

Murri two, midwifery care assignment



**ASSIGN
BUSTER**

My first reaction to addressing Rona's diagnosis of Syphilis is how am I to approach this in a culturally appropriate and inoffensive manner? I would first liaise with the aboriginal health worker on staff for suggestions on how to approach the subject with respect to cultural considerations and wording, then I would utilise the rapport that has developed between Rona and myself to facilitate a conversation about the test results and the relevance to her feelings of fatigue, pain and itching recently (Centers for Disease Control and Prevention. 014). I would ensure not to approach the matter as a negative or wrong doing on Rona's behalf as this could offend her and further increase the risk of her disengaging from the service. I would explain to Rona that Syphilis is easily treated, that the medications used are considered safe for pregnancy and if treatment is completed by 29 weeks of pregnancy is usually considered completely effective for protecting baby (Queensland Health. 2013. Up 166-179.) and, that she may feel better when the infection is gone.

I would obtain a sexual history from Rona to ascertain how long she has been with Jimmy, as he needs to be treated as well to prevent Rona from reinfection and would try to gain information of any other sexual partners she has had whilst she has had any of the symptoms so they could receive treatment as well this is called contact tracing and I can provide assistance to her by contacting anyone involved, should she wish to remain anonymous (Australian Society for HIV Medicine. 006). I will reassure her that reinfection is preventable and I will supply her with information on how to prevent this from occurring. Research shows that sexually transmissible infections (STIs) are at a higher rate in Indigenous Australians than the rest of

the community (Better Health Channel, 2012). Condoms are an effective way to protect against STIs but their use is low in Aboriginal communities due to cultural, socioeconomic and environmental factors.

Some of the barriers to sex education in Aboriginal communities are English is not always the first language, the term for sexual acts can differ to the English terms and can become confusing or misunderstood, and access to health information is often limited. In many Aboriginal communities talking about sex is considered shameful and a man and woman will not discuss their sexual issues with each other, so the subject of condom use may not be discussed. For safe sex messages to be effective for the Indigenous population the message needs to be culturally appropriate.

This can be achieved with the use of storytelling, having the information presented by an Aboriginal health worker who is familiar with the considerations to that specific community and, community and elder involvement in sexual health campaigns (Better Health Channel, 2012). On the 13th of February 2008, then Prime Minister, Kevin Rudd, on behalf of the Australian Government, offered an apology to Australia's Indigenous Peoples in recognition of past mistreatment, particularly surrounding the Stolen Generation and the suffering, loss and profound grief that were inflicted upon these generations.

During the mid-1900s to the 1970s, Aboriginal and Torres Strait Islander children were forcibly taken from their families by federal, state and territory government agencies and church missions of Australia, they were placed into institutions, training farms and schools, foster care and even adopted

out (Queensland Government, 2013). Often their names were changed, native languages lost and their culture and identity as a whole was destroyed.

This has resulted in many Indigenous Peoples from the Stolen Generations and their descendants having a profound mistrust of government agencies and service revisers such as child safety. (Australian Government, 2013). Seeing the presence of Child Safety Unit, Rona's knowledge of culturally historical events which affected her family and the previous interactions the social worker in regards to the burial of her first baby, Rona probably has feelings of mistrust and worry.

I would explain to her that the Child Safety Unit can no longer take children away from their mother unless they have a good reason and a court order and I would assure Rona that I had not been in contact with the service as I don't feel there is any issues warranting their involvement, I would also state that they may in fact be at the clinic for normal weekly or monthly meetings. I would ask Rona if she or her family had had previous dealings with Child Safety and if so, what their concerns were with the Unit being at the clinic.

During my last week contracted to Aboriginal Medical Service (AIMS), I would take the time and thank the staff for their guidance and support. The cultural education will make for positive differences in my work. I would inform Rona and other clients that I am only at the AIMS temporarily and usually work at the Hospital Maternity Unit so there is a chance of future interaction. I would ensure that when the end of the contract was nearing I would try to facilitate rapport building between Rona and another colleague.

Seeing Rona attending her weekly antenatal appointment for her 37 week check is an extremely positive outcome. Not only has Rona reached 37 weeks, which is considered full term (Better Health Channel, 2011), but attending her weekly antenatal check-ups shows the level of importance she places on the health of the baby and herself. This indicates that the team at Aboriginal Medical Service has succeeded in providing culturally safe and understandable information to continue to encourage Rona to attend not only their clinic but others as well.

Having overheard my colleagues talking I would feel ashamed that they are making such assumptions based on someone's appearance. It would both anger and upset me to think that even though there is ample education and tools available for people to use to improve cultural awareness and communication skills such as the Aboriginal and Torres Strait Islander Cultural Capability Framework 2012-2033 (Queensland Health, 2010), there is still an apparent deficit in the some peoples' cultural understanding.

I would suggest cultural awareness training for all staff at the next ward meeting to tackle this sort of behavior. With Rona being visibly upset I would provide her reassurance and take her to a private consultation room where she can express her feelings without feeling judged, I don't mind that she has grabbed my hand as it shows Rona trusts me. The issues Rona is facing are the unstable relationship with Jimmy, the new man her mum has allowed into the home, Jimmy's Handy problem and then Telling AT not Delving prepared to Drilling near Dado none. I know Issues can cause high levels of stress and anxiety.

If these issues are not tended to and measures are not put into place, it could become a long term struggle emotionally and physically for Rona. Killed, Stapleton, Murphy, Billy Low & Gibbons. (2012) explain that continuity of care for Indigenous woman is key to building relationships with the midwife. Indigenous women like to feel comfortable in their antenatal visits and not as if it's an interrogation and maintaining the same midwife can aid these feelings. The importance of privacy and knowing there is complete confidentiality has also been identified as good antenatal care. Killed, et al. (2012). The continuity of an antenatal career and additional support from the hospital based Indigenous liaison team will help to give Rona a piece of mind that there are people at the hospital understanding of her personal stresses and fears. This will hopefully provide Rona with the confidence to continue her antenatal visits and present to hospital when she goes into labor. When Rona goes into labor and asks for me, I would feel honored that she is allowing me to be in attendance for her birth.

The trust she must have for me would make it feel as though all the knowledge and education I acquired was accurate and I was able to utilize it correctly. Rona not cooperating well with the staff may be due to her previous antenatal visits and cultural barriers surrounding the birthing process. Her distress could be due to, her fears of losing another child to death or fear that Child Services may take the baby. I would try and build a rapport with Rona's family and partner and encourage them to support and be with her at all times, and ask if they needed anything.

I would reassure Rona, I would advocate for her with the birth plan she desires and encourage her to focus on the beautiful experience that is birth

and the newborn baby that she will soon be cuddling. For younger indigenous women, being cared for by unfamiliar staff during labor is very difficult. They can feel very scared or shamed when staff that they have not previously met is in the room with them and this is exasperated when clinical assessments were taking place and other unknown medical professionals entered the room, without seeking permission. Killed, et al. 2012). For midwives, non-compliant behavior can be seen as a problem, as it opposes professional beliefs, norms and expectations. It is likely information is being misunderstood or culturally misconstrued and can indicate a culture non-responsiveness. (Adams, 2010). In these cases it should be recognized as inadequacy of the health systems not as the Indigenous women's negligence. (Hancock, 2006). My understanding of the 'Murmur way when it relates to birthing practices is that, it is women's business.

Birthing traditionally took place on the lands of their People and only tribal women were allowed to participate and provide support for the mother. I feel that Rona and her family are missing out on experiencing this traditional process and may feel the baby as not culturally connected to his land. By taking the placenta home and having family from traditional backgrounds come, they may feel some of this connection regained. My role during Rona's birth would be to encourage the Aboriginal holistic view of spirituality, emotional state, cultural aspects and historical issues.

Cones, 2011). I would not be offended by Rona's mother instructing me, she has knowledge of her culture that I could only wish to learn and to have an Elder of the family willing to put those traditional practices in place would be really special for me to witness. I need prenatal parlor Tort Indigenous women

Is a unlike Tie stage called Passage. This period has a lot of challenges and opportunities. More than one person can be affected if the parenting role adaptation is impaired and mental health is negatively affected.

During this period it is essential that the parents and wider family combine to activate a secure environment for the mother and infant. (Ferguson-Hill, S. 2009). The overcrowding of Rona's home environment, along with the troubles in her relationship and financial strain are some factors that may affect Rona's perennial mental health. To try and make this period more comfortable for Rona, the AIMS should provide culturally specific perennial screening and appropriate programs to address any issues.