

**BINGO JACKPOT IS A WHOPPING \$42,250**  
RETURNS Jan 11

**SAVING BUBS' FUTURES**

Meet the passionate Territorians at the centre of a world-first preterm birth prevention program.

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NT and RDH First Nations obstetrician, Dr Kiarna Brown (left) and allied health clinician researcher, Jess Murray (right).  
Picture: Pema Tamang Pakhrin



**NYE ATTACK CHARGE**  
STORY, PAGE 3



**FLOWERS PAY TRIBUTE**  
STORY, PAGE 5

**LEFT TO DIE ON BAGOT RD**

**Charges laid after fatal Ludmilla hit and run**

After a week-long search for a driver who allegedly left a young woman to die on a Darwin road, police have charged a 61-year-old man in relation to the fatal hit and run on Bagot Road. **FULL STORY, PAGE 3**

**POLICE FESTIVE ROAD SAFETY BLITZ REVEALED (P7)**





# HELPING SAVE BUBS' LIVES AND FUTURES

**Lottie Hood**

Preterm birth is the leading cause of death and disability in children under five years old globally.

That sobering sentence is one Royal Darwin Hospital First Nations obstetrician, Kiarna Brown, and Menzies Allied Health clinician researcher, Jess Murray, have seen time and again topping countless reports, research and media releases on the subject.

It is partly why they have made it their mission, along with an Australian-wide team of experts, clinicians and advocates, to change that and so far, they have had astounding success.

The two Top Ender Menzies researchers are part of a world-first Australian initiative to reduce preterm and early term births which has led to a significant decrease in early births – around 4000 fewer every year – and led to improved outcomes for mums and babies.

The study published in The Lancet Obstetrics, Gynaecology, & Women's

Health looked at the impact of a national preterm birth prevention program introduced in Australia in 2018.

It initially started with an intervention trial in WA led by Professor of Obstetrics and Chair of the Australian Preterm Birth Prevention Alliance and co-author of the study, John Newnham, which implemented some “attainable” clinical interventions.

These include strategies like offering continuity of care, not ending pregnancies before 39 weeks unless medically justified and offering smokers Quitline support.

Over the next six years, the strategies were implemented across Australia and expanded in 2021 through the Commonwealth-funded ‘Every Week Counts National Program’.

The reduction in early births by seven to 10 per cent is significant globally meaning less bubs are dying or developing life-altering conditions.

Pre-term birth is defined as birth between 20 to 37 weeks



**The Menzies Maternal Health Team: Jess Murray, Marisa Smiler-Cairns and Dr Kiarna Brown with one of the participants of Menzies maternal health projects, Fidelia.**

of pregnancy while early term birth is between 37 to 39 weeks.

But Mrs Murray said in the NT, which has the highest rates of preterm birth in Aboriginal women according

to Dr Brown's research, it is particularly important.

Especially as she said over 90 per cent of incarcerated Indigenous kids and young adults have deafness and hearing loss.

“The importance of the work is second to none, because we experience this issue the worst in the whole country,” Mrs Murray said. “The same population of Aboriginal women, they're

also more likely to experience all these other health impacts at much higher rates.

“If you can reduce preterm birth that potentially will reduce the chance of experiencing all those other health impacts, you're reducing a whole suite of health impacts that person will experience in their whole lifetime.”

**DR KIARNA BROWN: 'I JUST WANT TO SEE IMPROVED OUTCOMES FOR MY COMMUNITY'**

The study involved collaborating with 52 health services to roll out some key interventions but it also included the all-important human aspect.

In the NT, Dr Brown, who co-authored the study and helped lead the national program, led yarning circles in remote communities near Katherine, in the Big Rivers region and East Arnhem Land as well as speaking with women in cities like Darwin and Palmerston.

By listening to women's experiences and asking for feedback on how to improve care locally, Dr Brown and



Bec Jarrott with her two daughters, Aleah and Zoe, were born late preterm at Royal Darwin Hospital.



Bec Jarrott's daughters were born late pre-term at Royal Darwin Hospital



Dr Kiarna Brown

**NT and RDH First Nations obstetrician, Dr Kiarna Brown and allied health clinician researcher, Jess Murray. Picture: Pema Tamang Pakhrin**

## The importance of the work is second to none

**Jess Murray**  
Menzies Allied Health clinician researcher

her team developed a specific culturally safe and relevant set of resources for Aboriginal women to promote the key messages.

By sharing these stories nationally and making changes as a result, it has helped lead to different outcomes for the next family.

They are now in the second round of the collaborative whose funding ends in June this year.

Dr Brown said they are continuing to work on preventing preterm birth and early term birth, while also partnering with First Nations communities around the country to work out how health services can work with communities.

"That's been a mammoth task, and we're learning lots about the way about what works, but also where improvements can be made," she said.

To say Dr Brown has been busy during the last few years is an understatement.

From supporting women as an obstetrician, to helping lead the research to carrying out a PhD supporting the study, Dr Brown is trying to

look at the issue from "every single angle", said Mrs Murray.

But to Dr Brown, the Darwinite said she just wants the people in her community to feel heard and empowered.

"I want to just see improved outcomes," she said. "I trained all over the country, and when I got home seeing the contrast in rates of everything that we see here in the Territory compared to other places in the country was a real slap in the face.

"I do feel a sense of responsibility to see change."

### 'HAVING A POSITIVE PREGNANCY AND BIRTH IMPACTS WHO YOU ARE AS A MUM'

One of the clinical strategies the program implemented was offering continuity of care from a known midwife where possible and had a massive impact on Bec Jarrott in Darwin.

Bec's two girls, now aged six, were conceived through

IVF and from one embryo which meant Bec's pregnancy was deemed high risk.

Having heard a lot of stories of twins being born very early, Bec said it was hard not to worry.

However, due to the nature of her pregnancy, Bec met the criteria for a consultant obstetrician and care from the Midwifery Group Practice through Royal Darwin Hospital in 2019 and experienced on-call help and constant appointments to monitor the babies' heart rates.

The occupational therapist said it was a game changer.

"I think [the support] was very reassuring because you could get advice that was tailored to your situation quite quickly in that model of care," she said.

"It would lessen any anxieties or worries I had about the girls while I was pregnant with them."

The two girls, Aleah and Zoe, were born late preterm at 35 weeks at Royal Darwin Hospital which Bec described as a "very positive experience".

Towards the end of birth, the babies' heart rates started to drop and required a vacuum extraction to help guide them.

The staff remained calm, said Bec, and gave her a 30-second cuddle with them before taking them away to the Neonatal Intensive Care Unit.

Bec said they spent three weeks for feeding and growth in the special care nursery before she was able to take them home.

While the continuity of



Dr Kiarna Brown is leading the Top End Alliance alongside Jess Murray and Marisa Smiler-Cairns. Picture: Supplied

care and having easy access to professional support, something which has been raised recently in the Top End as a top priority for families, helped her to have a really positive pregnancy and birth, she said it had also helped inform how she is as a mum.

"I honestly can't say anything but good things about my experience at Royal Darwin Hospital.

"Having a positive experience through pregnancy and labour it gives you more confidence when you are a new parent with coping with two babies or a baby.

"It makes you feel more empowered that you can manage and cope."

### THE PROGRAM HELPS ADDRESS A WHOLE RANGE OF ISSUES

By safely reducing preterm and early term births and not increasing stillbirths, Dr Brown said it opens the door to addressing other issues and conditions.

"It's thinking more broadly about what are the conditions in which this woman lives, what resources are available to her and how can I help to bridge that gap between health care and socio economic disadvantage to ensure that she has a good experience and a healthy pregnancy," she said.

"It's allowed us a pathway to then start thinking more broadly."

Mrs Murray said it also

helps children live without a number of health challenges creating a healthier cycle.

"You're not preventing one thing," she said.

"You're actually enabling and empowering that baby to have the best start to life.

"If it's then a child that goes to be a person who's got a birth in the future, they've got the best chance to have a safe and healthy pregnancy and the cycle keeps on going.

"It's empowering."

But while the "sustained efforts" have shown the numbers can be changed, Dr Brown said there was still so much to learn and more investment was needed.

"We've got these fantastic outcomes that we've now published internationally, but there is still so much work ahead of us," she said.