

Congress Alukura – Women’s Business

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Introduction

We want to begin by paying our respects to the traditional owners of this country, the Kaurna people, on whose lands we are meeting.

Today we are going to talk about Congress Alukura, how it developed, what it does, and the issues facing it today.

Alukura is an Arrernte word meaning “a woman’s camp¹”. Arrernte is the language of the Mparntwe-arenye, the Central Arrernte people who are the traditional owners of the land now known as Alice Springs in Central Australia.

Congress Alukura is the Central Australian Aboriginal women’s health and birthing centre. It is a branch of the Central Australian Aboriginal Congress, the independent, community controlled, Aboriginal Health Service, which was established in Central Australia in 1973. At Congress we are proud of our independence and community control.

“AN ORGANISATION OF ABORIGINAL PEOPLE, FOR ABORIGINAL PEOPLE, CONTROLLED BY ABORIGINAL PEOPLE” is written across our letterhead.

Congress has seven branches which run a range of programs including a medical clinic; specialist dental, eye, ear, frail aged and disabled, and under 5s programs; a social and emotional health branch; a child care service; a public health branch; an education and training branch; and Alukura.

Alukura’s History

Alukura was established following extensive consultation in 11 different languages, with several hundred women, from over sixty different Aboriginal communities spread over 30,000 square kilometres throughout Central Australia, in the early 1980s. In these consultations women discussed traditional law and birthing practices, their experiences of birthing under ‘white’ medical supervision, and their preferences for their own alternate birthing service.

The research and consultation culminated in the women coming together for a Women’s Conference in Alice Springs in 1984, and from this conference the Congress Alukura Model was drafted and later ratified.

Congress Alukura’s Council was established in 1986 to provide leadership and guidance for the development of the new service and to maintain community links and knowledge about traditional Law. The Council consisted of women representing communities and language groups throughout Central Australia.

In June 1987 Alukura commenced delivery of a service, with the then Department of Aboriginal Affairs funding a two year pilot program to provide antenatal and postnatal care, and to liaise and promote women’s health checks. The service operated first out of Congress clinic, and later from an old Aboriginal Hostels house.

¹ Henderson, J. & Dobson, V., (compiled), 1994, Eastern and Central Arrernte to English Dictionary, IAD Press, Alice Springs.

At the end of two years, in June 1989, a review of the pilot program recommended that Alukura expand its organisation and functions, and in 1991 the Alukura received funding for full time staff positions and to establish appropriate facilities. In December 1991 the service moved into a new, specifically designed office and clinic building, with two birthing suites nearby, located on 5 hectares of bush land, 8 kilometres south of Alice Springs. The first birth at Alukura was celebrated in 1993.

Alukura is now funded by the Office of Aboriginal and Torres Strait Islander Health, OATSIH, a branch of Commonwealth Health.

The Alukura Model

Two factors are central to the Alukura model. Firstly, that birthing and women's health are traditionally women's business and should remain women's business; and secondly, that women's health incorporates traditional language, culture and the Grandmothers' Law.

Underlying philosophy

- a. Aboriginal people are a distinct and viable cultural group with their own cultural beliefs and practices, Law and social needs
- b. Every woman has the right to participate fully in her pregnancy and childbirth care, and determine the environment and nature of such care unless medical complications indicate otherwise
- c. Every Aboriginal woman has the right in pregnancy and childbirth to maintain and use her own heritage, customs, language and institutions, or to chose other options as she wishes

Aims

- a. To preserve and recognise Aboriginal identity, culture, Law and languages in general
- b. To preserve and encourage Aboriginal women's culture, Law and practices in relation to pregnancy, childbirth and the aftercare of mother and baby
- c. To support each Aboriginal woman in her informed choice of where and how she has her pregnancy care and gives birth to her baby
- d. To increase awareness and understanding among non-Aboriginal health care providers of the social and cultural needs of Aboriginal women in pregnancy and childbirth
- e. To encourage mutual respect and understanding between all providers of obstetric care and birth care

Objectives

- a. To provide a place in Alice Springs where Aboriginal women, with their chosen relatives, can have pregnancy care and normal deliveries in a way consistent with their personal, cultural and social needs
- b. To support any Aboriginal woman who chooses to give birth in her own country
- c. To develop through mutual consultation between Aboriginal women, health workers, traditional 'midwives', ngangkaris, and non-Aboriginal Alukura health staff, a series of health educational programmes and materials in Aboriginal languages relating to health problems and care in pregnancy and childbirth
- d. To develop a training programme for Aboriginal health workers, incorporating traditional Aboriginal birth and western obstetric practices that are most appropriate to their role and circumstances

- e. To visit each Central Australian Aboriginal community at least once a year for health educational activities and for women's meetings to elicit continuing feedback about their health and birth needs and preferences
- f. To visit and hold women's clinics at least twice a year in those Central Australian Aboriginal communities not regularly serviced by female health staff
- g. To advise and support any Aboriginal communities that want to establish their own equivalent of the Congress Alukura
- h. To reduce the infant and maternal mortality and morbidity rates in a culturally appropriate way

Alukura's Services

Congress Alukura has 14.5 staff positions and currently offers the following services:

- comprehensive antenatal care and post natal care for mother and baby
- gynaecological services including well women's checks, screening for sexually transmitted diseases, contraceptive advice, infertility and menopause counselling and treatment
- a visiting specialist obstetrician gynaecologist
- a limited mobile bush service
- a visiting diabetic educator
- healthy lifestyle education and counselling in nutrition, substance misuse, sexual health
- a liaison service with hospital and specialist services e.g. x-ray and breast screening
- a transport service for clients to and from the clinic and for hospital visits
- home visits; and
- since April 1998 Alukura has been providing an education program for young women. This program targets young women between the ages of 12 and 20 and is delivered at most of the high schools in Alice Springs, as well as other education and youth institutions in the town, and at some bush locations.

The program aims to help prevent the spread of HIV / AIDS in Alice Springs by covering such topics as sexual health, contraception and relationships and self-esteem.

The response to the program from young women, educators and the community has been very positive.

Alukura provided a birthing service from 1993-1997, but we have not had a birth since June 1997. This fact led to the need for us to review our service.

In 1998 we successfully sought funding from OATSIH to do this review of our service to determine, amongst other things the extent to which Alukura meets the needs of Central Australian Aboriginal women in relation to the Alukura model and other policy documents; to examine the impact of Alukura; and to make recommendations on future directions.

The review was undertaken by Betty Carter, a Congress Cabinet member; Professor Judith Lumley from the Centre for the Study of Mothers' and Childrens' Health at La Trobe University; and Gai Wilson from the Centre for Development and Innovation in Health.

Quality and Impact of Alukura Care

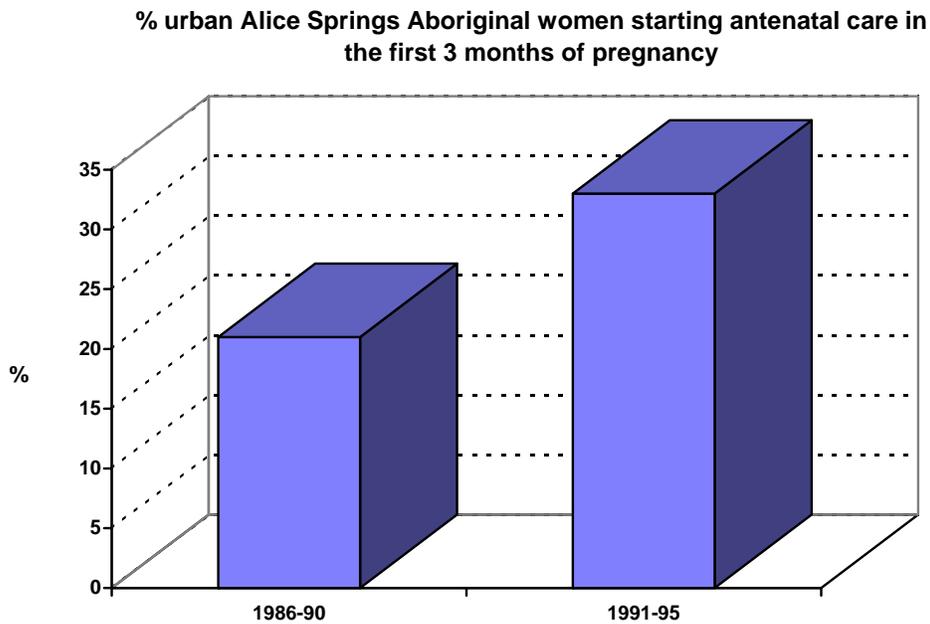
The review found:

Changed attitude to Alukura

When negotiations to establish Alukura were underway in 1986 there was widespread opposition by Central Australian health providers, particularly the Territory Health Service,

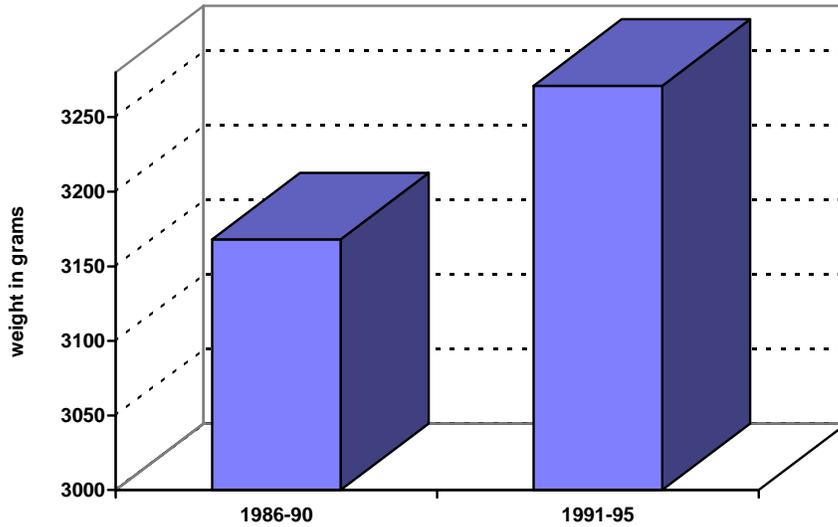
on the grounds that it was unnecessary, a duplication of services and potentially harmful. By 1998 there was a complete change of attitude within these same services. Alukura is now described as playing a key role for Aboriginal women in the region through its provision of clinical services, and its transport, liaison, screening, follow-up and advocacy services. The quality of care is considered to be high, both technically and in terms of being culturally appropriate and sensitive care.

Antenatal care and birth weights



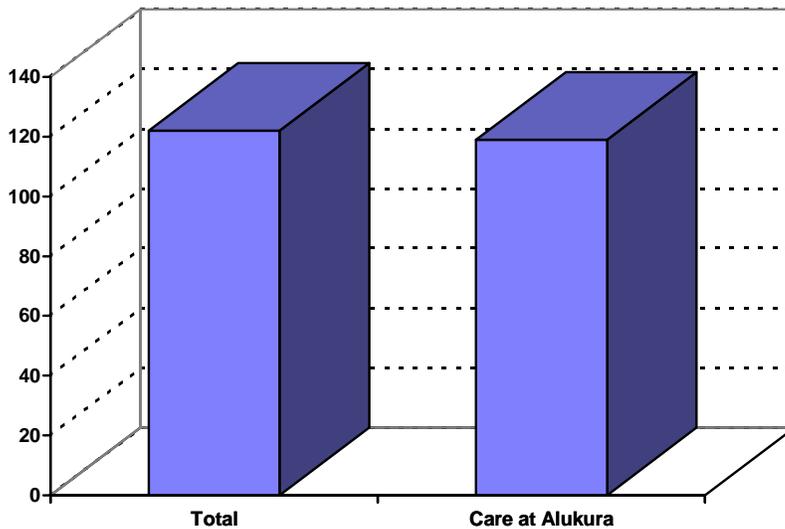
In the 10 year period 1986 - 1995 there was an increase in the proportion of urban Alice Springs Aboriginal women starting antenatal care in the first three months of pregnancy, from 21% in 1986-90, to 33% in 1991-95

Average birth weight of urban Alice Springs Aboriginal babies



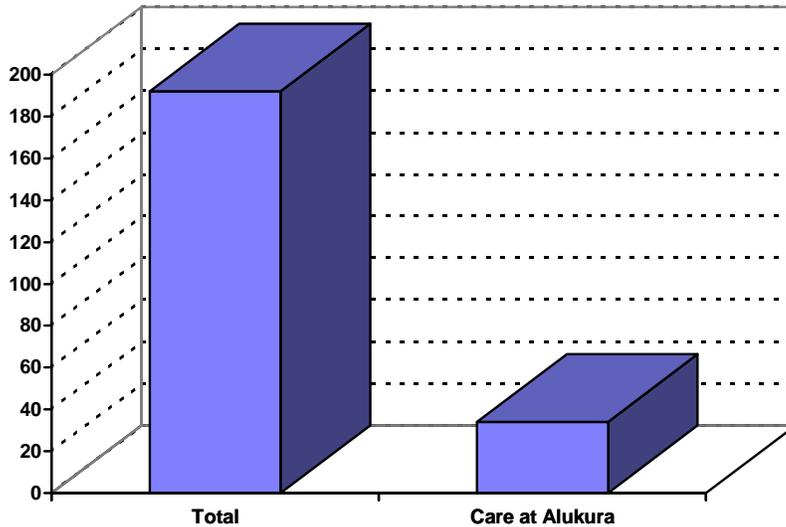
In the 10 year period 1986 - 1995 there was an increase in the average weight of babies born to urban Alice Springs Aboriginal mothers from 3168g in 1986-90 to 3271g in 1991-95, which narrowed the gap in weight between Aboriginal and non-Aboriginal babies to just 50g.

Urban Alice Springs Aboriginal Women receiving antenatal care in 1994



In 1994, 122 Aboriginal women who lived in the Alice Springs urban region received antenatal care. 119 of these, or 98%, presented to Alukura for this care.

Rural Alice Springs Aboriginal Women receiving antenatal care in 1994



In 1994, 192 Aboriginal women who lived in the Alice Springs rural area received antenatal care. 34 of these, or 18%, presented to Alukura for this care.

This data examined by the review team highlighted two dramatic improvements in the Alice Springs urban area in 1994/95. Firstly, a dramatic improvement in the birth weight of Aboriginal babies born in Alice Springs, and secondly, an increase in Aboriginal women starting antenatal care early in their pregnancy with 98% of urban and 18% of rural Aboriginal women coming to Alukura for some of this care in 1994.

While the existing data does not establish that Alukura’s service has been the reason for these improvements, it can be said that while other areas of the NT experienced some positive changes during this period, they did not experience steady positive changes on this scale.

Pap smear participation rates

Recent anecdotal evidence from Territory Health Service, also indicates that the work done by Alukura bush clinics has contributed to an increase in the pap smear participation rate for Aboriginal women in Central Australian remote communities.

Given that the prognosis for NT Aboriginal women following diagnosis of cervical cancer is so poor because of a lack of access to screening services, this can be seen as a significant step to address this problem.

Alukura to Recommence Birthing

The review concluded that Alukura should proceed with the staged implementation of the full Alukura model including the reintroduction of the birthing programme and regular meetings of the Alukura Council to ensure input from Aboriginal women across Central Australia into the work and directions of Alukura. It also found that Alukura should maintain and further develop its work in the bush and local communities, including visiting clinics and community

development work. It also made recommendations to do with resources, organisational structure and information and data issues to support these programs.

Congress Cabinet endorsed many of the recommendations in the review report, including that Alukura recommence its birthing programme.

Why did women stop birthing at Alukura?

As stated above, we have not had a birth at Alukura since 1997. Alukura staff and the review have found that women are not birthing at Alukura for a broad range of reasons including:

- the ongoing lack of resources at Alukura to manage a 24 hour birthing service, including staffing and the provision of cleaning, meals, transport and other support systems which are available in hospitals

- the difficulty in maintaining staff birthing skills and confidence when the numbers birthing are relatively low

- the health of some Alukura clients precludes them participating in our birthing programme

- some women choose the hospital, maybe because they have had previous children there, or they want their partner present, or it is close to town, or other personal reasons

- the need to keep other health care providers informed about Alukura's birthing service, in an environment of high staff turn over, particularly in bush communities

Recommencing Alukura's birthing programme

The first step in recommencing the birthing programme is to address the question of resources. The review found that the minimum staff needed to provide 24 hour cover, 7 days a week, for a birthing service is 6 midwives, plus additional Aboriginal Health Workers and Grandmothers. This level of staffing would also provide antenatal care, postnatal care and childbirth education for up to 400 clients / year. Alukura has never been funded for this level of staffing, and recruiting suitably qualified and experienced staff has always been difficult.

We plan to commence a limited birthing service, with a maximum of 50 births / year, and run the existing clinic and bush clinic services with 1 part-time doctor, 3 midwives, 2 Aboriginal Health Workers and the equivalent of one grandmother position. As well we have allocated funding for extra resources such as food items, washing and cleaning.

We are also in preliminary discussions with the Centre for Remote Health in Alice Springs about the delivery of a short course in safe birthing for Aboriginal health workers. This is not about Aboriginal health workers becoming midwives, but it will give them skills and knowledge to participate in the birth setting.

Alukura's new birthing programme is based on Alukura midwives managing births at both the Alukura birthing unit and at the birthing suite in the Alice Springs Hospital. Operating from the hospital will enable Alukura to offer continuity of care to our clients who are unable to birth at Alukura on medical grounds, and our clients who choose for other reasons to birth at the hospital. It will also enable our midwives to manage the minimum of 10 births each / year which they require for accreditation as Independently Practising Midwives with the Australian College of Midwives. We cannot guarantee that number of births at Alukura alone.

Alukura midwives must attain accreditation as Independent Practicing Midwives as a prerequisite to being granted Visiting Privileges at the Alice Springs Hospital. Visiting

Privileges at the hospital are a prerequisite in order for any independent practitioner to admit patients and manage births within the hospital, using hospital facilities.

Our midwives have experienced a lot of frustration with the Australian College of Midwives over various aspects of their Independent Practicing Midwife applications. This is due in part to the fact that they are not strictly “independent practicing midwives”, they are employed by Congress Alukura, and such applications are new for the College. Alukura appears to have satisfactorily addressed the last two hurdles, having an already accredited Independently Practicing Midwife as a mentor and demonstrating ongoing peer and self evaluation, and we are expecting a positive response from the College.

In the meantime, the Alice Springs hospital has agreed, given that all other criteria are met, to grant visiting privileges to Alukura midwives for an interim period of 12 months on the basis that Independent Practicing Midwife accreditation applications proceed. Protocols and procedures have been negotiated with the hospital regarding eligibility criteria for assessment of patients, admissions, transfer of patients in the event of complications, and the responsibilities of each party.

In our clinic, assessments of our antenatal clients to determine who may be eligible to birth in our program either at Alukura or at the hospital, have commenced. We plan to begin the birthing programme with our own clients, and then open up to Aboriginal women who have received their antenatal care elsewhere. At that time we will need to spread the word to clinics, communities and other health care providers throughout Central Australia.

The Grandmothers' Law

The challenge for Alukura is to balance the medical requirements for best possible practice and safety in birthing with facilitating and maintaining the Grandmothers' Law. We can do this through women's meetings, the Alukura Council, discussions with grandmothers, mothers and ngankaris, and generally promoting access, dialogue, communication and feedback between Alukura and the Aboriginal women of Central Australia.

References

- Carter, B., Hussen, E., Abbott, L., Liddle, M., Wighton, M., McCormack, M., Duncan, P., Nathan, P., 1987, *Borning: Pmere Lalyeke Anwerne Ampe Mpwaretkeke*, Congress Alukura by the Grandmother's Law, Australian Aboriginal Studies, 1987, No. 1.
- Carter B, Lumley J & Wilson G, 1998, 'Alukura, for my daughters and their daughters and their daughters', Congress Alukura in 1998: A review of its current role and future directions, unpublished.
- Central Australian Aboriginal Congress, 2000, *1973-1998, 25 Years and Growing Strong!*, Biennial Report 1997-99, Central Australian Aboriginal Congress.
- Congress Alukura, 1996, *Alternative Birthing Services Program Evaluation*, January 1 1994 – January 1 1996, Congress Alukura, unpublished.
- Congress Alukura, *Arlwekere By the Grandmothers' Law Information Package*, Congress Alukura, Alice Springs.
- Henderson, J. & Dobson, V., (compiled), 1994, *Eastern and Central Arrernte to English Dictionary*, IAD Press, Alice Springs.
- Lumley, J., 1999, *Draft comments on the Alukura Review*, Centre for the Study of Mothers' and Childrens' Health, unpublished.
- Markey P. et al, 1998, *Trends in the health of mothers and babies, Northern Territory 1986-95*, THS.

THS, 2000, Women's Health Educator's Darwin Workshop Report, 12th-14th September 2000, unpublished minutes.