

CASE STUDY: Improving Infant Nutrition

Who:



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CENTRAL AUSTRALIAN ABORIGINAL CONGRESS

Overview:

Walbira Murray, a Research Officer with Central Australia Aboriginal Congress, took part in the JBI Evidence Implementation Training Program through the Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange (CREATE). Her evidence-based implementation project examined whether current interventions used by Congress to promote and support infant nutrition were consistent and aligned with the National Infant Feeding Guidelines.

Location:



Central Australia

Background:

Central Australia Aboriginal Congress is dedicated to improving Aboriginal health in Central Australia, where infants and young children make up a significant proportion of its clients. Many young Aboriginal children in the region experience substantial health issues. Consistent, culturally appropriate nutrition advice to caregivers has the potential to address some of these challenges.

Nutrition and growth disorders are widespread among Indigenous people. At birth, Aboriginal and Torres Strait Islander babies are significantly lighter than their non-Aboriginal counterparts, with more than twice the rate of low birth weight. Growth is usually satisfactory until breast milk alone becomes insufficient; at this point infants require complementary foods and are more exposed to the substandard environments in which many Indigenous families live, increasing vulnerability to infection and malnutrition. This cycle of infection and under-nutrition can persist into adulthood and across generations, with major consequences for health, education, productivity and wellbeing.

Identifying the gap in infant nutrition support:

Despite improvements in Aboriginal health, anaemia, wasting and growth faltering remain issues for many infants in Central Australia. At the time of Walbira's project, Congress lacked a formal framework to guide staff in giving consistent, culturally appropriate, evidence-based infant nutrition advice to caregivers.

As part of CREATE's program of work, Walbira undertook two weeks of intensive JBI Evidence Implementation training in Adelaide, then worked with a JBI Research Fellow mentor over six months to develop and implement her project. Her focus was to promote evidence-based practice in infant nutrition interventions, improve clinicians' skills and confidence, and assess compliance with evidence-based criteria for Aboriginal infant nutrition advice in Congress clinics.

Demonstrating impact:

Walbira used a mixed-methods evaluation (focus groups, observations, interviews and surveys with clinicians) to identify barriers to high-quality remote health service delivery and collected six months of data.

A baseline audit revealed non-compliance with best practice on the criterion: "Do healthcare staff receive education regarding infant nutrition?"

In response, a bundled education strategy was developed and implemented for all clinicians providing infant feeding advice. This included an "Introduction to Solids" workshop co-developed

and delivered with the Northern Territory Health Department, Congress Dietitians and the Family First Partnership team.

A follow-up audit showed significant improvements in the "Education for Clinicians" best practice criterion. The baseline audit also revealed that many clinicians were unfamiliar with the National Infant Feeding Guidelines or lacked confidence in applying them. Practical educational workshops covering key points of the Guidelines were designed and delivered to address this. Eight weeks post-training:



92% of participants reported greater awareness of the Guidelines.



76% reported applying the Guidelines in their practice.

Sustainability:

By the end of Walbira's six-month project, the Public Health Officer of Congress had begun implementing additional infant nutrition training for staff. The project shifted clinician attitudes from a passive to an active approach, encouraging appropriate engagement with caregivers of infants. Future audits and training sessions are planned to sustain improvements.



Conclusion:

Walbira's project shows how clinical audits following JBI methodology can promote best practice in infant nutrition interventions. Focused education and provision of relevant resources had an immediate positive impact on clinical practice. Promoting evidence-based infant nutrition advice and assessing compliance with evidence-based criteria has begun to break the cycle of under-nutrition and its long-term consequences for Aboriginal infants.

Key takeaways:

- Culturally appropriate, evidence-based education empowers clinicians to provide consistent, high-quality infant nutrition advice, addressing critical early-life health disparities among Aboriginal infants.
- Targeted training interventions significantly improved clinician confidence and adherence to the National Infant Feeding Guidelines, highlighting the value of tailored professional development in remote healthcare settings.
- Systematic audit and feedback processes, guided by JBI methodology, can drive sustainable change, transforming clinical attitudes and practices from passive to proactive engagement with caregivers.



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