

NIHEC recommendations

NIHEC notes the progress being made in Indigenous child mortality rates and is encouraged by positive trends in key areas, such as antenatal care. However, NIHEC is concerned about several key drivers where little or no improvement has been made, such as the increase in low birth weight babies born to Aboriginal and Torres Strait Islander mothers. NIHEC recommends policy attention and intervention to focus on the following key drivers to bridge the gap in Indigenous child health.

What are the key drivers?

NIHEC considers the following key drivers to need particular policy attention.

Infant mortality

Infant mortality contributes to 83% of child mortality and is 3 times the rate of non-Indigenous infant mortality (12.3 per 1,000 live births compared with 4.2 per 1,000 live births).

Child mortality

The most common causes of death among Indigenous children (0-4 years) are:

- Conditions originating in the perinatal period (38%)
- Symptoms, signs and ill-defined conditions, including Sudden Infant Death Syndrome (SIDS) (20%)
- Congenital malformations (11%)
- Injury and poisoning (11%).

Low birth weight

- The rate of low birth weight babies born to Aboriginal and Torres Strait Islander mothers is increasing (16% from 1991-2005) and the gap is widening.
- Babies born to Indigenous mothers are twice as likely to be of low birth weight (weigh less than 2500g) as babies born to non-Indigenous mothers (13% compared with 6%).
- Low birth weight babies are at a greater risk of dying during the first year of life and are prone to ill health during childhood.
- Risk factors include: socio-economic disadvantage; the height, weight and age of the mother; the number of babies previously born to the mother; the mother’s nutritional status; smoking and other risk behaviours; illness during pregnancy; multiple births and the duration of pregnancy.

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Socio-economic determinants

A complex range of interrelated social, economic and community factors determine health outcomes for Indigenous mothers and children.

- **Education:** A much lower proportion of Indigenous women have completed Year 12 as their highest year of schooling (23%) compared with non-Indigenous women (47%) and this is associated with poor health literacy.
- **Employment:** Indigenous children are less likely to have a parent in paid employment than non-Indigenous children (20% compared with 47%).
- **Income:** Median weekly incomes of households with Indigenous children were 67% those of non-Indigenous children.
- **Housing:** Overcrowding affects 14% of Indigenous households. Overcrowding contributes to inadequate access to facilities, including water, sanitation, sewerage and electricity services which increase the risk of infection and injury.

Where are the opportunities for interventions?

NIHEC recommends focusing on the following opportunities for intervention.

Data

- Improving Indigenous identification in key administrative data sets (i.e. births, deaths, hospital, perinatal and disease registries).
- Improving data quality in all jurisdictions and raising the priority of Indigenous data collection for jurisdictions which are not currently reporting Indigenous data.
- Improving Indigenous population estimates as these are used in all rate calculations, including mortality rates.
- NIHEC notes that national level data can sometimes mask local issues.

Antenatal care

Improving the delivery of antenatal care to better meet the needs of Indigenous women by:

- Promoting antenatal care during the first trimester and a minimum of 5 visits per pregnancy.
- Targeting antenatal care to those most in need, e.g. younger and older mothers with a number of previous pregnancies.
- Focusing on reasons why certain women choose not to attend antenatal care.
- Addressing barriers to antenatal care, including:
 - Setting
 - Cultural issues
 - Attitude of health staff to others choices, e.g. teenage pregnancy¹
 - Location, e.g. in remote areas some mothers do not present until due date due to fear of being evacuated to major centres for birthing.
- Delivering antenatal care in a range of settings and locations.

¹ A significantly higher proportion of Indigenous mothers than non-Indigenous mothers are aged less than 20 years (48 per 1,000 compared with 9 per 1,000 in 2005).

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- Encouraging antenatal care to focus on key factors affecting Indigenous women before and during pregnancy, including:
 - Smoking cessation
 - Treatment of diseases, e.g. sexually transmissible infections (STI) and asymptomatic bacteriuria
 - Nutrition, e.g. increasing folate.
- Building on successful child and maternal health programs.
- Improving the integration of policies and programs, e.g. linking antenatal care to early maternal practice and parenting to improve child health.
- Strengthening the health workforce, e.g. General Practitioners, obstetricians, midwives and Aboriginal Health Workers.

Specific low birth weight interventions

- Encouraging positive health behaviours among Indigenous women before pregnancy targeting:
 - Smoking
 - Alcohol and drugs
 - Nutrition.
- Focusing on treating key determinants of low birth weight during pregnancy:
 - Smoking cessation
 - Nutrition, e.g. folate, iron and protein supplements
 - Treatment of diseases, e.g. STI and Asymptomatic bacteriuria.

Sudden Infant Death Syndrome (SIDS)

- Targeting risk factors:
 - Poor health literacy
 - Poor socio-economic status, including housing
 - Substance use, including tobacco smoking, by the mother and other household members.
- Focusing on effectively communicating key messages to encourage behaviours to prevent SIDS, including:
 - Sleeping baby on the back, not the tummy or side
 - Ensuring baby sleeps with face uncovered
 - Avoiding exposure of babies to tobacco smoke before and after birth
 - Providing a safe sleeping environment ensuring the baby sleeps in the same room, but not the same bed for the first 6-12 months.¹

Reducing infection

- Targeting areas where immunisation levels are poor.
- Focusing on parenting strategies to foster effective maternal practices to prevent infection including hygiene, feeding and immunisation.
- Ensuring access to competent primary clinical care for optimal treatment.
- Improving housing and infrastructure, such as access to water, sanitation and sewerage facilities.

Reducing injury, poisoning and trauma

- Building on effective programs for reducing injury, poisoning and trauma such as the Olds model of [Nurse Home Visiting](#).
- Improving housing and infrastructure.