MJA
The Medical Journal of Australia

Supporting Information

CONSIDER statement

**This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.**

Appendix to: Bennett J, Kennedy M, Bryant J, et al. Aboriginal and Torres Strait Islander infants admitted to the Hunter New England neonatal intensive care unit, 2016–2021: a retrospective medical record audit. *Med J Aust* 2025; doi: 10.5694/mja2.52533.

CONSIDER Statement[1]

Governance
This work has been led by the interest, consultation and needs of Aboriginal and Torres Strait Islander people and has been guided by Aboriginal and Torres Strait Islander voices (Winangali Aboriginal Advisory Committee- JB PhD) and Aboriginal Community Organisations (Tamworth Aboriginal Medical Service, Tamworth Local Aboriginal Land Council, Walgett Aboriginal Medical Service) in partnership with the research team. All research has been transparent and been presented back to the communities and governance group for their direction.
Prioritization
Concern regarding the health of Aboriginal and Torres Strait Islander infants and their families has been an ongoing conversation from families and clinicians in the clinical setting. This research is a priority due to the ongoing prematurity rates that Aboriginal and Torres Strait Islander infants continue to experience and the lack of support and literature that is currently available to make better care plans to improve the infants' developmental outcomes. From this priority, the research was built from LW published PhD work and JBe current PhD investigations. It became apparent that the support of Aboriginal and Torres Strait Islander neonatal intensive care infants is limited and requires further investigation. LW work started with consultation in the Tamworth community where he lives and was built and guided through a long-standing partnership to support Aboriginal families when they return home. JBe research has been built from the relationality of the lived experienced as an Aboriginal woman and neonatal nurse, that then got brought to multiple communities across NSW to understand what communities would like to be researched in this space. The community conversation then built the research work to address how we can further support these communities into the future.
Relationships (Indigenous stakeholders/participants and Research Team
The paper has been led by a proud Gamilaroi woman, who is a Neonatal Registered Nurse and a current PhD student exploring Aboriginal and Torres Strait Islander health in the Neonatal Setting. The methods, analysis and conduction of the research has been influenced by the research teams experiences and knowledges. The team consists of Aboriginal and Torres Strait Islander researchers with lived experience (JBe, MK), HNELHD NICU health professionals (JBe, LW, JP, LK, MS), epidemiology (AM) and researchers with experience in the Aboriginal and Torres Strait Islander Health (LW, JBy, AM). This research was also conducted in accordance with the domains and criteria's of the international 'CONSIDER' statement,[1] the National Health and Medical Research Council's *Guidelines for ethical conduct in Aboriginal and Torres Strait Islander health research*,[2] and the Aboriginal Health and Medical Research Council *AH&MRC ethical guidelines: key principles (2020) V2*.[3] Ethics approval was also provided by AH&MRC.
Methodologies
Colonisation and contemporary coloniality disrupts cultural caring practices from the forced removal of Aboriginal and Torres Strait Islander children and displacement of peoples from land, country and community. The first authors priority is that the research remains meaningful and impactful for Aboriginal and Torres Strait Islander peoples and the infants in the NICU. Unfortunately, little is known about Aboriginal and Torres Strait Islander health in the neonatal setting, this study explores the characteristics of a local health districts admissions to set the scene for future initiatives. Data is never race neutral, the design, methodology, and reporting have been influenced by the first authors standpoint and relationality. The research has been Indigenous led, using Indigenous methodologies to ensure that our research is both respectful and promoted cultural appropriate and ethical Aboriginal and Torres Strait Islander health practices. The conduct and reporting of this research adhered to the CONSIDER statement.
Participation
This study was a retrospective medical audit, no individual consent was required. All data was deidentified and stored on a university secured device and only shared with partnering communities. In line with Indigenous Data Sovereignty and Aboriginal and Torres Strait Islander Ethical Research Principles, no data sharing is available from this study.

Capacity
This research was conducted funded by the Ikara-Flinders Ranges Challenge Grant which is a significant cultural range in SA. This grant was written by the first and last author as CI's. JBen an Aboriginal nurse and researcher and was based on the interest and collaboration of the authorship team and partnering communities. The collective processes of this research built the capacity of the authorship team.
Analysis and interpretation
Analysis was conducted using analysed using R version 4.3.0 (2023-04-21 ucrt) and IBM SPSS Statistics (Version 28). The data was then presented back to partnering communities and governance group to collaboratively discuss the data and how it should be best interpretated. This collaborative approach upholds Indigenous research principles and practices by sharing of knowledge and ideas. This ensured that the data was meaningful and could be used to map out what future research and initiatives could occur from the data to support a culturally safe neonatal environment for Aboriginal and Torres Strait Islander families in the NICU environment.
Dissemination
The research team, first and foremost have presented these finding back to the partnering communities and the governance structure that is in place for this research study. We plan to continue to disseminate these findings beyond this publication. Dissemination will be embedded into future research the research team conducts in this space, as well as be presented at local and state based conferences in the neonatal and paediatric settings.

References

1. Huria T, Palmer SC, Pitama S, et al. Consolidated criteria for strengthening reporting of health research involving indigenous peoples: the CONSIDER statement. BMC Med Res Methodol 2019; 19: 173.
2. National Health and Medical Research Council. Values and ethics: guidelines for ethical conduct in Aboriginal and Torres Strait Islander health research. Canberra: NHMRC, 2003. https://www.nhmrc.gov.au/guidelines-publications/e52
3. Aboriginal Health and Medical Research Council of New South Wales. NSW Aboriginal health ethics guidelines: key principles. V2.1. Canberra: AHMRC, 2023. https://www.ahmrc.org.au/wp-content/uploads/2023/10/AHMRC_Health-Ethics-guidelines-2023_01.pdf