. It's emotional, it's spiritual, it's culture, it's cultural Lores, it's their identity and what it means to them to have this bub. Their connection, their kinships, their families. I feel like all of that is the main priority for Aboriginal Women to be set up through pregnancy and after pregnancy, supporting them to be the best version of mum for their babies."

- Waminda Midwife

Remember that some women who identify as Aboriginal and/or Torres Strait Islander won't have grown up with a connection to culture due to the ongoing impacts of colonisation and the Stolen Generation(s). Many women of childbearing age have survived generations of forced dispossession of culture and language, so they may or may not have the knowledge or feel comfortable talking about this with you.

What's most important is that you provide a safe space for the woman to talk about her needs and respect whatever cultural needs she expresses to you, without needing to know what it means or why it is practised.

Having the yarn about stillbirth

The following guide is designed to help you determine how and when you could communicate with Aboriginal and/or Torres Strait Islander women and their families about stillbirth in a way that feels safe. Starting earlier can make it easier - the idea isn't to scare women with lots of heavy clinical information that is confusing and overwhelming. Work on building rapport and gradually give them the relevant information and allow space for discussion.

"My experience has shown me that women, after they have the baby, reflect on what they wished they had known. Generally, they say they would have liked more accessible information or to be directed to resources. As healthcare providers it's our responsibility to check in with the woman and ask them: 'Is that enough information? Would you like me to explain it in a different way? Is there a part of what we just talked about that was difficult to follow or understand? Did I use any words that I need to explain?'"

- Waminda Midwife

Visit	Suggested Discussion Points
<p>Booking in the first visit</p>	<ul style="list-style-type: none"> ● The initial appointment is all about building the foundation for your relationship - get to know the woman and her history. ● You can begin the discussion here by introducing 'Stronger Bubba Born', the culturally adapted resources about preventable stillbirth: SBB_booklet_web_final.pdf (strongerbubbaborn.org.au) ● Discuss any questions or concerns the woman may have around the resource. Let her know that she can share this information with her support system, partner and family. ● Discuss beliefs and preferences for care. Ask about the woman's experience or knowledge of birth. This information can help guide the way care is delivered throughout this sacred journey for mum and bub.
<p>Monthly appointment until 30 weeks</p>	<ul style="list-style-type: none"> ● Every appointment is an opportunity to discuss the five evidence-based elements for preventable stillbirth: Timing of birth, fetal growth, fetal movement, side sleeping and smoking cessation. ● Revisit the 'Stronger Bubba Born' culturally adapted resources: SBB_booklet_web_final.pdf (strongerbubbaborn.org.au) ● Between 8 weeks gestation to 30 weeks there should be a minimum of 5 antenatal appointments with a woman. These visits are an opportunity to discuss each element of stillbirth prevention. Remember to discuss with women WHY you are making these recommendations to offer support for behaviour change – particularly if smoking cessation is relevant. ● It's important to speak openly with the woman whilst being mindful to present information in a way that isn't too confronting or creating fear of loss during the birthing journey. ● Always reassure women that these are some of the steps we can take to help keep bub safe and healthy, but that sometimes stillbirth occurs for no known reason. ● Trust the intuition of the mum and reassure her that her feelings or concerns are relevant.

Visit	Suggested Discussion Points
<p>Fortnightly appointment until 36 weeks</p>	<ul style="list-style-type: none"> ● Continue building the relationship with the woman and her support people. Include partners and support people in the discussions around the Stronger Bubba Born resource. ● Ask the woman what is helpful for her to know or understand as she gets closer to bub's birth to support her in decision making.
<p>Weekly appointment until 40 weeks (or birth)</p>	<ul style="list-style-type: none"> ● Trust in the woman's intuition - now is a time she may be feeling anxious. As a healthcare practitioner you can help by reassuring her that you are here to support her in the decisions she is going to make about the impending birth. ● During these last weeks of pregnancy, the risk of stillbirth increases. Think clearly about the individualised risk of the woman and bub in your care, providing advice to guide her decision making about timing of birth. ● By this time, you will be aware of a woman's support system, or lack of one. Ensure that the woman feels well supported by you and knows she can reach out at any time if she has concerns or needs further support. Make sure she is engaging with her support systems e.g. partner, family, community.
<p>Increased visits from 40 weeks</p>	<ul style="list-style-type: none"> ● Support the woman and her family in decision making. Always remember that you are walking alongside her, but that decisions are her own. Help the woman to feel she can trust and rely on you for evidence-based information and compassionate care.

The above guide can be used as a reminder to talk about stillbirth gently throughout pregnancy. In our research, many participants told us that they didn't remember talking about stillbirth at all during their pregnancies and those who had experienced loss felt a sense of deep shame, wondering if they or their loved one had 'done something wrong' to cause the baby's passing.

Sharing this information with women throughout pregnancy helps to make them aware of the potential warning signs that a baby is becoming unwell so that they can alert their care provider if any concerns arise.

We recommend that you introduce Stronger Bubba Born culturally adapted Stillbirth resources to women early on. Provide a copy to the woman in one of her first antenatal visits (digital or hardcopy). At the next visit, you may like to revisit the Stronger Bubba Born resources, offering the woman the opportunity to ask questions or discuss any concerns.

Some women may raise stillbirth themselves, but if not, raise it again sometime, being mindful of the woman's preferences. Whilst some women we spoke to felt that stillbirth wasn't discussed enough, others shared stories of stillbirth being talked about too much in a way that wasn't personalised for each woman.

"I think that the stillbirth conversation is critical as it's raised in the hospital system so much now and there has to be a balance. Not every Aboriginal woman is at critical risk of stillbirth... We need to consider the risk faced by the individual woman and her bub, instead of the big broad sweeps of just talking about stillbirth risk that tends to be done in the institution." - Waminda Midwife

As a healthcare practitioner you give so much information and education to women throughout their pregnancy, however it is vital to ensure that women understand why these recommendations are being made.

Explain to mothers:

- WHY smoking is not safe for the woman and her baby.
- WHY the baby's growth matters.
- WHY side sleeping is encouraged for mum.
- WHY the movements of bub are important.
- WHY the timing of birth matters.

Providing this information increases the woman's health literacy and her confidence to make changes to keep her baby safe. Take time to explain to women the importance of these 5 steps. By helping women and their families understand the WHY, they can all come together to have a stronger bubba born.

Section 4:

Identifying the woman's support system

When working alongside Aboriginal and Torres Strait Islander women, it's important to recognise the existing support system that she may have in place whilst on her journey. Tapping into this support system will help not only with maintaining the clinical care she needs but, importantly, can help support the woman's social and emotional wellbeing.


When it comes to the discussion of stillbirth, it might be best to have that conversation with a support person present, such as the woman's partner, family member or friend. It's important they understand why you are having the conversation about stillbirth, and that you have it with all women in your care, as it can seem like a very confronting topic to bring up.

Including a woman's support system may help create an environment in which she feels safer and more comfortable to talk with you about any concerns.


Including partners and family in this conversation will also help keep them aware of the warning signs and remain cautious about what to look out for. This may also be supportive for women when making decisions.

What do support systems look like?

Whether women choose to birth alone, or with their partner or family members present, it's important that healthcare practitioners are welcoming of the woman's chosen support network.



In a medicalised health system, we often overlook the way a family or the people closest to Women can help impact the quality of care provided to them. As healthcare professionals, we know the checklist and the milestones that need to be met throughout pregnancy. We know the questions to ask at appointments from a clinical point of view to gather the information that helps us create a plan to guide how and when we need to provide care.



The ceremonies around it with families (and from my cultural perspective being a non-Indigenous person in Australia) and the Sorry Business I've experienced from Koori mob, it's powerful just in the way everyone comes together

- Waminda Midwife

Aboriginal and Torres Strait Islander women may identify their support people as their partner, mother, an auntie, sister or even their nan and having these people present can help them feel comfortable and safe.

Our research with community showed that, for women, having their support person present during these hard yarns around stillbirth was important to them. It was important to both male and female participants that healthcare practitioners walk alongside the woman, rather than making decisions for them.

Trusting the woman's instinct was also a key message: for example, sometimes women feel that something is wrong, and they may or may not be able to identify what that is – it's crucial that the woman feels comfortable enough with you, her healthcare practitioner, to express her concerns without fear of judgement.

Kinship systems

Be aware that, for Aboriginal people, the concept of family is different to westernised ideas of the family unit.

A westernised viewpoint may see pregnant women as being on a journey to becoming a mother to her biological child.

However, within her community, Aboriginal and/or Torres Strait Islander women may already be a mother to her nieces and nephews according to the kinship system.

In Aboriginal and Torres Strait Islander communities, a woman may have more than one 'mum'. Kinship can flow down the matriarchal line from the mother and the patriarchal line from the father.

There are hundreds of distinct cultural groups that make up Aboriginal Australia and each of them may have a different kinship system. Having an awareness of how a woman's kinship or support system may work within her community can help guide the way you provide care. Always partner with the woman using your knowledge and skills to walk alongside the woman and her family. Be led by the woman and whoever she wants close during her pregnancy and birthing journey.

Section 5:

Having the yarn around Sorry Business

In times of grief and loss, the community come together. Supporting one another and being there for each other gets us through our grief and pain. Aboriginal ways of knowing, being, and doing support our healing.

When a woman loses her baby, be mindful that this will not only impact the woman but can have a massive effect on her whole family and community. As a healthcare practitioner, it is best to ensure that women you are walking alongside have your support, your service's support, as well as personal support networks. During a time of loss, women can be overwhelmed with grief, and it can become very hard to make decisions.

The journey may become confusing, and it can be hard for women to remember information, especially when it's about things that they haven't had to deal with before. As a health care practitioner, be mindful that this topic is hard to discuss for women and you are speaking of the loss of a baby or Sorry Business.

Explain what has happened in clear and simple language. Let the woman know what the next steps are in a way that is easy to understand and respectful of Aboriginal ways of knowing, being and doing.

Consider:

- Who does the woman want to be there to support her? E.g. partner or particular family members?
- Who would she like to be involved in helping to make decisions?
- Are there any spiritual practices the woman wants to include? Remember you don't need to know the details – just what she needs from you to enable these to happen.
- Who are the main clinicians involved in her care and how can she get in contact with them? The woman may still need your support as, ideally, you have built a trusting relationship throughout her pregnancy.
- Is there anything you need to communicate with your healthcare team about the woman's cultural or spiritual needs?
- Offer support within your scope. If you are unsure of how to best provide support or feel that what the woman needs is beyond your scope, refer her to another service (See section 6).

For non-Indigenous health care practitioners always centre the wants and needs of mum, including her wishes for cultural practices and the care of her bub after a loss. Let her needs shape the way forward while navigating this difficult path.

Section 6:

Information & support for women & their families

If you are involved in caring for a woman whose pregnancy journey has sadly resulted in the loss of her bub, please be mindful that speaking about loss or Sorry Business can be very confronting and hard for Aboriginal and Torres Strait Islander women. It's important to find local services to help navigate through this. The following are national support services available for women and their families:

Care Around Loss | StillbirthCRE:
Care & Support After The Loss Of A Baby

www.carearoundloss.stillbirthcre.org.au

13Yarn

13 92 76

www.13yarn.org.au

PANDA
(Perinatal Anxiety & Depression Australia)

1300 726 306
Weekdays 10am - 5pm

www.panda.org.au

Beyond Blue

1300 224 636

www.beyondblue.org.au

Lifeline

13 11 14

www.lifeline.org.au

SANDS
(Miscarriage, Stillbirth, & Newborn Death Support)

1300 308 307
(24hr Support)

www.sands.org.au

Red Nose Grief & Loss

1300 308 307
(24hr Support)

www.rednosegriefandloss.org.au

Section 7:

Future pregnancies & the journey forward

The journey of grief and healing is not a straightforward process. We don't get better straight away, and grief can live with us for as long as we are breathing. Grief can linger in our memories in the shape of a smell, a sound, or a conversation.

Remember that for women and families who have suffered the loss of a child, this loss will always be with them. Their experience of loss will be a constant reminder and will guide them to be more aware of the risk factors of stillbirth in future pregnancies.

As a healthcare practitioner, you can help support women by acknowledging their anxiety, assisting with decision making, providing continuity and individualised care and offering reassurance and guidance. This may help lighten the load of anxiety and fear women feel around subsequent pregnancies and give back some control around the unknown as they move forward.

By using this resource and implementing the knowledge you have gained about caring for Aboriginal and Torres Strait Islander women, we aim to help keep our women safe and cared for in a culturally responsive and safe way.

Keep in mind when on a journey of healing alongside Aboriginal and Torres Strait Islander women and their families:

- Identifying the woman's support network who can wrap around her and direct her to other people and services offering support in your local community.
- Honour the baby who has passed and the grief experienced and be led by the mother, her family and community in this space.
- Talk to women about future pregnancies after loss of a baby in a way that will help them feel safe and cared for and help the grieving process.

Appendix A:

Resources for Imperfect Allies

Videos

- **White Privilege – Anti Racism Education Toolkit -**
<https://reconciliationnsw.org.au/wp-content/uploads/2023/12/White-Privilege.pdf>
- **“Whether you’re listening or not, Australia is a nation of white privilege” | Marcus Woolombi Waters and Griffith University – Sydney Morning Herald -**
<https://www.smh.com.au/opinion/whether-youre-listening-or-not-australia-is-a-nation-of-white-privilege-20151121-gl4le3.html>
- **“Race discrimination commissioner releases plan to end racism in 10 years” | Shalailah Medhora – ABC News -**
<https://www.abc.net.au/news/2024-11-26/race-discrimination-commissioner-releases-plan-to-end-racism/104648822>
- **“What is white privilege, really?” | Cory Collins – Learning For Justice -**
<https://www.learningforjustice.org/magazine/fall-2018/what-is-white-privilege-really>
- **What Is White Privilege? Here's What People On The Street Have To Say – YouTube -**
<https://www.youtube.com/watch?v=aQK8H0z-irM>
- **Resisting Calling-Out Culture: “Leaning in” with respect and dignity by Vikki Reynolds on Vimeo -**
<https://vimeo.com/2565250166>
- **Peggy Macintosh on White Privilege -** <https://vimeo.com/251498721>
- **Decolonising therapy -** <https://www.youtube.com/watch?v=35FEamKBgbkk>
- **Kimberlee Crenshaw defines intersectionality -** <https://www.youtube.com/watch?v=sWP92i7JLIQ>
- **RYSE Presents....Revealing White Privilege and Healing Racial Trauma with Dr. Kenneth Hardy -**
<https://www.youtube.com/watch?v=uR9ssA1b0yo>
- **What is cultural competency: Juanita Sherwood -**
<https://www.youtube.com/watch?v=QR-32K2K01k>
- **White Fragility -** <https://www.youtube.com/watch?v=5DVzim9rXTk>
- **Has racism in contemporary Australia entered the political mainstream? News, La Trobe University -** <https://www.youtube.com/watch?v=5DVzim9rXTk>

Videos

- **Stan Grant's One Plus One -**
<https://iview.abc.net.au/show/stan-grant-s-one-plus-one/series/0/video/NC2031H004S00>
- **The Value of Deep Listening - The Aboriginal Gift to the Nation | Judy Atkinson | TEDxSydney -**
YouTube <https://www.youtube.com/watch?v=L6wiBKCIHqY>
- **Chimamanda Ngozi Adichie: The danger of a single story | TED Talk -**
https://www.ted.com/talks/chimamanda_adichie_the_danger_of_a_single_story
- **Resisting Calling-Out Culture | Vicki Reynolds PHD -**
Vikki-Reynolds-Kyle-Killian-v1f_Vimeo_720p on Vimeo <https://vimeo.com/346505005>
- **What is SETTLER COLONIALISM? What does SETTLER COLONIALISM mean? SETTLER COLONIALISM meaning -** <https://www.youtube.com/watch?v=SEHtSjKRvTo>
- **The Anti-Racism Experiment That Transformed an Oprah Show Audience | Where Are They Now | OWN – YouTube The Anti-Racism Experiment That Transformed an Oprah Show Audience -**
<https://www.youtube.com/watch?v=5NHeFgaVWs8>

Online Training

- <https://www.embodiedphilosophy.org/login>
- <https://dulwichcentre.com.au/training-in-narrative-therapy/>
- <https://www.responsebasedpractice.com/rbp-certificate-program/>

Podcasts

- **Healing the trauma of the Stolen Generations from All In The Mind on Apple Podcasts -**
<https://podcasts.apple.com/au/podcast/all-in-the-mind/id73330911?i=1000476305484>
- **Is racism mainstream in Australia? from Big Ideas - ABC RN in Podcasts -**
<https://podcasts.apple.com/au/podcast/big-ideas-abc-rn/id164330831?i=1000439913728>
- **Race, gender and prisons from Big Ideas - ABC RN in Podcasts -**
<https://podcasts.apple.com/au/podcast/big-ideas-abc-rn/id164330831?i=1000445192356>
- **Indigenous languages and origins of language from Big Ideas - ABC RN in Podcasts -**
<https://podcasts.apple.com/au/podcast/big-ideas-abc-rn/id164330831?i=1000447216678>
- **Study finds racism prevalent in Australian schools from SBS NITV Radio in Podcasts -**
https://podcasts.apple.com/au/podcast/sbs-nitv-radio/id350464353#episodeGuid=https%3A%2F%2Faudiomedia-sbs.akamaized.net%2Fenglish_579af8e2-9c62-44ec-8f76-e5f8e1aa0e3c0.mp3
- **'Systemic racism' involved in Aboriginal woman's custody death, inquest told from SBS NITV Radio in Podcasts -**
https://podcasts.apple.com/au/podcast/sbs-nitv-radio/id350464353#episodeGuid=https%3A%2F%2Faudiomedia-sbs.akamaized.net%2Fenglish_9fbf52ca-5306-4c5c-aac9-938d3698a3a0.mp3
- **White Fragility from Sydney Ideas in Podcasts -**
<https://podcasts.apple.com/au/podcast/sydney-ideas/id1214738563?i=1000425149393>
- **Brené with Ibram X. Kendi on How to Be an Antiracist from Unlocking Us with Brené Brown on Apple Podcasts -**
<https://podcasts.apple.com/au/podcast/unlocking-us-with-brene%3A9-brown/id1494350511?i=1000476611079>



