

Building On Our Strengths (BOOSt)

Participant Information and Consent Form for Women's Interviews



This information sheet is for you to keep

Your story is important

We are interested in your experiences of pregnancy, birth and parenting. This includes your thoughts and feelings about the maternity care you received.

You are invited to take part in this research project because:

- You are aged 14 years or older; and
- You are pregnant with/or have given birth to an Aboriginal and/or Torres Strait Islander baby; and
- You are or were booked to birth your baby at one of our study sites (e.g. Shoalhaven District Memorial Hospital).

Possible benefits of taking part

- We cannot promise that you will receive any direct benefits from this study.
- Everyone who does participate, however, will be helping us learn how to improve maternity care for Koori families.
- Talking through your experiences may help you understand them more clearly.

Possible disadvantages of taking part

- We do not anticipate that taking part in this research will be associated with any risks to you or bub. However, some aspects of the yarning might cause you to feel uncomfortable, irritated or stressed.
- You can skip any questions you don't want to answer, and you can also tell the researcher that you prefer not to answer questions which make you feel uncomfortable.
 - If at any time these discussions bring up something upsetting for you, we can organise a referral to a free counsellor with your permission.

What does it involve?

- We would like to interview you about experiences of pregnancy, birth and parenting. And to know more about what you like and don't like about the maternity care you are undertaking/have had in the past.
- If you would like to bring a support person, that's fine.
- If you prefer, we can offer you participation in a small Yarning Circle with other mothers in the study.
- With your permission we will audio-record these yarns. They may take 1-2 hours to complete.
- We will give you a \$20 gift card after completing the interview as a thank-you for your time.

Your questions are important.

Please **ask at any time**. Before you decide if you want to be a part of this research, feel free to yarn with a relative, Elder or local health worker. If you do decide to take part, you will be asked to sign a consent form.

Participation in this research is **voluntary**. If you don't want to take part at any stage, you don't have to.

All information you provide is **confidential** and **private**. Your name will be removed from your story.

Building On Our Strengths (BOOSt)

Participant Information and Consent Form for Women's Interviews



Do I have to take part in this research project?

No, participation in any research is voluntary:

- If you do not wish to take part, you don't have to
- If you start and then later you change your mind, that's ok. You can withdraw at any time
- Your decision to take part or not will not affect your care, or your relationship with staff
- If you decide to leave the study, the researchers will not collect any further information from you. Any information already collected, which it's not possible to separate from other information will be kept.

Who pays for this research?

- The Australian National Health and Medical Research Council

Who has checked this research study?

This study has been reviewed and approved by:

- Charles Darwin University Human Research Ethics Committee (H19054)
- Mater Misericordiae Ltd HREC (EC00332)
- The University of Queensland HREC
- The Joint University of Wollongong and Illawarra Shoalhaven Local Health District Health and Medical HREC
- Waminda South Coast Women's Health and Welfare Aboriginal Corporation HREC
- Aboriginal Health and Medical Research Council (HREC)

This project will be carried out according to the NHMRC Road Map 3: A Strategic Framework for Improving Aboriginal and Torres Strait Islander health through Research (2018).

What happens when the research project ends?

This study will end in 2022. We will share our study learnings with health professionals and Indigenous organisations so they can also work with Koori families to ensure better care. We share findings by presenting at conferences, writing articles for academic journals, and newspapers/magazines. We also share on social media. In any publication we produce using the information you shared with us, we will make sure you cannot be identified.

Who can I contact for further information or to make a complaint?

I understand that if I have any complaints or questions concerning this research project I can contact the principal researcher:

Professor Sue Kildea

T: (07) 3169 4262

E: sue.kildea@cdu.edu.au or,

the CEO of Waminda:

Ms Faye Worner

T: (02) 4421 7400

E: faye@waminda.org.au

or, the Chairperson of the AH&MRC Ethics Committee

P.O. Box 1565 Strawberry Hills NSW 2012

T: (02) 9212 4777

Should you wish to discuss the study in relation to your rights as a participant, or wish to make an independent complaint, you may contact the UOW Ethics Officer, Human Research Ethics Committee, (02) 4421 3386 or email rso-ethics@uow.edu.au

Building On Our Strengths (BOOSt)

Participant Information and Consent Form for Women's Interviews



Participant Information and Consent Form

AUDIO ONLY

This is yours to keep

I..... (Participant's name) understand the purposes, procedures and risks of participation in this research project as described within it and I have:

- read or have had this document read to me in a language that I understand;
- had any questions or queries answered to my satisfaction;
- been informed of the possible risks and benefits to participation;
- understood that participation will not affect other care options available to me;
- been informed that the confidentiality of all the information provided and collected will be maintained and safeguarded;
- been assured that I am free to withdraw at any time without comment or penalty;
- **understood that these interviews will be audio-recorded;**
- agree to participate in the research project.

Signatures

Participant: Date.....

Declaration by researcher or representative: I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

Researcher's name (printed)

Signature..... Date.....

Building On Our Strengths (BOOSt)

Participant Information and Consent Form for Women's Interviews



Withdrawal of Consent Form

AUDIO ONLY

I wish to withdraw participation in the above research study.

I understand that my withdrawal from will not affect the care given to me or my baby, and nor will it affect my relationships with Staff.

Name (printed):

Signature:

Date:

If you wish to withdraw from the study, please complete this form and give it to your maternity care provider, or return it to Ms Faye Worner (Investigator):

Ms Faye Worner
122 Kinghorne Street,
Nowra, NSW 2541
Email: faye@waminda.org.au

Building On Our Strengths (BOOST)

Participant Information and Consent Form for Women's Interviews



Consent Form

AUDIO ONLY

STAFF COPY

I..... (Participant's name) understand the purposes, procedures and risks of participation in this research project as described within it and I have:

- read or have had this document read to me in a language that I understand;
- had any questions or queries answered to my satisfaction;
- been informed of the possible risks and benefits to participation;
- understood that participation will not affect other care options available to me;
- been informed that the confidentiality of all the information provided and collected will be maintained and safeguarded;
- been assured that I am free to withdraw at any time without comment or penalty;
- **understood that these interviews will be audio-recorded;**
- agree to participate in the research project.

Signatures

Participant: Date.....

Declaration by researcher or representative: I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

Researcher's name (printed)

Signature..... Date.....