Are we prepared to support pregnant people during Australia's disasters?

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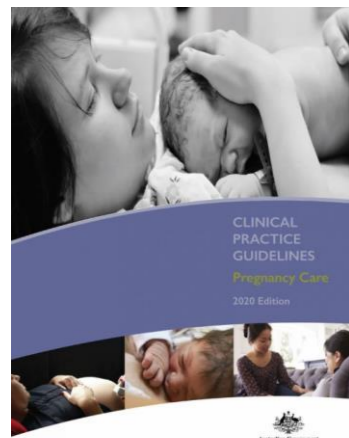
Recommendation 1: Review existing guidelines & policy

Building resilience underpins the priorities of the Sendai Framework for Disaster Risk Reduction 2015-2030 which guides Australia's approach to disaster risk reduction through national strategic policy, guidelines, and disaster agencies[1].

Creating new policies can be a long & complicated process! Updating existing policy/guidelines can be a more efficient approach.

Example: The Australia Pregnancy Care Guidelines ensure pregnant people are provided with consistent, high-quality, evidence-based care[2].

Current guidelines do not provide standards for pregnancy care during natural disasters, and this can be updated as research grows.

Recommendation 2: Develop accessible resources for expecting parents

Developing strategies that minimize prenatal stress during natural disasters can be done by **building individual resilience**.

– Improving resource accessibility for pregnant people from diverse backgrounds to manage risk perception.

– Providing fact sheets and pregnancy specific disaster preparedness kits.

Example: Targeted resources exist such as the Birdies' Tree books that support managing anxiety in children experiencing natural disasters[7].
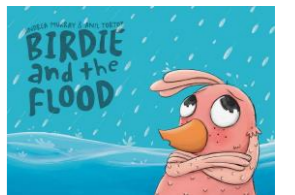
Resources would be produced with input from antenatal care providers and pregnant people to ensure their efficacy.

The Problem

What we know: Epidemiological studies support an association between prenatal disaster stress and adverse pregnancy outcomes at birth and in later life[3-5].

Hurdles: Association between prenatal stress and natural disasters complex, avoiding alarmist reporting, robust/consistent research methodologies.

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What we can do: Increasing intensity/frequency of disasters driven by climate change[6] amplifies need to understand association with health outcomes but also need to take action now to best protect vulnerable groups.

References

Recommendation 3: Learn from international strategies

Developing effective guidelines and strategies **does not require re-inventing the wheel**.
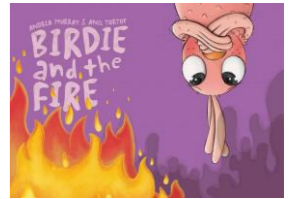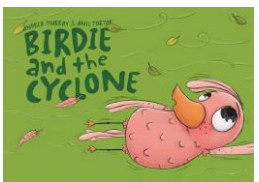
Example:
United States of America:
The Centre for Disease Control (CDC) communicates national health risk in the USA. It provides a central location for reliable information/resources to expecting & new parents facing natural disasters[8].

Australia:
Health experts have been calling for the formation of an Australian CDC for over three decades[9]. This would provide a channel for the production and circulation of reliable/up-to date guidelines and support resources.

Recommendation 4: Data driven knowledge

Ongoing improvements to **capture quality data** on the impact of natural disasters supporting epidemiological research and tracking the impact of interventions.

Example: Much still needs to be done to:

– Ensure **appropriate metadata** guides data collection within and between disaster events. Supporting consistent and comparable research.

– Develop **federal policy** for consistent disaster data collection between states and territories.

– **Involve academic researchers** across key disciplines to inform the development of sustainable and practical policy guidelines that translate into meeting both Australian and international disaster risk reduction priorities.