



Transforming Aboriginal Perinatal Care Using Baby Coming You Read?

WA Rural and Remote Mental Health Conference 2025

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Government of Western Australia
WA Country Health Service

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WA Rural and Remote
Mental Health
CONFERENCE 2025

Breaking Barriers:
Tackling Stigma and Promoting Mental
Health Awareness in Rural Communities



**Baby Coming
You Ready?**



Acknowledgement of Country

We acknowledge the Wadandi People as the Traditional Custodians of the Undalup region , where we gather today.

We respect and honour their connections to this land — a connection that is cultural, spiritual, physical, and emotional.

We pay our respects to Wadandi Noongar Elders, past and present, and to the generations of Noongar people who continue to care for Country now and into the future. We extend this respect to all Aboriginal and Torres Strait Islander peoples who are with us today.

Meet Our Team



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Ngala kwop biddi.
Building a brighter future, together.



Baby Coming
You Ready?

Rohan Collard
Principal Research Fellow

Too many people who work in the mental health system don't fully understand Aboriginal and Torres Strait Islander clients; they trivialize our trauma; but our people's trauma needs to be validated... I see it as being like living your life with a lion in the room. You change physiologically; your brain won't go to sleep, and your moods go up and down.... When this happens, your body changes physiologically, and you need your personal space because you need to focus on the lion because you don't know when it will attack you. You either feel like you need to get ready to fight it, or you become frozen in fear.

Aboriginal health practitioner

*The Lowitja Institute 2018, Journeys to
Healing and Strong Wellbeing. Final Report*



Intergenerational Trauma due to colonization and assimilation policies, together with the lack of Trauma-Aware models of care, affects Aboriginal people's access to health services.

- 50% of all Aboriginal adults in WA are descendants/ members of Stolen Generation.
- Negative experiences, racism, and the fragmented communication influence Aboriginal women's engagement with the health system.
- Aboriginal people avoid clinical services due to a lack of trust in the health system.
- Aboriginal maternal and infant health outcomes are unacceptably inequitable on all key indicators
- **Current routine perinatal clinical screens discourage Aboriginal women from honest disclosures regarding mental health, AOD use and family/domestic violence exposures.**
- Existing tools and approaches do not improve outcomes for Aboriginal mothers.
- Social, emotional, and spiritual well-being, central to identity and culture, are mistakenly viewed as secondary to physical health needs during antenatal care.
- **Trauma-aware approaches are likely to mitigate some effects of racism and poverty, improving engagement with health services.**



We can have healing!

"Healing is not just about recovering what has been lost or repairing what has been broken. It is about embracing our life force to create a new and vibrant fabric that keeps us grounded and connected...keeps us strong and gentle...gives us balance and harmony, a place of triumph and sanctuary forevermore"

-Professor Helen Milroy





ICARE

A culturally safe wraparound care model (*the Coolamon*) that enables **Aboriginal families** to bridge gaps, offering options to navigate the health system and overcome barriers.

A touchscreen, strengths-based digital mental health and wellbeing assessment to support **Aboriginal women** by promoting trauma-informed practices throughout perinatal care.

**Baby Coming
You Ready**



**Replanting the
Birthing Trees**

A transformational approach to support system change, working **alongside organizations** to adopt strategies that enhance a culturally safe trauma-aware model of care for Aboriginal families



Baby Coming, You Ready?

BCYR is a touchscreen, strengths-based digital mental health and wellbeing assessment

- co-designed with the Aboriginal community to support Aboriginal families.
- Guides the mother and clinician through a self-reflective evaluation of social, emotional, spiritual, and cultural determinants of health.
- BCYR supports delivery of perinatal assessment consistent with Aboriginal cultural needs, and aspirations to have healthy pregnancies, babies and children.
- Integrates directly into routine antenatal care to optimise access
- Transformative approach:
 - a) give control back to women as they self-assess their wellbeing domains,
 - b) meet needs of women, health professionals and services.
- BCYR has been piloted in two metropolitan hospitals and in four health services from the Wheatbelt region.

<https://babycomingyouready.org.au>



Implementation Requirements

Models of Care

- Trauma-aware and healing model of care
- Patient and family centred care
- Continuity of care / Culturally safe care
- Building a relationship based on trust

Clinicians' training

- eLearning (5 hrs)
- Face-to-Face training (5 -6 hrs)
- community of practice (follow up sessions)

Appointment

- Stand-alone 30-minute appointment
- Close to the first appointment (ideal within 7 days)
- The iPad with the woman
- Seat beside her



**Baby Coming
You Ready?**

Baby Coming, You Ready?

- Aboriginal voice-overs
- Culturally meaningful **touch-screen images** to visualize common experiences and emotions
- **Skip logic** directed by selected images ensures a deeper inquiry
- Kessler Psychological Distress Scale.
- Identifies and selects **strengths** and protective factors as well as **worries** can that disrupt well-being.
- The reflective process and **motivational interviewing strategies** support the woman to set SMART (specific, measurable, achievable, relevant, time-bound) goals.
- Clinical event summary is generated.



Cultural Practice within BCYR: A New Way to Support Women Holistically

"This is a new way of doing clinical assessments — one that goes beyond just checking a woman's current wellbeing. It's about bringing culture into the conversation. Through BCYR, we're creating space for yarning between the clinician and the woman, allowing her to reflect on her spirit, her past experiences, and her cultural ways of knowing, being, and doing. This approach honors the role of Elders and community and acknowledges that bringing a baby into the world is deeply spiritual and cultural. It's more than a medical moment — it's a cultural journey."



Aunty Roslyn “Girl, that placenta is more than just afterbirth—it’s spirit. It’s connection. It’s your baby’s first tie to the land.”

Back to Country

Returning the placenta to Country is a sacred practice that connects the child to their ancestral land, community, and identity.

Symbolizes the child’s lifelong bond with the land and cultural.

Traditional ochre colors red, yellow, white, and brown are used to represent the land, ancestors, and the sacredness of the practice.



Journey on an Ipad



**Baby Coming
You Ready?**

Mother's Session

Father's Session

Test Screen



**Baby Coming
You Ready?**

Home

Welcome to Baby Coming You Ready

Welcome to Baby Coming You Ready

Baby Coming You Ready (BCYR) is an Aboriginal co-designed digital platform used to have a yam between you and a health care professional to get to know you and reflect on your strengths to walk alongside you during your pregnancy journey.

Your safety, privacy and security are important to us to make you feel comfortable to do BCYR. This is about you, your baby, your care.

Do you feel comfortable and consent to do BCYR? If you choose not to consent, it is OK.



I Do Not Agree



I Agree



**Baby Coming
You Ready?**

Welcome! Baby Coming You Ready?

Mother's first name

Mother's last name

Mother's date of birth

Baby's expected or actual date of birth

Medicare Number

Postcode (primary residence)

LURK Number

Continue



**Baby Coming
You Ready?**

Journey on an Ipad

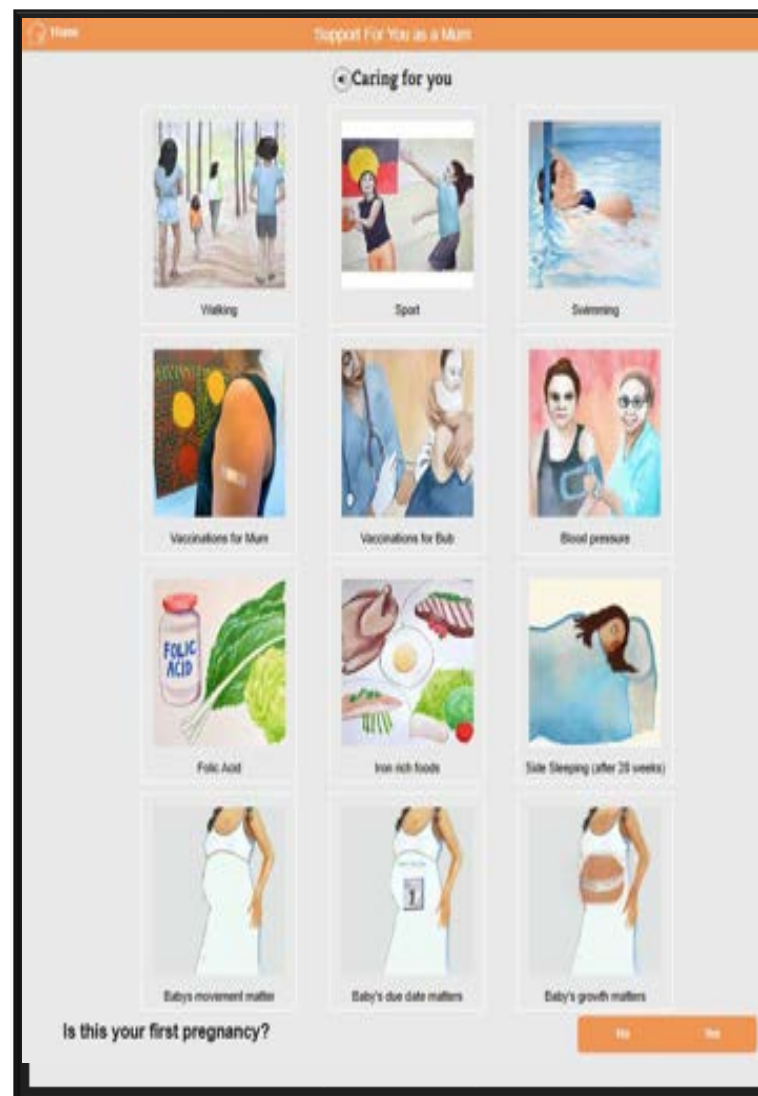
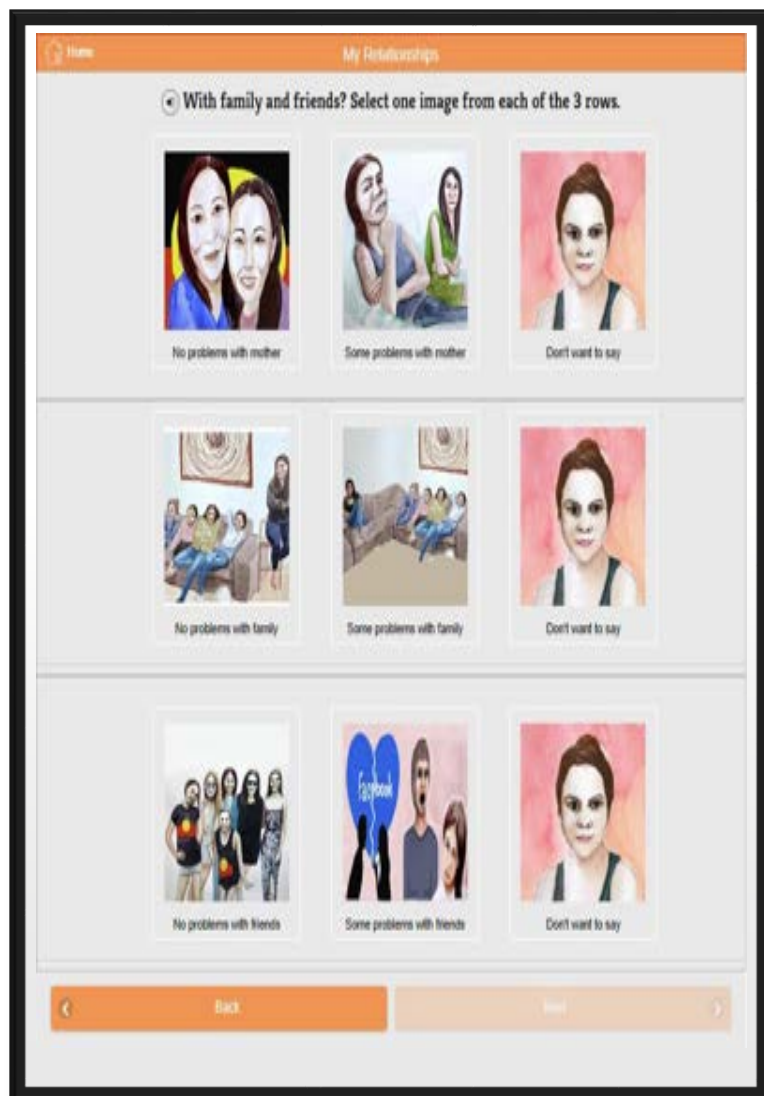




Journey on an Ipad



**Baby Coming
You Ready?**



**Baby Coming
You Ready?**

Rubric questions

Touch-screen images and voice-overs explore experiences and emotions

- Family support
- Family relationship
- Friends' relationship
- Living, housing
- Feelings about pregnancy
- Who have you told? Are they supportive?
- I need help with
- Caring for you and self-care
- Number of pregnancies, births and children in care
- Who can support you and help you during this pregnancy
- What extra support do you need?
- How are you managing stress?
- What are your main worries?
- Are you smoking, drinking alcohol, using drugs, or gambling?
- About your partner, the father of your baby, ex-partner
- How I feel about myself, proud, happy?
- About my family when I was a kid or younger



Examples of Strengths



No problems with mother



Love and support



I know I make my family proud



Abuse and violence



Money



Sometimes angry



Secure housing



Mums groups



No problems with friends



Partner worries



Family worries



Transport



Strong family



Supports me emotionally



Elders



My Grandmother



Involved



Manage well



Heart beats fast, dizzy, tight chest or head or panicky for no good reason



Cultural worries



Worries about my pregnancy or birth



Home sick



Worrying about being a mum with no home




Food worries

Examples of Worries

Smoking, Alcohol, and Drugs

Home Your Wellbeing

Alcohol, smokes, drugs



Since becoming pregnant...

Have you smoked cigarettes?

yes no sometimes

Have you drunk any grog (alcohol)?

yes no sometimes

Have you taken or used any other drugs since becoming pregnant?

yes no

Are you bothered by someone else's use of alcohol or drugs?

yes no sometimes

Exit Back Next

Have you smoked cigarettes?

yes no sometimes

About how many do you smoke daily?

10 or less 11-20 21-30 More than 30

Does your smoking bother you?

Never Sometimes

How soon after waking do you smoke your first cigarette?

Within 5 min 5-30 min 31-60 min > 60 min

Have you drunk any grog (alcohol)?

yes no sometimes

About how often do you drink grog (alcohol)?

Never Less than monthly Monthly Weekly Daily

How many (standard drinks) in your last session?

1-2 3-4 5-6 7-9 10+

About how often do you have 5 or more alcohol drinks in one sitting?

Never Less than monthly Monthly Weekly Daily

Are there times when your drinking bothers you?

Never Sometimes

Have you taken or used any other drugs since becoming pregnant?

No Yes

Have you used cannabis?

yes no sometimes

Have you used Methamphetamine/ Ice / Speed?

yes no sometimes

Have you used sedatives (benzodiazepines)?

yes no sometimes

Have you used Heroin in the past 3 months?

yes no sometimes

Have you used inhalants?

yes no sometimes

Are there any other drugs you have used since becoming pregnant?

yes no sometimes

How much stress do these worries cause?



FDV Screening and Safer Plan



Sometimes angry



Frightened



Angry/controlling



Pushes, shoves



Sometimes I'm
frightened of her



Harassing/stalking



His mood is worse
with drink/drugs



Threatens the kids



Controlling with money

Home Keeping Safe

 Remember controlling behaviour and violence is *not* part of our Aboriginal culture

We agree that this Safer Plan deals with the safety worries of the client and her children as yarned about today



Client agrees to making a plan to keep safe to deal with the safety worries

My biggest worry or fear is:

To keep me safe I will:

My safe place to go is:

Keeping the baby or kids safe:

My strong support person to help me stay safe is:

I will get extra support from:

The support will be on:

Selected Strengths & Worries and Goal Setting

Home My Strong Tree of Life

Select three or four things that keep me and baby strong

Happy childhood Friends Mum helping No problems with family

No problems with mother Looked up to grandmother Looked up to mother Solid strong support Aboriginal descent

Home Things That Make it Hard to Stay Strong

Select between 2 and 4 of your biggest worries

Stuck in my thoughts Heart beats fast, dizzy, tight chest or head or panicky for no good reason

Worrying about being a mum with no home Worries about my pregnancy or birth Some problems with family Sometimes support

Home My plans to keep me and baby strong

After our yarn today: Is there anything you'd like to change OR something you'd like help with?

Some problems with friends He is away a lot

Plan Taking care of my mental health

What needs to happen?

Step 1 TEST When it needs to happen by? 01/09/2028

Step 2 Attend mum support groups When it needs to happen by? 01/09/2028

Who is a safe strong support person who can help you with this? My mother

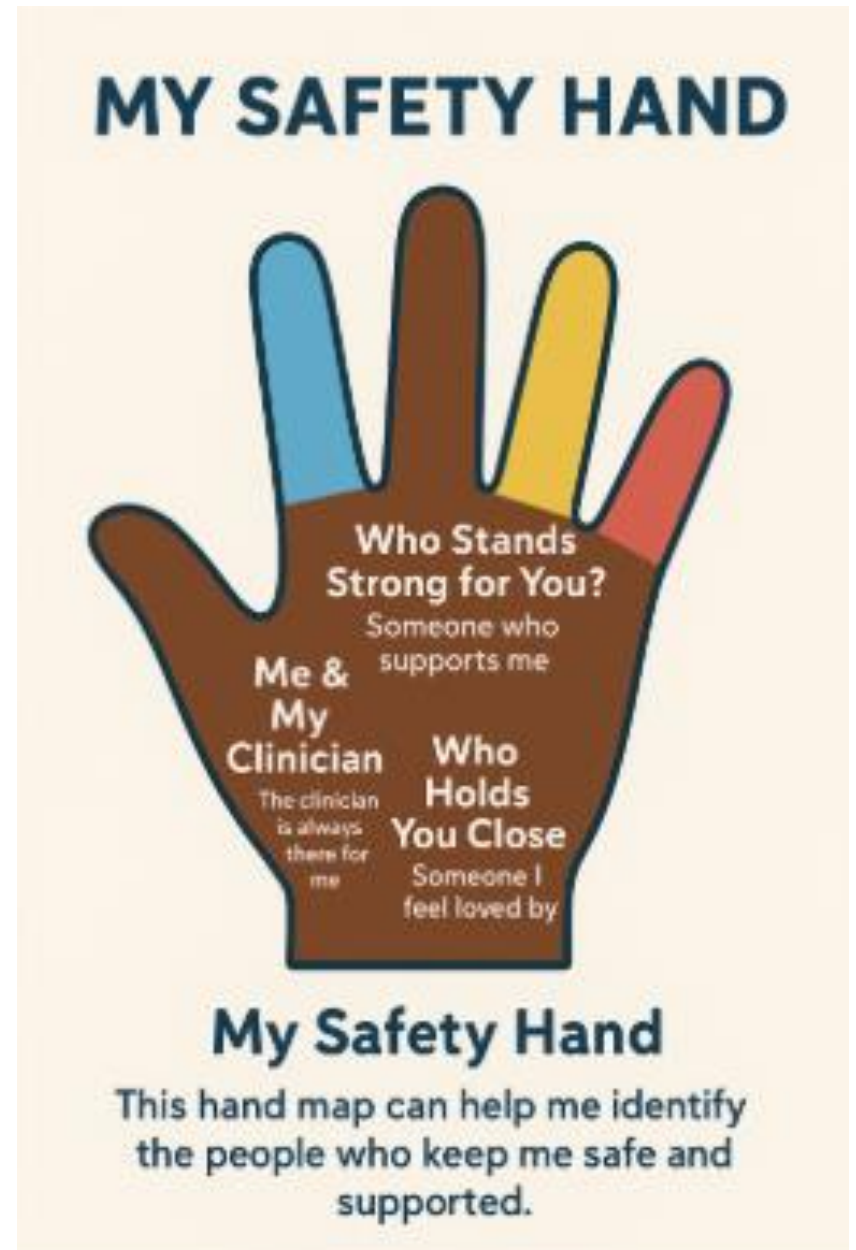
How can they help? Support and yarn

Would you like your support person to join us at your next appointment? No Yes


Is there anything else you would like to be different or would like help with? No Yes

To help a person identify who helps them feel safe, supported, and solid starting with themselves and the clinician and extending to others in their network.

Safety Hand



Clinical Event Summary

**BCYR Clinical Event Summary (CES)**
Completion Date: 25/08/2023 Time: 01:57 PM Duration: 8 minutes

Name:
Saskia Test

Baby's DOB/EDx: 27/08/23

Date of Birth:
25/08/07

Number of pregnancies: 1

Number of births: 0

Partner's Name: not recorded

Summary Report
Saskia Test presented for her initial Baby Coming You Ready assessment.
Saskia Test identifies as being an Aboriginal Australian.

Based on our conversation and the BCYR psychosocial and wellbeing assessment results, Saskia was identified as experiencing moderate distress today.
Saskia is a regular of mine.

Safer Plan
Saskia has a safety risk and agrees that she would benefit from a SAFER plan.
Safety:
We discussed her commitment to keep safe as a result of her I.
To keep herself safe she has agreed to I.
She has nominated that her safe place to stay is I.
To keep her kids safe Saskia will I.
Strong support has been identified as I.
Appointment:
Time: 02:00 on: 25/08/2023 with: I.
Engagement in plan:
She has demonstrated her engagement in this plan and stated that her motivation to stick to her safety plan is moderately strong (3/4).
And that the likelihood of her sticking to it is moderately strong (3/4).
The things that may stop her are I.
To help her keep to her plans she states she will I.
Follow up:
Additional follow up has been arranged for 25/10/2023.

Client's Priority Table

Aboriginal descent	Iron rich foods	Partner
Strong family	Panic attacks	Fearful mental state
Family supports	Relationship with mother	Relationship with family
Relationship with friends	Managing day to day	Day to day worries
Day to day stress	Scary troubling thoughts	Stuck in my thoughts
I often feel scared or fearful	Heart beats fast, dizzy, tight chest or head or panicky for no good reason	How my family sees me

Overall Plan

After setting priorities for strengthening her family, Saskia has set her BCYR 'Growing Together' plan:

Plan : f

Step 1: I by 25/10/2023

Step 2: I by 25/09/2023

Step 3:

Saskia states her belief in her current capacity to achieve these goals as being: very high (4/4).
She also states that her likelihood of achieving these goals is very high (4/4).

Follow-up Review

A follow-up review has been set for 28/08/2023 - 02:00 a.m.
Together we have nominated f as being Saskia's strong supportive champion.

Life Stressors Two Titles

Saskia's current experience of distress using the KS is reported as being: Very High (Score value: 15/25).
Saskia is experiencing a MODERATE level of suicidal ideation.
Her accumulative life stressors in recent months are:
She reports having: Struggle a lot, Too much stress, Too many worries.

Specific Assessment Report

On arrival Saskia appeared: relaxed, comfortable, tense, alert, disinterested, reserved.

Psychosocial Assessment

Background:
Saskia's family is Iron isom.
She reported being predominantly raised by her aunty(s). She recalls that her strongest support during childhood as being her brother/uncle. Generally, her childhood experience was surrounded by a strong family.

Current context:

Response to pregnancy:
Saskia says that when she first discovered she was pregnant she had mixed feelings.
She has told her friends. Her friends' reaction was supportive.

Relationships:
She says she experiences some problems or worries with her mother.
She says she experiences some problems or worries with her family.
She says she experiences some problems or worries with her friends.

Partner:

Ex-Partner:
There is no ex-partner involvement.

Supports:
Supports for Mum and Bub:
Saskia needs help accessing sufficient fresh food and will need support to maintain a healthy diet (food parcels).

Social and Emotional Wellbeing:
We discussed keeping milk as a new mum, and the importance of making healthy eating choices during the perinatal period, such as the importance of iron found in rich foods and iron depleters in her diet.
Saskia says she is a non-smoker and does not drink alcohol. Thank you Deanne, Deanne m.

Current Wellbeing:
And, is bothered by fearful mental state, panic attacks, rumination or intrusive thoughts, frequent crying.

Life Stressors:

Safety:
No safety concerns were disclosed.

Clinician(s) Follow-up Flags

Does not drink alcohol	Does not smoke cigarettes	Menacing/invasive thoughts
Frequent ruminations	Has panic attacks	Has intrusive thinking
Fearful mental state		

Clinical Opinion

Throughout the assessment Saskia appeared generally: Reserved.
Her speech was: ... clear.
Changes in her engagement/demeanour occurred when we discussed I, when she appeared to become I.
Saskia has no alcohol or drug concerns.
Overall I felt not able to easily engage Saskia in the BCYR assessment process and we were not able to develop good rapport.
In conclusion, Saskia is right with transport to and from appointments.

Concluding notes:
I

Seen by : ff

As we look to the future, our vision extends far beyond the current projects.

We need a transformative wraparound model for Aboriginal perinatal care that aims at closing the gap and fostering better outcomes.

Our goal is to create a model of care that builds trust and encourages families to access services in a culturally safe and supportive environment.

That model should embody holistic care, considering all aspects of life, providing comprehensive support.

This means:

- Empowering parents to take charge of their family's health and well-being.
- Enhancing trust and engagement between families and healthcare providers.
- Reducing preventable complications through proactive and culturally sensitive care.
- Strengthening intergenerational caregiving to ensure support across generations.
- Improving continuity of care to provide consistent and reliable support throughout the perinatal period.

Together, we can build a future where every Aboriginal family thrives, creating a ripple effect of positive change for generations to come.



Beyond Baby Coming, You Ready: A Model for Aboriginal Perinatal Care



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INSTITUTE FOR CHANGE

Thank you!

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