

---

# No butts for bubs - empowering women to make better health choices

Initiative Type

Model of Care

Redesign

Service Improvement

Status

Deliver

Added

22 August 2019

Last updated

03 August 2024

URL

<https://test.clinicalexcellence.qld.gov.au/improvement-exchange/no-butts-bubs-empowering-women-make-better-health-choices>

---

---

## Summary

The No Buts for Bub project was a pilot eight-week social and emotional well-being program for Aboriginal and Torres Strait Islander pregnant women. This program used co-design methodology, and was designed; developed and delivered by Aboriginal and Torres Strait Islander people for Aboriginal and Torres Strait Islander people. The consumer focus group was held at the Liworaji Aboriginal Corporation on 21 November 2018. The participants were Aboriginal and Torres Strait Islander women who were currently pregnant and/or had birthed at Ipswich Hospital. last 12 months prior to the consultation. The project has successfully navigated healthcare system challenges to deliver change, improvement and innovation in the health service and has presented at the Clinical Excellence Queensland Showcase 2019.

### Key dates

May 2019

Jun 2019

### Implementation sites

West Moreton Hospital and Health Service

### Partnerships

Kummara, Mission Australia, Kambu Health (Aboriginal Medical Service), Domestic violence action centre Ipswich, Queensland Police Service, Ipswich regional advocacy service, Ipswich city council, Uniting Care, Department of Housing

## Key Contacts

Therese Hayes

2106

[paul.blee.hiu](mailto:paul.blee.hiu)

Director of Service Improvement

---

(07) 3413 7316

Therese.Hayes2@health.qld.gov.au

## **Aim**

The aim was to provide a holistic health smoking cessation program for Aboriginal and Torres Strait Islander pregnant women. The program would include three key areas which would work together to provide a holistic approach to smoking cessation:

1. smoking cessation support (one on one coaching, free NRT, incentives for attempts to quit or quitting, carbon monoxide monitoring)
2. arts program (belly casting and painting to reconnect with culture and create a lasting memory)
3. life coaching (one on one, flexible social support and advocacy).

## **Benefits**

The benefits of the program included:

- the community consultation and co-design
- the cultural activities undertaken by the participants, improved feeling of cultural safety attending WMH facilities
- creation of a culturally safe space
- having community Elders a part of the program, supporting the birthing journey
- creating a stress-free environment and an environment of non-judging for the participants
- allowing Aboriginal and Torres Strait Islander women to connect with other pregnant women and mums
- promotion and education of self-care for this at risk cohort
- connecting with other community service providers, for example Centrelink
- providing participants with useful resources

---

## Background

Aboriginal and Torres Strait Islander women are more than three times more likely to smoke during pregnancy than non-Indigenous women, greatly increasing the risk of poor birth outcomes. Quitting at any stage during pregnancy will reduce the harmful effects of smoking on mothers and their babies.

## Solutions Implemented

An eight-week program that had focus on well being in pregnancy - no buts or no excuses became the running theme in a non-judgemental environment. Community service providers were invited to the weekly yarning circles to discuss their services. The purpose of this was to introduce the participants to service providers in a culturally safe space. The engagement with community service providers was very well-received which presented a high interest for a holistic health approach to antenatal care which includes a wraparound support network of health and community service providers for new parents and families. Supportive services including Aboriginal and Torres Strait Islander child health nurses and the specified midwife were also present to provide ante and post natal advice and care during the sessions.

## Evaluation and Results

Qualitative feedback as to the program's success is currently underway. Antenatal attendance for Aboriginal and Torres Strait Islander patients will be also reviewed along with smoking rates in pregnancy for this cohort.

## Lessons Learnt

### Feedback from consumers:

- More people should attend the program.
- I think all the people who run the program did an amazing job.
- I enjoyed myself even though I only went for a day. I felt stress free and very comfortable around the other women. A program with our bubs would be deadly to have as well because I would attend with my bub. It's just a great place to be without no stress or anything.
- Maybe do a few information sessions prior to starting the program to help more people get involved in the program.

### Feedback from staff:

- Change of day, possibly Tuesday. Having both pregnant women and women who have birthed in the past year. Maybe a different location in the community. For the Midwife and Child Health Nurse being able to do appointment with women while at No Buts for Bub.

- 
- More motivation for the mums. More information in the promotion pamphlets about what activities we do in the program.
  - Having drop in antenatal and child health appointments will help increase attendance. No butts for Bub can become a one stop shop of holistic care for Aboriginal and Torres Strait Islander mums and bubs.

## References

Benchmarking included review of the following programs:

1. Inala Indigenous Centre for Excellence (Growing Smoke Free Babies).
2. Dr Gillian Gould (Associate Professor specialising in smoking cessation programs).
3. The Royal Brisbane Women's Hospital (Ngarrama Program).

PDF saved 03/04/2025