



Supporting Information

Supplementary material

**This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.**

Appendix to: DeMasi K, Shen D, McColl P, et al. An Aboriginal women-led approach to design a maternal and child health model when cardiometabolic complications are experienced in pregnancy in South Australia. *Med J Aust* 2025; doi: 10.5694/mja2.70033.

SECTION 1

REFLECTION OF HOW THIS MANUSCRIPT RESPONDS TO THE CONSOLIDATED CRITERIA FOR STRENGTHENING THE REPORTING OF HEALTH RESEARCH INVOLVING INDIGENOUS PEOPLES: THE CONSIDER STATEMENT.¹

Governance
Governance was structured around three formal bodies: the Aboriginal Women's Governance Group (AWGG), the SA Action Group and the (inter)National Advisory Group. These were established through a Multi-Institutional Research Collaboration Agreement (with Head Funding Agreement) and Terms of Reference that prioritised Aboriginal leadership, cultural authority and community-defined priorities. Accountability was maintained through regular meetings, consensus-based decision making, a harm-minimisation risk matrix and a final endorsement of project milestones. The AWGG comprising respected cultural and professional leaders provided cultural oversight and reviewed all outputs. An Intellectual Property and Publication Protocol developed by the AWGG ensures protection of Indigenous Cultural and Intellectual Property and alignment with community priorities during and beyond the project.
Prioritisation
Research aims were driven by Aboriginal-led priority setting,^{2,3} responding to well-documented gaps in care for women experiencing cardiometabolic complications in pregnancy. The model was designed to reflect Aboriginal women's health journeys and priorities, bridging biomedical and cultural knowledge systems through Aboriginal ways of knowing, being and doing.⁴
Relationships
The project adhered to requirements of ethics approvals and the SA Aboriginal Health Research Accord,⁵ ensuring cultural safety, Aboriginal leadership and ethical alignment. Aboriginal women led the design, implementation and validation of the model through workshops grounded in yarning and co-prioritisation. The research team included Aboriginal leaders in maternal and chronic disease health, supported by governance structures that upheld cultural alignment and community-defined priorities.
Methodologies
This study used co-design informed by Indigenous methodologies and participatory action research principles. Grounded in Aboriginal ways of knowing, being and doing,⁶ the approach prioritised cultural safety, mutual respect and relational accountability. Workshops supported inclusive dialogue across lived and professional experiences, while logistical and cultural supports ensured relevance to participant's physical, social and cultural contexts.
Capacity
Aboriginal leadership was embedded throughout the project via governance, co-design workshops, authorship opportunities, supporting Indigenous research capacity and influence over outputs. Cultural knowledge exchange

was central to participant and team engagement. Professional development in culturally safe research practices was embedded in ethical collaboration with Aboriginal communities.

Analysis and Interpretation

The research embraced a strengths-based approach by centring Aboriginal women's leadership, cultural knowledge and lived experiences. This informed a holistic model of maternal care grounded in Indigenous values, cultural strength and community-led solutions to systemic health inequities.

Dissemination

Findings were shared iteratively with participants and governance groups, with feedback shaping successive versions of the model. The final model was endorsed by the AWGG and shared at a forum of health leaders to inform implementation planning. Knowledge translation prioritised Aboriginal leadership, producing actionable tools for culturally safe, systems-level maternal health care reform. Future dissemination will include tailored workshops and accessible resources to ensure wide community reach.

References

1. Huria T, Palmer SC, Pitama S, Beckert L, Lacey C, Ewen S, et al. Consolidated criteria for strengthening reporting of health research involving Indigenous peoples: the CONSIDER statement. *BMC Med Res Methodol* 2019; 19: 173-182.
2. Gibson O, Eltridge F, Luz Z, et al. The South Australian Aboriginal Diabetes Strategy 2017–2021. Adelaide: Wardliparingga Aboriginal Research Theme, South Australian Health and Medical Research Institute, 2016. https://sahmri.blob.core.windows.net/communications/sahmriresearch.org/final_south_australian_aboriginal_diabetes_strategy_30june2016_execsum.pdf (viewed July 2025).
3. Morey K, Keech W, McKivett A, et al. Priority setting: development of the South Australian Aboriginal Chronic Disease Consortium RoadMap for Action. *Health Promot J Austr* 2024; 35: 1274-1284.
4. Martin K. Ways of knowing, being and doing: a theoretical framework and methods for Indigenous and Indigenist re-search. *J Aust Stud* 2003; 27: 203-214.
5. Morey K, Franks C, Pearson O, et al. Research ACCORDing to whom? Developing a South Australian Aboriginal and Torres Strait Islander Health Research Accord. *Lowitja J* 2023; 1: 100003.
6. Anderson K, Gall A, Butler T, et al. Development of key principles and best practices for co-design in health with First Nations Australians. *Int J Environ Res Public Health* 2022; 20: 147-165.

SECTION 2

WORKSHOP ONE AGENDA

Day 1

- Welcome to Country and smoking ceremony
- Short mindfulness and grounding exercise
- Getting to know each other
- Group norms
- Introduction to the project & how you can be involved
- How should we care for stories & share stories?
- What is co-design: a quick introduction
- Mapping the service journey
- Reflections and journey mapping

Day 2

- Good morning & mindful acknowledgement of Country
- Reviewing the evidence & taking questions
- Principles: consider our share yesterday & what we have just heard
- Introduction to building a model of care & prototyping
- Introducing the next section: building a model of care
- Building the model of care
- Building the model components
- Final round

Day 3

- Good morning & mindful movement
- Building the model components
- Taking stock of where we are
- Final round & smoking ceremony

SECTION 3

FACILITATOR GUIDE TO SEMI-STRUCTURED, OPEN-ENDED QUESTIONS GUIDED BY HEALTH JOURNEY MAPPING – WORKSHOP ONE

Use with the service journey template (below)

Key focus areas:

Wellbeing – Physical, emotional, social and cultural (themselves and their families)

Ask women to consider their pregnancy journey and other key aspects including

- Cultural safety
- Access
- Quality of care
- Comprehensive health and wellbeing needs
- Transport
- Other focus areas that are important to women

For women with personal experience:

1. Consider your pregnancy where you've had complications. Is this the most recent one? What condition/s was this for? – note for facilitator this should reflect the most recent although the woman may have had previous experiences that show improvements in care
2. Consider the journey for your complicated pregnancy and what was happening throughout each stage – condition questions prompt for facilitators (below) and the focus areas

Diabetes – prompts to guide women through the template:

Preconception

- Did you do any planning around having a child?
- Did you have a discussion with your doctor or AHP around this?

Antenatal (during pregnancy)

- When was your first antenatal visit?

- When were you first diagnosed with diabetes?
- Did you go through any testing and was this when you were diagnosed?
- If you can remember, what happened at your first visit after diagnosis?
- And then in the visits after?
- Did you receive other specialist care for this? Where did this happen? Who did this?
- How were you supported to manage your diabetes?

Labour & birth:

- How were you supported over your labour and birth?
- Early neonatal care: tell us a little about the care provided for baby after birth. Did your baby receive any special care due to your condition? (eg NICU)

Care after birth: how were you supported for your condition after birth?

- Did your health care provider talk about long term health? What information, care services and support were you given for this?
- Did you have any follow up on:
 - Social and emotional wellbeing for you and family? (Social and emotional wellbeing framework as a guide)
- Have you had any follow up with your chronic condition?

Prevention

- What would have been important in preventing/managing your condition/s?
- Resources/experts/people/access?

Hypertension (high blood pressure), pre-eclampsia & other cardiac/heart – prompts to guide women through the template:

Preconception

- Did you do any planning around having a child?
- Did you have a discussion with your doctor or AHP around this?

Antenatal (during pregnancy)

- When was your first antenatal visit?
- When were you first diagnosed with high blood pressure?

- Did you go through any testing and was this when you were diagnosed?
- If you can remember, what happened at your first visit after diagnosis?
- And then in the visits after?
- Did you receive other specialist care for this? Where did this happen? Who did this?
- How were you supported to manage your blood pressure?

Labour & birth: How were you supported over your labour and birth?

Early neonatal care: tell us a little about the care provided for baby after birth.

Care after birth: how were you supported for your condition after birth?

- Did your health care provider talk about long term health? What information, care services and support were you given for this?
- Did you have any follow up on:
 - Social and emotional wellbeing for you and family? (Social and emotional wellbeing framework as a guide)
- Have you had any follow up with your chronic condition?

Prevention

- What would have been important in preventing/managing your condition/s?
- Resources/experts/people/access?

3. Consider other aspects – What were your worries, hopes and questions?
 - a. What were your worries? What helped to make you feel less worried? Or were responses unhelpful?
 - b. What were your hopes? What helped you to feel good about these?
 - c. What questions did you have?
4. What did you need at the time (care/support)? How were your needs met or not?
5. What did not go well? Why do you think that was?
6. What went well? Why do you think that was?
7. What else would you have liked to happen?
8. Are there any other issues outside of the services that had an impact on your experiences? What were they?

9. To really see improvement for Aboriginal women and families in these services what do you think really needs to happen or change?

Health journey mapping template for women with personal experience (A2 size)

		Before pregnancy	During	Giving birth	After care
Did you have a pre-existing health condition? If so, what was it?	What happened: For you? For family? What else was happening?				
	What were your worries, hopes & questions?				
	What did you need at the time?				
Where were you living when you gave birth?	What did not go well?				
	What went well?				
Where did you give birth?	What else would you have liked to happen?				

For health professionals

Thinking about these key areas as a practitioner

- Best practice clinical care (physical, social and emotional, cultural care)
- The perspective of the women and their families
- Systems & supports

1. Clinical guidelines define what happens at each stage and:

- a. What have you found to be the most difficult to implement? Why?
- b. What have been the enablers or supports that assist you to implement the guidelines more effectively?

2. Women have many worries, hopes and questions?

- c. What were the worries, hopes and questions women mostly have?
- d. How did you manage and support these?
- e. Would something have been useful to assist you to support women better?

3. What did women really need at the time? How were you able provide support? What got in the way to provide support?

4. Where did you see services at their worst? Why do you think this occurred?

5. When did you see services at their best? Why do you think this occurred?

6. To really see improvement for Aboriginal women and families in these services what do you think really needs to happen or change?

7. Are there any other issues outside of the services that you saw had an impact on women and families' experiences? What were they? How can practitioners support this?

Prevention

- What would have been important in preventing/managing these conditions?
- Resources/experts/people/access?

Continuity of care

- Why is this important?

Cultural safety

- How do we do this? What does this mean?
- How do we provide best practice cultural care?

Health journey mapping template for women with professional experience (A2 size)

		Before pregnancy	During	Giving birth	After care
What has been your role/s? Where have you worked?	What has been most difficult to implement? Why?				
	What have been the enablers and supports?				
	Women have worries, hopes and questions...				
Clinical guidelines define what needs to happen at each stage (refer to document) and consider questions	Where did you see services at their worst & best?				
	What do you think really needs to change?				
	Are there other issues outside the service that you think impact women & family experience?				

SECTION 4

WORKSHOP TWO AGENDA

Day 1

- Welcome & settle in
- Acknowledgement of Country
- Overview of the workshop
- Talking about developing the model (prepping for the model discussion)
- Checking in
- Thanking everyone for their feedback & revisiting the groups norms
- Sharing what we have learnt & answering any questions.
- Validating the work to date: our vision & principles
- Validating the first set of priorities
- Resources to view
- Validating the first set of priorities – Round 2
- What does cultural safety mean to you?
- Thinking about tomorrow

Day 2

- Good morning & mindful acknowledgement of Country
- Other issues, outside of health concerns that can be barriers
- Developing the next priorities
- Developing the next priorities – Round 2
- Aboriginal workforce and systems capacity – Intro topic
- Aboriginal workforce and systems capacity
- Designing the model of care framework together
- How do you want to be recognised? – Agreement
- Final round