

Wondering From the Womb: Antenatal Yarning In Rural Victoria

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This program development report describes the birth of 'Wondering From the Womb', a self-determined antenatal yarning resource created through a culturally respectful action research project undertaken in rural Victoria with Indigenous and non-Indigenous community members and professionals. The qualitative reviews completed within Community involved 40 participants who shared their wisdom and experiences regarding antenatal health, parenting and child-rearing practise and connection to Country. The resulting yarning resource, written from the perspective of a baby in the womb, has encouraged curiosity and wonder about what antenates can teach adults and community members regarding their life, learning and healing. Future uses for such a resource are identified with an aim to continue self-determined, culturally respectful service delivery for Indigenous babies, children and families across the Loddon Mallee region.

■ **Keywords:** child and family welfare, attachment, family support, indigenous research, qualitative research

Introduction

Whilst Australia is considered one of the safest countries in the world for pregnancy and birthing, outcomes for maternal infant health for Aboriginal and Torres Strait Islander women, especially in rural and remote areas, are less positive (Kildea, Kruske, Barclay, & Tracy, 2010). Indigenous women experience disproportionately high rates of adverse pregnancy outcomes, including higher perinatal mortality and lower birth weights for babies. They are also more likely to experience higher social-economic and behavioural risk factors in the antenatal and perinatal periods, including greater rates of smoking, fewer antenatal visits, poorer access to culturally indicated services and increased factors related to dispossession (Rumbold & Cunningham, 2008).

These pressures, along with high rates of suicide and family violence, are significant risks currently experienced by some of the pregnant Indigenous women in the rural region of Victoria called the Loddon Mallee. Loddon Mallee spans almost 59,000 square kilometres and is home to a population of approximately 316,000 people (Regional Development Australia (RDA), 2015). Antenatal health and healing is an expanding interest with the local Aboriginal Community Controlled Organisations (ACCO) identifying that culturally rich services, which enhance antenatal health for parents, families and babies are essential strategies for

improving the mental and physical wellbeing across the whole community, not just the families who are expecting.

One regional ACCO, the Mallee District Aboriginal Service (MDAS), sought to develop a healing and culturally safe strategy for its antenatal services. By applying a trauma-informed lens, the aim was to empower parents to improve health behaviours, increase bonding with unborn babies and in the spirit of honouring 'Ghosts in the Nursery' (Fraiberg, Adelson, & Shapiro, 1975), allow for past traumas and shame to be honoured without unconsciously shadowing the process of metallisation between baby and care-providers. Mindful consideration of the baby in the womb would be a central feature, with consideration given to Siegel's concept of the 'mind' being an embodied and relational experience (Siegel, 2010), with the potentially powerful inclusion of baby's role and voice in the antenatal period. How baby's innocence and spirit could be included in dyadic healing opportunities was contemplated and pondered in relation to Indigenous child-rearing practises, traditional community lore and the complex and diverse governance, law, health and healing practises, which underpinned the resistance, survival and strong culture of Aboriginal and Torres Strait Islander peoples (Funston, 2013).

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An additional consideration was to ensure that a de-colonised approach to strategising was adopted in preference to a traditional western ‘professional education’ methodology. Walker, Fredericks, Mills, and Anderson (2014) identify that, despite an ever-increasing volume of Indigenous health research, there remains little change in disparities between Indigenous and non-Indigenous Australians, and argue that new approaches, which prioritise indigenist approaches to Indigenous research must be developed. Literature on deep conversational engagement, or ‘yarning’, as both a traditional social phenomenon for sharing and problem solving (Robertson, Demosthenous, & Demosthenous, 2005), as well as a culturally respectful research methodology, proved most useful with evidence of both conversational methods (Kovach, 2010) and yarning being effectively incorporated into quality projects and action research (Fredericks et al., 2011).

What emerged from reviewing literature on best practice antenatal services, traditional child rearing for Indigenous families, culturally safe research approaches and healing spirit for the First Peoples of Australia in a contemporary Western society was an innovative, community-informed yarning methodology. This approach enabled individuals, families, elders, professionals and various community members to share their experiences re-consider antenatal health and build a resource that can generate ongoing healing potential.

Action Research and Data Sharing In Community

A community action-research project was conducted over a 10 month period and was completed as part of the clinician’s role in developing community-led program support for local families. Once permission was sought by local elders, participants were initially opportunistically selected, including service users who accepted invitation to share stories, community members who had heard about the project and volunteered themselves or their family members, and staff and elders who agreed to be involved. Anyone who wanted to share their stories were included. The first phase consisted of 13 semi-structured interviews with both male (5) and female (8) participants who were community members, elders and/or professionals. Participants ranged in age from 14 to 65 years. The interviewer was a female, fulltime MDAS clinician of Anglo-Saxon heritage who was the Lead Practitioner for the organisation’s Early Years Service.

Participants were invited to share their experiences of positive parenting, childhood memories, the role of healing in cultural identity and a ‘wish-list’ for future parents. Initial interviews were semi-structured with participants being asked about childhood, parenting and what children can teach carers. Syntactic qualities in the story telling of personal and powerful memories were recorded, as were prominent themes and any metaphors, images or symbolic de-

scriptions of culture, meaning and parenting. These details were used to create a narrative script, identifying prompt questions about foetal development and possible parenting resources as if spoken by an unborn child.

The developing narrative was then tested during interviews with three Indigenous men, five Indigenous women and three focus groups, which comprised 4–8 multidisciplinary professionals of mixed gender and cultural heritage (totalling 19 participants). The interviews and focus groups consisted of structured questions, but participants were also offered space to share further insights. The sensorimotor and emotive impact of the narrative being read to participants was verbally expressed and their verbal reports were scribed onto paper by the interviewer.

The data was manually collated into like themes and was used to create more narratives. These were linked to existing information about ‘good antenatal care’ that had been provided by the MDAS Koorie Maternity Service, which together created a total of eight narratives.

The eight narratives were read aloud in one-to-one yarning sessions with six Aboriginal community members (two male, four female) who had previously offered their ideas and stories in the initial round of interviews. These interviews that tested the power and impact of the yarning narratives were also semi-structured, with set questions about the impact of the yarn, what messages it conveyed and how it might help adults think about the baby. Feedback about the impact of the narratives, their cultural safety and how they might shape parental reflection was gathered.

While no formal ethics approval was sought, community endorsement of this community project was provided. Members of the MDAS Board and the MDAS cultural advisor were asked for permission on behalf of the service and local community to build such a resource. All shared stories and crafted narratives were read to the participants to ensure accurate meaning, culturally safe language and that the themes of shared histories were adequately captured throughout the narratives.

A Resource is Born: ‘Wondering From the Womb’

The resulting product was a booklet of nine narratives written from the voice of a baby in the womb that invites curious reflection from audiences concerning topics of antenatal safety and health. The nine topics cover conception, cellular development, the role of the father in antenatal care, healthy eating and living, sensory attunement, coping and stress reduction for mothers, sibling involvement in the antenatal period, the role of extended family and community in baby’s development and preparation for birth. Accompanying each narrative are prompt questions for encouraging reflection and self-awareness, as well as some best practise antenatal health tips, as outlined in the Boorai Bundle (<http://www.vaccho.org.au/resources/maternity-early-years/bb/>). Illustrations offered by participating commu-

nity members, who were moved by their experiences are included.

Results and Shared Experiences

Throughout the resource-creation period, personal stories from community members were shared and the experiences generated by listening to and considering a baby's curiosity from inside the womb were profoundly moving by a number of participants. The following key themes were identified:

Physiological Awareness

All interviewees reported an awareness of their bodies and a sense of needing to connect with babies:

There is warmth in my belly and I feel really calm [Female Elder].

I just want to cry and hold onto the baby. My whole body is churning... sort of like I am the river trying to connect [Young Aboriginal Mother].

It gets me here (points to belly). I feel him talking at me [Aboriginal Father].

Antenatal Awareness

Interviewees expressed a new insight into baby's development:

I never knew babies could hear like that – even in the belly [Aboriginal Father].

It's deadly – that babies are so connected to me already and to my family. That is mad [Young Aboriginal Mother].

I never knew that about the cells and the three generation thing you said [Young Aboriginal Mother].

Connection to Culture

Many accounts reflected on the importance of culture and history in antenatal health:

Young ones today need to be helped to listen to their Elders and feel their culture. It starts here (pointing to stomach) with the new babies coming into the world [Aboriginal Grandmother].

I was speaking to my babies in my lingo and it helped. When they were born they knew – they settled when they heard the lingo [Indigenous Mother].

Knowing that grandparents and Elders know the lore and the land and this can be taught even when a baby is in the belly... this is our culture and our future [Female Elder].

Our culture is strong and has survived thousands of years. This [process] reminds us that we can keep it strong by listening to our future in babies and in keeping them connected. They will be our leaders so it's got to start early [Male Elder].

Considerations of Own Experience

Many personal reports from childhood and parenting were shared, many representing the first ever disclosures of private histories:

I wish I had had these [conversations] when I was pregnant the first time [Aboriginal Mother]

My parents didn't know this – they had so much on their plate when I was little [Aboriginal Mother].

I don't think I have let him (the father) be as involved as I could have [Aboriginal Mother]

Every one of the 21 interviewees said that they had told at least one other person in their familial or social group about their participation in the yarning and the effects it had on them. Data was not recorded about community promotion, however, this sharing of information means that at least 21 other community members received education and shared yarns about the 'Wondering From the Womb' experience. Several focus group members also said that they could not help but share their experiences following the antenatal yarning sessions.

Discussion and Future Directions

Positive feedback and support from participants and the wider Aboriginal community across the Loddon Mallee region is encouraging for the possibility of antenatal yarning to be rolled out via the Early Years Services of MDAS. Changes in thinking about the importance of antenatal care and support have been highlighted, with the potential for healing, sound antenatal health care and safer family engagement emerging from this approach. The use of baby's voice and curiosity was a powerful addition to this methodology, especially when enhanced by local imagery, metaphor and language, as provided via the interview process.

Further research is to be undertaken with the 'Wondering From the Womb' resource booklet becoming the focus of 9-week antenatal yarning groups for mothers. Moreover, additional uses of the resource have been suggested across MDAS, including a healing circle for men that centres on the baby's narratives and a training program for family services staff to help them build empathy and connections with their clients by focussing on the 'Wondering' capacity of the unborn child.

Each of the potential applications of the 'Wondering' resource have been identified by MDAS employees, Community members and Elders. This shows a genuine self-determination in strategic direction and service delivery, as well as being their own agents for change. The importance for Aboriginal people to build and direct their own systems for healing and service access is well documented (McEwan, Tsey, & Empowerment Research Team, 2009), and this methodology and resource creation actively embraces shared cultural knowledge that is central to Place, Community and Country, whilst targeting local health problems that have been identified both in western-colonised and Indigenous systems. It is anticipated that the subsequent research initiatives, which follow from the 'Wondering' resource will begin to reduce poor antenatal health statistics, enhance familial safety and increase community engagement in healing spaces.

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