

Where Birth Meets Culture: A Public Health Perspective on Indigenous Maternal Care in Rural Australia

Harrison Hamblin¹

¹The University of Notre Dame Australia, Wagga Wagga Rural Campus, New South Wales, Australia

Background:

Indigenous women living in rural and remote Australia experience disproportionately poorer maternal and neonatal outcomes compared with non-Indigenous women.^{1,2} Limited access to antenatal and obstetric care, driven by geographic isolation, systemic inequities, and culturally unsafe care environments, contributes to higher rates of preterm birth, low birth weight, stillbirth, and maternal complications.^{3,4} Despite national strategies aimed at reducing these disparities, significant gaps in service accessibility and cultural safety persist, particularly in Modified Monash Model (MMM) 3–7 regions.⁵

Aim:

To examine the public health determinants underpinning inequitable access to antenatal and obstetric care for Indigenous women in rural and remote Australia, and to evaluate evidence-based public health and clinical interventions that improve access, cultural safety, and maternal outcomes.

Methods:

This public health analysis synthesised contemporary national data, peer-reviewed literature, and policy frameworks relating to Indigenous maternal health. Findings were contextualised through consultations with four frontline healthcare professionals: a remote midwife, a rural general practitioner/obstetrician, a senior medical officer at an Aboriginal Medical Service, and an Indigenous liaison officer at a regional base hospital. Thematic analysis was employed to identify key determinants of access and to evaluate the effectiveness of population-level and clinical interventions in rural and remote care settings.

Results:

Analysis identified three primary determinants of inequitable access to antenatal and obstetric care for Indigenous women in rural and remote Australia: geographic isolation and specialist workforce maldistribution; culturally unsafe care environments and ongoing mistrust of health systems; and socioeconomic disadvantage, including transport, accommodation, and indirect financial costs.

Public health interventions embedded within Aboriginal Community Controlled Health Organisations, particularly Birthing on Country models, were consistently associated with improved maternal outcomes, including increased antenatal attendance, higher mean birthweights, and reduced rates of preterm birth. Outreach strategies such as tele-obstetric services and mobile maternity care improved engagement when delivered in culturally adapted, locally partnered models.

At the clinical level, midwife-led continuity of care and culturally adapted antenatal screening were associated with earlier risk detection, improved continuity, and a reduction in preventable maternal and neonatal complications. Evidence from both literature and clinical consultations indicated that integrated public health and clinical models achieved greater engagement and improved outcomes compared with fragmented or hospital-centric care pathways.

Conclusion:

Inequities in Indigenous maternal health in rural and remote Australia are driven by intersecting geographic, cultural, and socioeconomic determinants. Evidence indicates that integrated models combining culturally governed public health strategies with responsive clinical care are most effective in improving access and outcomes. Expansion of Birthing on Country models, development of an Indigenous maternity workforce, and strengthened remote maternity infrastructure should be prioritised to achieve sustained, community-led improvements in maternal health equity.

References:

1. Australian Institute of Health and Welfare. *Aboriginal and Torres Strait Islander Mothers and Babies*. <https://www.aihw.gov.au/reports/mothers-babies/indigenous-mothers-babies/contents/mortality>
2. Aboriginal Health Council of Western Australia. *Aboriginal Maternal and Child Health Report*. https://www.ahcwa.org.au/wp-content/uploads/2023/09/AHCWA-Maternal-and-Child-Health-Report-May-2023_FINAL.pdf
3. Australian Institute of Health and Welfare. *Social Determinants and Indigenous Health*. <https://www.aihw.gov.au/getmedia/4cb92d82-ce6a-44dd-bdc1-434ee7d6e849/aihw-aus-221-chapter-6-6.pdf> (2018).
4. Houweling, T. A. J. & Grünberger, I. Intergenerational transmission of health inequalities: towards a life course approach to socioeconomic inequalities in health – a review. *J Epidemiol Community Health* (1978) 78, 641–649 (2024).
5. Australian Institute of Health and Welfare. *Remoteness and the Health of Indigenous Australians*. https://www.aihw.gov.au/getmedia/3fae0eb7-b2be-4ffc-9903-a414388af557/7_7-indigenous-health-remoteness.pdf.aspx (2014).