Mothers and babies are a vulnerable and at-risk group. Put them in the brackets.

Natural Hazards Research Australia

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Childbearing Women and Infants in Disasters: Findings from Queensland

If mothers and infants are not consistently acknowledged (put in the brackets) as a vulnerable and at-risk group in disaster plans, disaster responses may result in operational uncertainty, additional stress for all stakeholders and negative health outcomes.

Learning from the best

The impact of disasters on maternal and infant health is a well-known public health concern. Continuity of care has a mitigating effect on maternal stress, which is the main trigger for birth complications. While the vulnerability of pregnant women and mothers with infants is a generalisable health issue, knowledge about maternity care interventions in disasters in optimal settings is scarce.

Queensland: gold standards and complexity

With a maternal standpoint, we conducted a case study in Queensland (Australia) to explore a well-resourced state prone to seasonal disasters (e.g., cyclones, floods, bushfires), with effective network-based disaster management, high-level emergency services and woman-centred, continuity-based, culturally safe maternity care standards. Queensland mothers live in urban, rural, remote and very remote areas, and belong to different historical, cultural and economic backgrounds.

Research as cultural immersion

Shortly after Cyclone Alfred (April-May 2025), the principal researcher conducted fieldwork from Brisbane to Mossman on board her minimalist research van. She snowballed her way across the Country, following insights and relations provided by participants. Being a foreign guest, she embraced serendipity to explore the community sentiment and occasionally offered a cuppa to generous informants, who hosted her on their lawns, gardens and farms.

Working on the edge of chaos to preserve life

The aim of our study was to understand how gold standard maternity care works when normality is disrupted. We interviewed multiple stakeholders: maternity care consumers, health providers and first responders, and disaster management decision makers. We corroborated their inputs with policy analysis. To account for surprising findings, we applied pragmatic abduction and salutogenic systems thinking.

Georgina Bosworth (midwife) and Elena Skoko (principal researcher) in Ingham

Acknowledging what is in plain sight

Contrary to our expectations, extensive document analysis revealed that maternal population and maternity care is a blind spot in Queensland and Australian disaster management policy. Without consistent acknowledgement in disaster plans, maternity care in disasters relies on lowered care standards, and the capacity of mothers and health and disaster management staff to self-organise, coordinate and adapt. Participants unanimously identified the leadership ("ownership") of the issue with Queensland and national health agencies, in line with their public health and clinical mandate, to apply "whole of health" and "whole of government" approaches.

THINK BIG, ACT PRAGMATIC

- Include pregnant women and mothers with infants among vulnerable and at-risk groups in disaster management plans.
- Involve maternity care consumers in disaster risk reduction process through already established frameworks and relations.
- Appoint experienced midwives and nurses as "no-nonsense" compassionate leaders and coordinators, familiar with chaos and complexity.

Further information

For additional information scan the QR code or contact:

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