



Children's Health Queensland
Aboriginal and Torres Strait Islander
Health Equity Strategy 2022-2025
Implementation Plan



Queensland
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Acknowledgement of Country

Children's Health Queensland Hospital and Health Service pays respect to the Traditional Custodians of the lands on which we walk, talk, work and live.

We acknowledge and pay our respects to Aboriginal and Torres Strait Islander Elders past, present and emerging.

We acknowledge the historical and contemporary impacts of Queensland's history of colonisation on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

We recognise the ongoing intergenerational trauma and racism experienced by members of the community.



Aboriginal and Torres Strait Islander students from the Queensland Children's Hospital School were asked to draw what health and happiness looks like for them in a workshop held by Tony Albert, adviser to Children's Health Queensland's Arts in Health Program First Nations' Reference Group. The results are shown on the cover and some pages of this document.

The *Children's Health Queensland Health Equity Strategy 2022-2025 Implementation Plan* sets out three-years of proposed activities with integrated performance measures to monitor our progress, to achieve health equity and to improve the health and wellbeing outcomes for Aboriginal and Torres Strait Islander children and young people.

The Implementation Plan was developed through the voices of Aboriginal and Torres Strait Islander communities across Queensland, including consumers, families, carers, workforce, Elders, young people, and the broader community.

Children's Health Queensland patient population

In 2021-2022, approximately 7,500 Aboriginal and Torres Strait Islander patients had contact with Children's Health Queensland, across its services; Child and Youth Community Services (9.6%), Child and Youth Mental Health Services (8.7%), inpatients (8.4%) and outpatients (6.7%). In 2021-2022, the Aboriginal and Torres Strait Islander population in Queensland was 4.7% and of that 45% were aged between 0-19 years.

Aligned frameworks

Key frameworks and strategies will be utilised, leveraged and reviewed annually to ensure we work together to achieve outcomes:

- © [Children's Health Queensland Hospital and Health Service Strategic Plan 2020-2024](#) and Operational Plan 2021-22
- © [South East Queensland First Nations Health Equity Strategy](#)
- © [National Agreement on Closing the Gap July 2020](#) and [Queensland's 2021 Closing the Gap Implementation Plan](#)
- © [Queensland Government Response to the Treaty Advancement Committee Report 2022](#)
- © Addressing Institutional Barriers to Health Equity for Aboriginal and Torres Strait Islander People in Queensland's Public Hospital and Health Services
- © [Growing Deadly Families – Aboriginal and Torres Strait Islander Maternity Services Strategy 2019-2025](#)
- © [National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023](#)
- © Other Hospital and Health Services' Health equity strategies and implementation plans.

Governance and accountability

The Children's Health Queensland Board is accountable for the Health Equity Strategy's outcomes and performance measures will be included in the organisation's health service agreement. The Executive Leadership Team are accountable for the effective leadership, implementation, and progress.

The Health Equity Strategy Steering Committee (HESSC) includes prescribed stakeholders as defined by the *Hospital and Health Boards Regulation 2021* and is responsible for the effective governance of the Health Equity Strategy and Implementation Plan, ensuring community and stakeholder co-design, engagement, visibility, assurance and performance within agreed timelines. The HESSC is represented by a majority of Aboriginal and or Torres Strait Islander peoples. The Health Equity Team will have oversight of the Implementation Plan and is responsible for monitoring progress, providing advice and reporting on performance. Aboriginal and Torres Strait Islander health equity is a whole of organisation commitment and a strategic priority for Children's Health Queensland, embedded in the *Strategic Plan 2020-2024* and annual operational plans.

Reporting on progress and performance

Progress against actions and performance measures scorecard will be reported quarterly to the Board, Health Service Executive Committee (Board sub-committee), Executive Leadership Team, People and Governance, staff and HESSC. It will also be reported to the Research Committee (Board sub-committee) six monthly. A performance measures scorecard will be published annually and shared with stakeholders and the First Nations Health Officer, Queensland Health. The Implementation Plan will be reviewed and updated annually, responding to changes and priorities, emerging needs, data and performance measure analysis, ensuring continuous quality improvement.

Although there are limitations to available data and performance measures, Children's Health Queensland is committed to reporting and developing new measures that are strengths-based, meaningful and provide an understanding of the 'why.'

Implementation

The Implementation Plan will be operationalised across all service areas and systems through the development of local action plans and or embedding implementation within current Divisional planning processes. Programs will take steps to culturally consider, engage and respond to the needs of Aboriginal and Torres Strait Islander families improving the healthcare experience. Eliminating institutional racism is a priority in Year 1.

The Health Equity Strategy and its Implementation Plan are intended to apply to all services and facilities, including the Centre for Children's Health Research and Queensland Children's Hospital Schools and apply to the work that we do with our partners in care, Children's Hospital Foundation, Ronald McDonald House Charities, Radio Lollipop, Starlight Children's Foundation and other contracted services.

South East Queensland First Nations Health Equity Strategy

In addition to this Implementation Plan, Children's Health Queensland is committed to the successful implementation of the South East Queensland First Nations Health Equity Strategy (SEQ FNHES). As a partner actions through representation on working groups, collation and sharing of data (base line, targets and reporting) and through specific partnerships.

Implementation Plan actions

Actions have been developed against each of the Health Equity Strategy's six Key Priority Areas (KPA's):

KPA 1. Actively eliminate racial discrimination and institutional racism within health services (institutional racism)

KPA 2. Increase equitable access to healthcare for Aboriginal and Torres Strait Islander peoples (access)

KPA 3. Influence the social, cultural and economic determinants of health (social determinants)

KPA 4. Deliver sustainable, culturally safe and responsive healthcare services (cultural care)

KPA 5. Work with Aboriginal and Torres Strait Islander people to design, deliver, monitor and review health services (shared ownership)

KPA 6. Strengthen the Aboriginal and Torres Strait Islander workforce (workforce)

Actions begin in the year they are listed, Year 1 (2022-2023), Year 2 (2023-2024) and Year 3 (2024-2025) and are based on priorities and sequencing to provide the progressive achievement of outcomes. Each set of actions aligns to relevant deliverables from the Health Equity Strategy's (pages 26-37) "We will know we are successful when..." Further planning details will be developed from Implementation Plan consultation (accountable leads, baseline data and targets and costings).



Implementation Plan actions Year 1 (2022-2023)

	We will know we are successful when...	How we will take action...
KPA 1 Institutional racism	Children’s Health Queensland (CHQ) is a service provider and workplace with zero tolerance for racism. Our workforce is empowered through rich cultural education that is appropriate for their practice and informed by the lived experiences of Aboriginal and Torres Strait Islander people.	<div>1.1 Implement recommendations from the Addressing institutional racism to improve outcomes for Aboriginal and Torres Strait Islander children and young people at CHQ, Final Internal Audit Report 2022 (annually).</div> <div>1.2 Design and deliver a new Cultural Capability Program in collaboration with Aboriginal and Torres Strait Islander staff including: workforce training; cultural immersion; practical tools/guides; racism, bias and discrimination training; trauma informed care approaches; deep listening skills; health equity; history truth telling; burden of disease; cultural care and communication</div> <div>1.3 Review and develop processes to enable Aboriginal and Torres Strait Islander people of all needs and abilities to provide feedback on CHQ services, including a culturally safe complaints mechanism.</div> <div>1.4 Establish a working group (including Aboriginal and Torres Strait Islander staff) to assess and incorporate health equity into all CHQ policies, strategies and frameworks.</div>
KPA 2 Access	Data demonstrates increased access to healthcare services. Integrated care is provided in partnership with other health organisations. Aboriginal and Torres Strait Islander patients are supported by Aboriginal and Torres Strait Islander staff throughout their healthcare journey.	<div>2.1 Develop Closing the Gap priority waitlists (inpatients and outpatients) where Aboriginal and Torres Strait Islander patients are prioritised (relevant to health need).</div> <div>2.2 Develop a patient coordination service model that provides access for all Aboriginal and Torres Strait Islander patients to relevant Aboriginal and Torres Strait Islander staff (24-hour access) across all CHQ services (including cultural advocacy, coordination, Sorry Business support, transport, accommodation, social supports, cultural and social and emotional wellbeing).</div> <div>2.3 Review all CHQ datasets to determine whether Aboriginal and Torres Strait Islander data is collected routinely and review how it is used and presented.</div> <div>2.4 Develop a system that highlights (‘flags’) Aboriginal and Torres Strait Islander patients in patient record systems (CIMHA, HBCIS and iEMR) to alert clinicians of the need to provide culturally safe care and to improve data collection.</div> <div>2.5 Develop an Aboriginal and Torres Strait Islander health dashboard, to collect, monitor and build performance measures that are strengths based and meaningful (describe the why). The dashboard will inform strategic and service planning, and continuous quality improvement across Queensland (including urban, rural and remote data variations).</div>
KPA 3 Social determinants	There is an increase in the number of informal and formal partnerships to identify and resolve cross-sectorial issues for families. Our Population Health Dashboard includes a large selection of Aboriginal and Torres Strait Islander data to support healthcare and cross-sectorial planning across Queensland.	<div>3.1 Review CHQ Child Safety services and reporting practices and their impact on Aboriginal and Torres Strait Islander consumers and their families.</div> <div>3.2 Partner with key stakeholders to develop targeted early intervention pathways/referrals for families at-risk of being involved with Child Safety (including Qld Aboriginal and Torres Strait Islander Child Protection Peak, Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs), Child Safety Cultural Practice Liaison Officers, Mob Link).</div> <div>3.3 Develop formal partnership agreements with government agencies and service providers, to integrate culturally appropriate, holistic service pathways and supports for vulnerable children and families, leveraging the National Agreement of Closing the Gap implementation arrangements in Queensland.</div>
KPA 4 Cultural care	Improved and culturally safe clinical pathways/ models of care for Aboriginal and Torres children and young people. Aboriginal and Torres Strait Islander families can access and engage in cultural activities and support services.	<div>4.1 In partnership with Traditional Owners and Cultural Custodians, provide cultural care options to Traditional Healing and ceremony.</div> <div>4.2 Partner with existing programs and community events that promote strong culture, social connections, health promotion, fun and positive experiences for patients and families.</div> <div>4.3 Create culturally appropriate multi-purpose spaces for Aboriginal and Torres Strait Islander patients and families in all CHQ facilities to provide for meeting, sharing, waiting, consulting, yarning and practising culture.</div> <div>4.4 Increase the use of language, artwork, sound, imagery (including on corporate apparel) to celebrate and acknowledge culture.</div>
KPA 5 Shared ownership	There is an increase in the number of quality community engagement mechanisms including youth and Elders.	<div>5.1 Develop engagement, consultation and co-design guidelines to be referred to when creating or delivering services that have an impact on Aboriginal and Torres Strait Islander children and families.</div> <div>5.2 Develop a health equity communication and engagement strategy to lead culturally safe and strengths-based communication with Aboriginal and Torres Strait Islander children, young people and their families and provide education, promotion and resources on health equity and anti-racism across CHQ.</div>
KPA 6 Workforce	The number and capacity of Aboriginal and Torres Strait Islander staff in all areas of the organisation is increased and representative of the consumer population. An Aboriginal and Torres Strait Islander workforce strategy is developed and implemented including activities that support health and wellbeing. Improved recruitment and retention rates for Aboriginal and Torres Strait Islander staff.	<div>6.1 Co-design with Aboriginal and Torres Strait Islander staff a CHQ Aboriginal and Torres Strait Islander workforce plan to include:<div><div>• Recruitment strategies including attraction, growing our own (Footprints) staff and accessibility</div><div>• Professional shadowing and mentoring</div><div>• Social and emotional wellbeing supports</div><div>• Leadership development and recognition</div><div>• Understanding, recognising and utilising the value of lived experience</div><div>• Peer workers and lived experience consumer consultants</div><div>• Partnering with SEQ FNHES in reciprocal arrangements for training, cadetships and placements</div><div>• Identified position policy</div><div>• Retention strategies</div><div>• Career development</div><div>• Clinical and cultural supervision</div><div>• Cultural mentoring</div><div>• Youth workforce to reflect patient cohort</div></div></div>



Photo: Michael Bradley, Austock photo.

Implementation Plan actions Year 2 (2023-2024)

	We will know we are successful when...	How we will take action...
KPA 1 Institutional racism	Children’s Health Queensland is a service provider and workplace with zero tolerance for racism. Children’s Health Queensland Aboriginal and Torres Strait Islander services and strategies are led by Aboriginal and Torres Strait Islander peoples including our staff.	1.5 Develop a racism complaints process, anti-racism and patient’s rights campaign for consumers. 1.6 Review and improve existing mechanisms for staff to report incidents of racism and develop safer processes to address incidents in a timely and culturally sensitive manner. 1.7 Embed an additional KPI: ‘Commitment to health equity and cultural capability’ in all CHQ role descriptions.
KPA 2 Access	<p>There is an increase in the number of Children’s Health Queensland services delivered closer to home and at community centres for Aboriginal and Torres Strait Islander families.</p> <p>Integrated care is provided in partnership with other health organisations.</p>	2.6 Develop Aboriginal and Torres Strait Islander cultural care guidelines to govern the delivery of culturally safe, high quality holistic health care. 2.7 Partner with primary health care service providers to develop best practice, culturally safe models of integrated care (including ATSI CCHOs and PHNs) and build evaluation mechanisms to measure project effectiveness. 2.8 Review and develop culturally safe models of care with other tertiary health care providers to support a safe and seamless journey of care for the patient and their families (including consistent information patient record management). 2.9 Develop and deliver resources and/or training (paediatric focus) for Aboriginal and Torres Strait Islander health liaison officers and health workers in other Hospital and Health Services , to support patients and families transferring to CHQ and when participating in virtual/telehealth consultations. 2.10 Establish accessible, coordinated transport and travel services for Aboriginal and Torres Strait Islander families visiting CHQ services. 2.11 Review and develop services closer to home (existing/new models) with local HHSs, ATSI CCHOs and other organisations across all services including: virtual care; home visits and community outreach.
KPA 3 Social determinants	Patient and family centred care practice includes social, cultural and economic determinants of health.	3.4 Develop a cultural, social and emotional wellbeing program for children and young people , to build a strong sense of: cultural identity; belonging; self-worth and resilience. Skills to understand and manage: racism; cultural disconnection; grief and loss and intergenerational trauma. Deliver in relevant CHQ service areas, schools, out of home care, youth justice facilities and community events. 3.5 Collaborate with other organisations and agencies to contribute to early intervention and prevention strategies that address priority health and social determinant needs for children and young people (including Rheumatic Heart Disease, perinatal and infant mental health, suicide prevention, chronic health disease, youth incarceration, child safety, injury, substance misuse, sexual health and oral health). 3.6 Consider and partner with aligned frameworks (page 1) and others to inform and leverage CHQ’s Health Equity Strategy outcomes (e.g. ending Rheumatic Heart Disease: Queensland First Nations Strategy 2021-2024).
KPA 4 Cultural care	Aboriginal and Torres Strait Islander families feel comfortable and safe and report positive patient experiences.	4.5 Review and design CHQ facilities through an anti-racism, trauma informed and cultural perspective. 4.6 Plan and deliver an annual cultural activities program that includes cultural workshops, days of recognition and celebration, local community events program for patients and staff.
KPA 5 Shared ownership	<p>There are more data-sharing agreements in place with external stakeholders.</p> <p>There is an increase in the number of formal and informal partnerships developed with other health care providers delivering services to Aboriginal and Torres Strait Islander peoples.</p>	5.3 Increase co-commissioning agreements with ATSI CCHOs (and other community-controlled organisations) to support patients and families in response to emerging health and broader social support needs. 5.4 Develop mechanisms to share information with the community about CHQ’s funding and resource allocation to Aboriginal and Torres Strait Islander programs. 5.5 Develop patient data sharing agreements across tertiary and primary health care services to increase access, supports and health care outcomes. 5.6 Develop an Elders program to increase cultural presence, practice, education and leadership throughout the CHQ services. 5.7 Review and improve the CHQ Aboriginal and Torres Strait Islander hub (website) with access to contemporary information that will assist, inform and empower consumers, workforce and stakeholder
KPA 6 Workforce	<p>All Aboriginal and Torres Strait Islander staff have their roles defined and are supported to work to their full scope of practice.</p> <p>Aboriginal and Torres Strait Islander staff are involved in decision making at all levels throughout the organisation.</p>	6.2 Review and develop divisional recruitment targets across streams , informed by patient data and patient need, including changing existing roles to identified roles where appropriate. 6.3 Document and promote the unique cultural value that Aboriginal and Torres Strait Islander staff provide including cultural knowledge and understanding, patient rapport, trust, communication and lived experience, particularly lifting the profile of Aboriginal and Torres Strait Islander Health Workers. 6.4 Review and/or develop scope of practice for Aboriginal and Torres Strait Islander clinical staff (including Aboriginal and Torres Strait Islander health workers and practitioners) and ensure they are regularly being supported to work to full scope in role and team.



Implementation Plan actions Year 3 (2024-2025)

	We will know we are successful when...	How we will take action...
KPA 1 Institutional racism	Children’s Health Queensland is a service provider and workplace with zero tolerance for racism.	1.8 Utilise quantitative and qualitative data from consumer and staff feedback processes to inform continuous quality improvement (PREMS and PROMS, satisfaction survey, Working for Queensland survey, racism complaints, Cultural Capability Program and Patient Support Team feedback).
KPA 2 Access	Data demonstrates increased access to healthcare services.	2.12 Review data sets, capturing any variation between urban, rural and remote data to develop specific actions/sub-actions targeting rural and remote communities.
KPA 3 Social determinants	Patient and families are provided with holistic care including prevention and early intervention.	3.7 Advocate for state-wide barriers impacting Aboriginal and Torres Strait Islander children and young people and work with the Chief First Nations Health Officer to develop solutions (including patient transport, PREMS and PROMS, RiskMan, Ryan’s Rule). 3.8 Develop a schools-based Aboriginal and Torres Strait Islander health worker model for schools in areas of need.
KPA 4 Cultural care	Information is effectively communicated to patients and families and accompanied by culturally appropriate resources to support and empower children and families. Continuous quality improvement is used to improve health equity.	4.7 Develop culturally appropriate health information resources for Aboriginal and Torres Strait Islander patients and their families.
KPA 5 Shared ownership	CHQ has a robust Aboriginal and Torres Strait Islander-led research portfolio.	5.8 Develop partnerships with experts (researchers, Aboriginal and Torres Strait Islander peak bodies), to develop best practice models, innovation projects, evidence and evaluation, to inform health equity (race theory, culturally validated tools). 5.9 Develop an Aboriginal and Torres Strait Islander-led research portfolio.
KPA 6 Workforce	Working for Queensland (Queensland Health’s annual staff survey) results are improved for Aboriginal and Torres Strait Islander staff.	See previous years’ actions.



Performance measures

To be reported quarterly, published annually

KPA 1 Institutional racism	1.1 The overall score of the annual Internal Audit - Addressing institutional racism to improve health outcomes for Aboriginal and Torres Strait Islander children and young people at Children’s Health Queensland.
	1.2 Percentage of CHQ staff that have completed the mandatory cultural capability (eLearning) training.
	1.3 Percentage of CHQ staff that have completed the mandatory cultural capability (face-to-face) training.
	1.4 Working for Queensland survey – proportion of CHQ First Nations staff who answer ‘yes’ to the question: “In the last 12 months, have you experienced racism?”.
KPA 2 Access	2.1 Number of (First Nations/non-Indigenous) ready-for-care elective surgery patients waiting longer than the clinically recommended timeframe for their category.
	2.2 The number of (First Nations/non-Indigenous) ready for care patients waiting for initial Queensland Children’s Hospital (QCH), community, mental health, specialist, and non-specialist outpatient appointment longer than the clinically recommended time for their urgency category.
	2.3 Percentage of (First Nations/non-Indigenous) QCH, community, mental health, specialist, and non-specialist outpatient occasions of service delivered by videoconference and telephone.
	2.4 Percentage of failure-to-attend (provide) of (First Nations/non-Indigenous) QCH, community, mental health, specialist, and non-specialist outpatient.
	2.5 Proportion of overnight (First Nations/non-Indigenous) separations from CHQ’s acute mental health inpatient unit for which an ambulatory mental health service contact, in which the consumer participated face-to-face (that is, in person or via videoconference), occurred in the 1-7 days following that inpatient separation.
	2.6 Number of First Nations patients living in South-East Queensland referred to Mob Link.
	2.7 Percentage of (First Nations/non-Indigenous) patients who arrive at QCH emergency department, and who are subsequently admitted as an inpatient, the percentage of patients whose emergency length of stay (ELOS) was within four hours. The ELOS is calculated as the difference between the date and time of the first recorded contact between the patient and emergency department staff, and the date and time the patient physically departed the emergency department or service.
	2.8 Percentage of (First Nations/non-Indigenous) presentations at QCH emergency department who left between triage and being seen by a clinician.
	2.9 Relative Stay Index (RSI), including acute overnight only: RSI compares the actual aggregate bed days of all acute overnight stays to a benchmark. The benchmark is set using 2017/18 average length of stay across all inpatient episodes within all in-scope facilities for the respective planned and unplanned DRGs (version 10.0), excluding hospital acquired complications (HACs)and Hospital in the Home.
	2.10 The percentage of (First Nations/non-Indigenous) inpatient separations recorded as discharged from QCH against medical advice for patients.
	2.11 Count of Aboriginal and/or Torres Strait Islander identifier of ‘not stated/unknown’ as proportion of all non-border inpatient admissions, as well as QCH, community, mental health, specialist, and non-specialist outpatient appointments that were delivered in-person.
KPA 3 Social determinants	To be developed

KPA 4 Cultural care	4.1 Percentage of First Nations inpatient respondents (children/young people/parents/carers) who stated that their cultural and spiritual needs were met while being an inpatient at QCH.
	4.2 Percentage of (First Nations/non-Indigenous) inpatient PREM respondents (children/young people/ parents/carers) who stated that they were involved in decisions about their care and treatment at CHQ.
	4.3 Percentage of (First Nations/non-Indigenous) inpatient CBA respondents (children/young people/ parents/carers) who stated that they understood when CHQ staff spoke with them.
	4.4 Working for Queensland survey – proportion of CHQ First Nations staff who respond positively to the question: “Leaders across my organisation take responsibility for building cultural capability of employees.”
KPA 5 Shared ownership	5.1 Working for Queensland survey proportion of staff who respond positively to the question: “My work unit consults Aboriginal and Torres Strait Islander staff in decision-making to ensure the delivery of culturally safe services to patients and families.”
KPA 6 Workforce	6.1 Percentage of staff who identify as Aboriginal and/or Torres Strait Islander surveyed within the Equal Employment Opportunity composition profile (monthly workforce profile).
	6.2 Proportion of identified position FTE that are filled.
	6.3 Working for Queensland survey – proportion of First Nations staff who respond positively to the question: “I feel that my organisation provides a culturally safe work environment for Aboriginal and Torres Strait Islanders.”

Health status and social determinants of health external measures	
1.	Rate of potentially avoidable deaths of (First Nations/non-Indigenous) in Queensland per 100,000 people
2.	Percentage of live born singleton (First Nations/non-Indigenous) babies who weighed 2,500 to 4,499 grams at birth in Queensland
3.	Rate of suicides (ICD 10 X60–X84, Y87.0) of (First Nations/non-Indigenous) children and young people 2017-2021 (Number per 100,000 people)
4.	Percentage of (First Nations/non-Indigenous) fully immunised children aged 5 who received all scheduled vaccinations appropriate for their age in Queensland
5.	Prevalence of RHD diagnoses in (First Nation/non-Indigenous) children and young people (5 to 14 years) in Queensland per 100,000 people
6.	The percentage of (First Nations/non-Indigenous) children assessed as developmentally on track in all five domains of the Australian Early Development Census (AEDC)
7.	The number of (First Nations/non-Indigenous) children and young people admitted to out-of-home care in Queensland (0 to 17 years)
8.	Rate of (First Nations/non-Indigenous) children and young people (10 to 17 years) on care and protection in Queensland as of 30 June
9.	Percentage of (First Nations/non-Indigenous) children and young people (0 to 19 years) in Queensland who received specialist homelessness services
10.	Percentage of (First Nations/non-Indigenous) children living in social housing in Queensland (0 to 14 years)
11.	State high school attendance of (First Nations/non-Indigenous) year 10 students collected at the end of semester 1 in Queensland
12.	Number of (First Nations/non-Indigenous) young people (10 to 17 years) in detention on an average night per quarter
13.	Percentage of mothers who smoked at any stage during pregnancy in Queensland



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