

BMJ Open Yalbilinya Miya (learn together): community-led program to support Aboriginal and Torres Strait Islander women through their breastfeeding journey – a protocol

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ABSTRACT

Introduction Aboriginal and Torres Strait Islander women have been nurturing and sustaining babies through breastfeeding for over 65 000 years. Breastfeeding is an important practice for nutrition, culture, connection and well-being, and is associated with positive short- and long-term health and well-being outcomes for the mother and baby. Developing community-led supports that empower Aboriginal and Torres Strait Islander mothers through their breastfeeding journeys is vital for supporting the health and well-being of the next generations.

Methods and analysis Yalbilinya Miya is a holistic and culturally responsive breastfeeding project being designed and led by an Aboriginal Community Controlled Health Service in New South Wales (NSW). This project aims to identify, implement and evaluate the breastfeeding supports preferred by Aboriginal and Torres Strait Islander women. Phase 1 will use yarning methodology to gather the experiences of local Aboriginal and Torres Strait Islander women and their recommendations for breastfeeding support. The information gathered will inform the development of a culturally responsive breastfeeding support programme. In phase 2, Aboriginal and Torres Strait Islander women who were ≥28 weeks gestation will be invited to participate in the pilot breastfeeding support programme. Phase 3 will evaluate the appropriateness and effectiveness of the holistic breastfeeding supports provided in the pilot programme and provide key recommendations based on the findings of the evaluation.

Ethics and dissemination Ethical approval was granted by the Aboriginal Health and Medical Research Council of NSW (#2132/23). The findings from this project will be disseminated through community presentations, videos, brochures, infographics, social media, reports, conference presentations and peer-reviewed journal articles.

INTRODUCTION

Aboriginal and Torres Strait Islander women have been nurturing and sustaining babies

STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ This is a community-led breastfeeding programme that is designed by Aboriginal for Aboriginal women.
- ⇒ This study will provide evidence on the effectiveness and implementation of a unique and holistic breastfeeding support programme for Aboriginal and Torres Strait Islander women.
- ⇒ A limitation of the study is the implementation of the programme in only one location and with a small number of women, which may not be generalisable beyond this location.

through breastfeeding for over 65 000 years.¹ Colonisation, subsequent colonial policies, continuing injustices and intergenerational trauma have led to the disruption of family structures and cultural breastfeeding practices, along with the promotion of breastmilk substitutes.² These factors have significantly impacted breastfeeding practices among Aboriginal and Torres Strait Islander women.³ Additionally, colonial systems have supported racist policies such as the Stolen Generations, and the continued disproportionately high removal rates of Aboriginal and Torres Strait Islander children into out of home care, at a rate of 10.5 times greater than non-Indigenous children.⁴ Breastfeeding is more likely to occur when the mother and child bond is supported through close contact. However, when children are forcibly removed at birth, breastfeeding is not initiated.^{5–8} Child removals negatively impact the health and well-being of children, families and community, and the ability of a mother to uphold her right to breastfeed her baby.

Breastfeeding is an important practice for nutrition, culture, connection and well-being. It provides complete nutrition required for babies, is environmentally sustainable and is essential for growth and development, with benefits extending into adult life.^{9 10} Breastfeeding nurtures the bond between a baby and mother and is associated with positive short- and long-term health and well-being outcomes. For infants, this includes reduced risk of sudden unexplained death in infancy, otitis media, diarrhoea and other gastrointestinal problems, respiratory infections, overweight or obesity, childhood leukaemia and risk of hospitalisation.^{11–13} Breastfeeding is also protective for mothers against breast, ovarian and endometrial cancer, type 2 diabetes, as well as depression.^{9 14 15}

National and international recommendations suggest that children should be exclusively breastfed for the first 6 months of life, and then continue breastfeeding along with the introduction of solid foods at 6 months.^{16–18} Current data show that the rate of 6 months exclusive breastfeeding among infants globally is 41% and 35.4% in Australia.^{16 18} Data on breastfeeding rates are often presented from a deficit approach showing that Aboriginal and Torres Strait Islander children are less likely than non-Indigenous children to be breastfed for 12 months (7% compared with 10%).¹⁹ However, national data also show that most Aboriginal and Torres Strait Islander mothers initiate breastfeeding (87%) and have strong intentions to continue breastfeeding.^{19 20} Specifically, Aboriginal and Torres Strait Islander children were more likely than non-Indigenous children to have been breastfed for at least 1 month to less than 6 months (30% compared with 19%).¹⁹ There is a clear need for timely community-led actions to provide culturally grounded support for breastfeeding mothers and babies to continue their breastfeeding journey beyond the first 4 weeks.

Aboriginal and Torres Strait Islander women are more likely to continue breastfeeding if they receive early, culturally appropriate support and education and if they receive pro-breastfeeding support from their partners and families.^{21–23} Evidence also shows that the likelihood of successful breastfeeding initiation increases when younger Aboriginal and Torres Strait Islander women are supported by female Elders to promote breastfeeding practices, throughout pregnancy.²⁴ Among Aboriginal and Torres Strait Islander women, higher education level, being ≥25 years of age and residing in regional or remote areas with access to Aboriginal Community Controlled Health Services are also associated with higher rates of breastfeeding initiation and for longer duration.²³ Supporting breastfeeding among Aboriginal and Torres Strait Islander women and babies should therefore be a national priority as it can contribute to closing the gap and ensuring the best start to life.

STUDY AIMS

Yalbilinya Miya (learn together, in Wiradjuri language) aims to develop a community-led evidence base on factors influencing breastfeeding to inform the development of responsive breastfeeding supports among Aboriginal and Torres Strait Islander women. Yalbilinya Miya is a mixed-methods project led by Riverina Medical and Dental Aboriginal Corporation (RivMed), on Wiradjuri Country in New South Wales, Australia. Over a 2-year time period, the project team will gather Aboriginal and Torres Strait Islander women's experiences of breastfeeding and preferences for holistic breastfeeding support, then pilot and evaluate a breastfeeding support programme. The objectives of the project are to:

1. Understand the key challenges and enablers of breastfeeding among local Aboriginal and Torres Strait Islander women living on Wiradjuri Country (Wagga Wagga).
2. Determine the current supports available and the preferences of local Aboriginal and Torres Strait Islander women for breastfeeding supports.
3. Develop, implement and evaluate a holistic breastfeeding support programme that is responsive to the desires and needs of Aboriginal and Torres Strait Islander mothers.

METHODS AND ANALYSIS

Patient and public involvement statement

Relationships

Funding from the Lowitja Institute's Seeding Grant programme provided agency and support for RivMed to hold the power and determine how they wanted to engage with external research partners for the project. Through long-standing, trusting relationships with the Poche Centre for Indigenous Health, at the University of Sydney (SS, SN, DK, CR, MD) and the Sax Institute's Aboriginal Health Team (JN), RivMed entered a partnership for research support from these two organisations.

Most of the project team are Aboriginal, mothers themselves and with first-hand breastfeeding experience (both positive and negative) (SS, HH, TB, NS, MD, SMF, JN, AH, KW). These experiences have and will continue to provide invaluable knowledge to inform the project. Having Aboriginal and Torres Strait Islander women and staff from RivMed, who are community members themselves and have worked with the community for many years, ensures a strong relationship with the women engaged in the research project and supports the trust of the mums throughout the pilot programme. This is referred to as relationality and is vital to Aboriginal and Torres Strait Islander ways of knowing, being and doing specifically for this research project.²⁵

The project team also includes non-Indigenous women who have worked within the Aboriginal Community Controlled Health Service (ACCHS) sector in areas of maternal and child public health and nutrition research (SN, DK, PL) and as general practitioners (GPs) with

Table 1 Yalbilinya Miya activities aligned to Indigenous Data Sovereignty (ID-SOV) principles

ID-SOV principles	Yalbilinya Miya project actions
Exercise control of the data ecosystem including creation, development, stewardship, analysis, dissemination and infrastructure	<ul style="list-style-type: none"> ▶ The research idea is a community-identified priority from local Aboriginal women working on the ground through RivMed's antenatal service ▶ All datasets are owned and held by RivMed to ensure data protection, integrity, confidentiality, use and accountability (data stewardship) ▶ All aspects of the project are led, designed, implemented, analysed, interpreted and translated by Aboriginal women ▶ Yarning training sessions (study 1) will be delivered by an Aboriginal researcher to the project team at RivMed ▶ The pilot programme will be based on RivMed premises, which is a holistic, culturally safe service, governed by community, and the preferred location for Aboriginal pregnant women and mums to attend
Data that are contextual and disaggregated (available and accessible at individual, community and First Nations levels)	<ul style="list-style-type: none"> ▶ Aboriginal researchers engaged through RivMed will support capacity building of local staff to analyse the data collected in both phases of the project and ensure it is available in accessible formats ▶ The project will engage with local elders and community members through groups and events to provide input on the accessibility of data ▶ Workshops will be held to present the findings back to the community to guide how the data can inform evaluation, service development, policy and advocacy ▶ The use of Indigenous ways of knowing, being and doing will be applied as research methods
Data that are relevant and empower sustainable self-determination and effective self-governance	<ul style="list-style-type: none"> ▶ The project will gather evidence from local Aboriginal women in the community on their needs and aspirations to inform a pilot programme run by RivMed ▶ The pilot programme will provide breastfeeding supports determined by the women to empower them to achieve their breastfeeding goals ▶ RivMed will use the data to advocate for funding, programmes and policy ▶ This project marks a milestone towards research that is built on self-determination and sovereignty for RivMed, as the first research funding the organisation has received as the administering institute with total control over every aspect
Data structures that are accountable to Indigenous peoples	<ul style="list-style-type: none"> ▶ The project is owned, controlled and led by RivMed, who will ensure data protection, integrity, confidentiality, use and accountability ▶ Training and support will be provided to the RivMed staff involved by a female Aboriginal post-doctoral researcher based in the community
Data that are protective and respect our individual and collective interests	<ul style="list-style-type: none"> ▶ The data will be written up by Aboriginal women to ensure it respects the collective interests of the women who participated and is from a strengths-based approach ▶ Aboriginal women will lead all the knowledge translation through social media, presentations at community events, community posters, educational resources, videos, peer-reviewed journal articles and academic conference presentations

Source: Maiaam nayri Wingara.³³

expertise in lactation and maternity care (RF, ME-R). Through their long-standing partnerships with the community, they have developed deep trusting relationships, and additionally, their expertise in the topic area provided support in the research design and pilot programme development and implementation.

Indigenous Data Sovereignty

Yalbilinya Miya upholds Indigenous Data Sovereignty across the project, as outlined in [table 1](#). Globally, Indigenous Data Sovereignty is a movement to support the rights of Indigenous peoples 'to govern the creation, collections, ownership and application of their data'.²⁶ In Australia, a national Indigenous Data Sovereignty Collective called Maiaam nayri Wingara has held summits and discussions with Aboriginal and Torres Strait Islander peoples to develop shared understandings and develop protocols.²⁷ This includes a set of five principles to guide

Indigenous Data Sovereignty for Aboriginal and Torres Strait Islander peoples.

Research methodologies

The Yalbilinya Miya project consists of three phases designed to address current gaps in knowledge to inform the development of a holistic pilot breastfeeding programme which will then be evaluated.

Study 1: qualitative yarning

The aim of this study is to privilege the voices of Aboriginal and Torres Strait Islander women on perspectives of breastfeeding, including barriers and enablers and to understand preferences for breastfeeding supports, and to gain feedback on proposed elements for the pilot breastfeeding support programme. Yarning methods will be used to conduct either one-on-one yarning or yarning circles with Aboriginal and Torres Strait Islander mothers

who have had a baby in the last 5 years and female elders. This will be led by two Aboriginal researchers (SS and HH). Yarning is a validated research method of sharing knowledge that privileges Indigenous ontologies. It uses a conversational process of sharing stories, including four types of yarning—social yarn, research topic yarn, therapeutic yarn and collaborative yarn.²⁸

Participants will be recruited via phone or in-person through the RivMed clinic by the Aboriginal Research Coordinator (HH). We aim to recruit Aboriginal and Torres Strait Islander mothers who are patients of RivMed, have had a baby in the last 5 years, over 18 years of age, those with breastfeeding experience and formula feeding experience, and we will exclude non-Indigenous women. Female elders with experience supporting women in breastfeeding will also be recruited. Interested community members will be invited to attend the yarning via their preferred approach of either a group yarning circle or an individual yarning, and at a time and date that is convenient to them.

For this project, the yarning will follow a process of:

Social yarning

The researchers (SS and HH) will introduce themselves including their mob, family connections in the local area where the research is conducted, and their role in the project. This process of social and cultural positioning and relationality is vital to Aboriginal and Torres Strait Islander research.^{29 30}

Research topic yarning

The researchers (SS and HH) will give an overview of the research topic, rationale of the project and what we plan to do in the yarning session. To ensure informed consent, the participant information sheet will be provided to each of the women and will be read out by the researchers, giving participants the opportunity to ask questions. This will include a discussion on how we plan to use the information provided. After this process, written consent will be gathered from the women who consent to participate.

Collaborative yarning

The researchers (SS and HH) will ask each woman if they are comfortable with this part of the yarning being recorded. Collaborative yarning will take place using domains of enquiry, instead of structured or semistructured interview questions. The domains of enquiry will be: experiences of breastfeeding; access to breastfeeding supports; breastfeeding resources and education and feedback on suggested elements for a holistic breastfeeding support programme to empower Aboriginal and Torres Strait Islander women through their breastfeeding journey.

The one-on-one yarning and yarning circles will be audio recorded using the recorder app on a password-protected iPad owned by RivMed, and recordings will be transferred to a secure password-protected drive at RivMed. The individual yarnings will go for approximately 1 hour

and yarning circles with small groups of 4–8 women will go for approximately 2 hours. It is planned that yarning will be conducted with a minimum of 12 mothers and 4 female elders. The training room at RivMed will be used to conduct the yarning, as it is a safe space with access to outside for breaks if needed. Depending on the time, either morning tea or lunch will be provided at the start of the yarning.

Synthesis of yarning results to inform the pilot programme

Transcripts from the yarning will be reviewed by at least two of the research team members, including an Aboriginal researcher, for initial coding using NVivo. Then workshops will be held with at least four members of the project team, the majority of which will be Aboriginal, to identify emerging themes and to identify key components for the pilot support programme.

Study 2: pilot breastfeeding programme

The aim of this study is to pilot and evaluate a holistic breastfeeding programme at RivMed to support the breastfeeding journey of Aboriginal and Torres Strait Islander women. The implementation of the pilot programme will be conducted by a team of RivMed staff including an Aboriginal Health Practitioner (AH), Aboriginal Midwife (KW), Aboriginal Research Coordinators (HH and TB) and a GP with lactation training (ME-R). This programme will aim to recruit 10–20 Aboriginal and Torres Strait Islander women who are ≥ 28 weeks gestation and who are receiving all or a component of their antenatal care through RivMed. Potential participants will be invited during routine, face-to-face visits at RivMed and over the phone; recruitment will be conducted by HH and TB. During recruitment, it will be emphasised that participation is voluntary and non-participation will not affect the women's relationship with RivMed. Participant information sheets will be provided and informed consent obtained from those who wish to participate.

The holistic pilot programme will include several support elements that were initially developed through discussions with the project team. We will obtain feedback on the suitability of these elements through the yarning with the women and will add any feasible support features that arise during those conversations. The following proposed programme elements will be shared with the women during the yarning sessions.

Development of community educational materials

This will include printed brochures, posters and videos. The printed materials will be designed by local Wiradjuri artists and an Aboriginal videographer. The following topics will be covered: benefits of breastfeeding for mum and baby, getting a good latch, feeding positions, how to know if the baby is getting enough milk, expressing and storing breastmilk, support networks, dealing with mastitis, blocked milk ducts and cracked nipples, medication and substance use, bond and attachment, cultural practices of breastfeeding and self-care for mothers.

Cultural breastfeeding photoshoots

This will support making breastfeeding more visual in the community, inspiring other mothers to breastfeed by seeing local women they know in materials and to capture the special bond of breastfeeding between a mother and baby. The photoshoots will be conducted by a female Wiradjuri photographer on Wiradjuri Country with female elders and local breastfeeding mothers. The sessions will include elders sharing stories of cultural ceremonies and practices that were used and how this supported breastfeeding.

A weekly breastfeeding group

Which will include Aboriginal and Torres Strait Islander mothers. It will provide mothers a safe space to connect, share stories of breastfeeding and receive educational information and support with their breastfeeding. Each woman will receive a breastfeeding pack which includes an Aboriginal designed baby bag, an electronic Medela breast pump, Haaka milk collector, breastmilk storage bags, a fridge magnet with breastmilk storage tips, a feeding cover and educational materials. Breastfeeding stories will be shared by the women in the group, and with support from a local Wiradjuri artist (Yaali Collective), each woman will create an artwork as a visual representation of their breastfeeding story. A Wiradjuri midwife, a local female Elder and a GP will run the weekly group, with support from the Aboriginal research coordinators.

Culturally grounded lactation supports

A breastfeeding support phone line will be available, through the antenatal team at RivMed, to each woman in the group. Dedicated breastfeeding appointments for one-on-one support with the Wiradjuri midwife or GP with formal lactation training will be available. Local breastfeeding mentors, who are Aboriginal and Torres Strait Islander Elders and women in the community with breastfeeding knowledge and experience, will be invited to share their stories, provide support to local mothers and feature in videos and promotional resources. A breastfeeding room will be established within the RivMed

premises to provide a private space for clients and staff to breastfeed or pump. A Yalbilinya Miya private Facebook group for the women and mentors in the pilot programme will be established to share information and support to each other.

Study 3: evaluation of pilot programme

The aim of the evaluation is to understand the acceptability of the Yalbilinya Miya programme to increase Aboriginal and Torres Strait Islander women's confidence and capability to initiate and maintain breastfeeding (table 2). The two objectives of the evaluation are: (1) to measure the change in attitudes, knowledge and beliefs of breastfeeding among the women and (2) to understand the barriers and enablers of implementing the Yalbilinya Miya pilot programme.

The evaluation of the pilot programme will be conducted by two Aboriginal researchers (SS, SMF) and will include the collection of quantitative and qualitative data. The quantitative component will use a pre-and post-programme survey called the Iowa Infant Feeding Attitudes Scale and a survey on birth and breastfeeding experiences.³¹ The online surveys were developed by SN, DK, SS, HH, KW, RF, M-ER and will use the secure REDcap software and capture information on the perceptions and knowledge of breastfeeding from women participating in the programme. The qualitative component will include group and individual yarning methods, as guided by the women in the programme, RivMed staff and mentors. This will be used to understand what the women found useful and areas for improvement. This will be led by two Aboriginal researchers with expertise in Indigenous evaluation methods (SMF, SS).

Analysis of evaluation data

Data from the pre-and-post surveys collected from the mothers will be compiled and analysed to determine: (1) previous breastfeeding experience; (2) factors around birth and post-delivery that may impact breastfeeding initiation and maintenance; (3) whether breastfeeding was initiated; (4) length of time breastfeeding

Table 2 Summary of evaluation measures for a pilot programme

Participants	Methods	Objectives
Mothers who participated in the pilot programme	1. Pre-and-post survey 2. Pre-and-post IOWA tool 3. Yarning circle with 5–10 women	1. Measure change in attitudes, knowledge and beliefs of breastfeeding 2. Number of women who initiate breastfeeding and the duration 3. Understand the barriers and enablers of implementing the Yalbilinya Miya pilot programme
Mentors who supported the implementation of the pilot programme	1. Post programme survey 2. Yarning circle or individual yarning	Understand the barriers and enablers of implementing the Yalbilinya Miya pilot programme
Staff from RivMed who implemented the pilot programme	1. Post programme survey 2. Yarning circle or individual yarning	Understand the barriers and enablers of implementing the Yalbilinya Miya pilot programme

was maintained; (5) whether the mothers' breastfeeding goals were met; (6) reasons for discontinuation of breastfeeding and (7) introduction of breastmilk substitutes or solid foods.

Data from the IOWA tool will be analysed to measure any change in attitudes, beliefs and knowledge of breastfeeding from participating mothers. Data will be analysed using SPSS 22 Data IBM SPSS V.22.0 (IBM Corporation). Descriptive statistics will be analysed to understand the demographic and obstetric data.

Transcripts from the evaluation yarning will be coded using NVivo by two Aboriginal researchers (SMF and SS) deductively and inductively. Transcripts will initially be coded to identify whether the programme was acceptable, critical success factors and opportunities for improvement and scale-up. Any emergent themes will be coded. Given the interdependence of the best practice principles (eg, participant knowledge of breastfeeding and breastfeeding confidence), we anticipate using simultaneous or co-occurrence coding.³² This qualitative coding procedure is appropriate when a segment of text suggests multiple meanings that justify the use of more than one code. Simultaneous coding will also allow for a more complex understanding of how to design and deliver a programme to support the initiation and maintenance of breastfeeding among Aboriginal and Torres Strait Islander women.

To further refine the themes, a sense-making workshop will be held with at least four members from RivMed, the majority of which will be Aboriginal, to identify emerging themes and to identify key components for the pilot support programme.

Research capacity

The grant opportunity from the Lowitja Institute will provide RivMed the opportunity to own and lead their first research project, which will create a powershift in research capacity, ownership and organisational autonomy. This process will enable RivMed to have autonomy over leading research into the future and ways of engaging in research partnerships going forward.

The Yalbilinya Miya project will support research capacity development and skills at multiple levels, including among staff at RivMed, the organisation as a whole and an Aboriginal early career researcher. Research capacity will be fostered at the organisational level at RivMed through support provided by the lead investigator (SS) and will include training on designing research materials, submitting ethics, reporting to research funding bodies, and the collection and storage of research data. The lead investigator (SS) will also provide mentorship and support to the project team at RivMed in grant writing, research design, data collection and analysis, write-up of research findings and dissemination. Lastly, this project will build

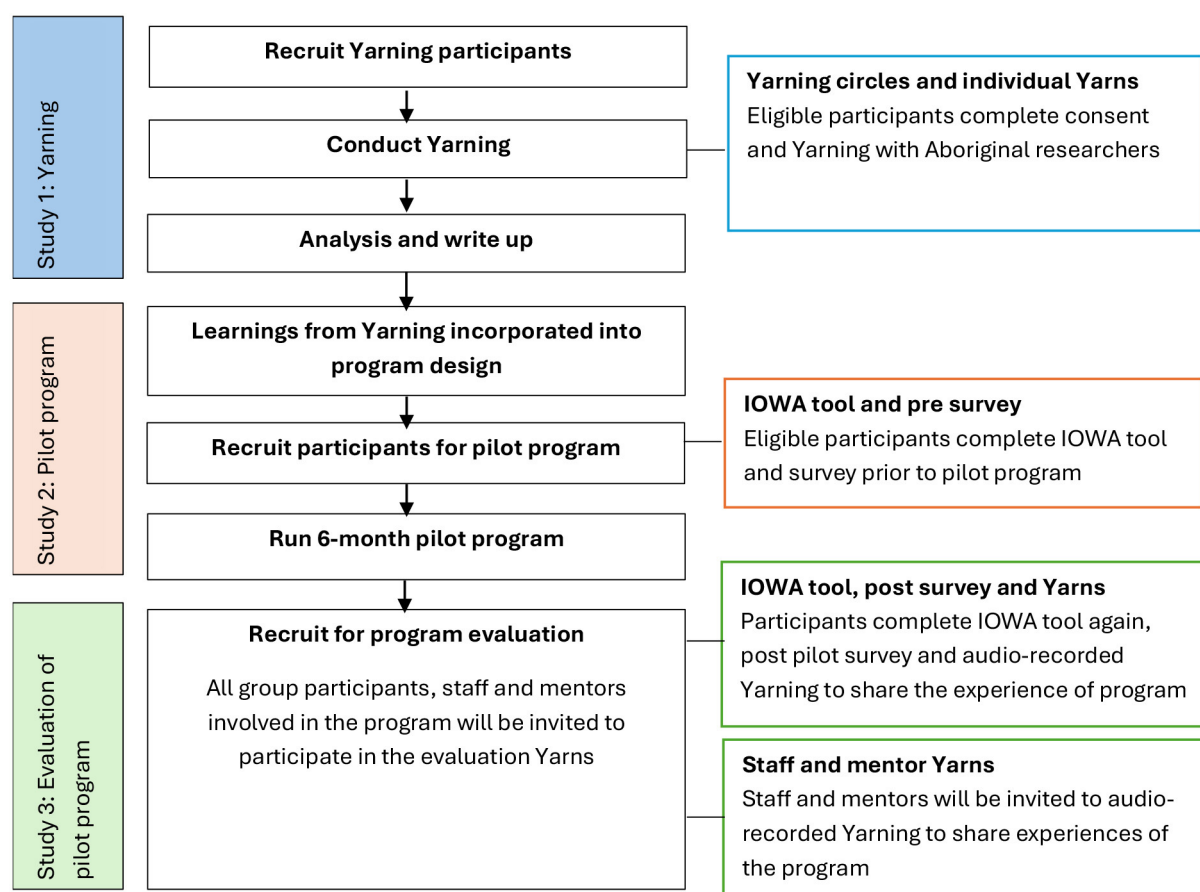


Figure 1 Study flow.

the skills and capacity of the lead investigator, who is an Aboriginal early career researcher, to lead her first post-doctoral study, under the mentorship of senior Aboriginal academics (SMF, MD) and health practitioners (RF, M-ER).

Data analysis

Yalbilinya Miya (learn together) privileges Aboriginal and Torres Strait Islander world views and ensures Indigenous Data Sovereignty through RivMed governing the creation, collection, ownership and application of the data collected.²⁷ All aspects of the research are owned and led by RivMed, and governed by a community-elected board. The lead investigator (SS), Aboriginal staff at RivMed (HH, KW, TB, AH), Aboriginal evaluation expert (SMF) and non-Indigenous researchers (SN, DK) will work together to ensure the analysis process upholds Indigenous ways of knowing, being and doing and values local knowledges. This will be an ongoing collaborative process through data analysis workshops for study 1 (qualitative yarning) and for study 2 (pilot programme). Draft analyses from both studies will be presented to the broader project team at RivMed for further input.

Ethics and research dissemination

The project has been granted ethics approval from the Aboriginal Health and Medical Research Council (AH&MRC) New South Wales HREC (#2132/23).

Yalbilinya Miya (learn together) is a community-led project and as a result, findings will be disseminated to the community through RivMed's social media and community events. As RivMed owns and governs the data, they will hold community morning teas to disseminate research findings to the community, present the findings at local stakeholder meetings with local health district staff and a local Aboriginal Health Consortium. Infographic posters, brochures and videos will also be developed and disseminated through display in RivMed's clinic and other key stakeholders such as the Local Health District and Tresillian. Through a strong and long-term partnership with the Poche Centre for Indigenous Health at the University of Sydney and the Sax Institute, RivMed will receive training and support to ensure the dissemination of findings will be translated through academic spheres, such as peer-reviewed journal articles and academic conferences via presentations and posters. This will include RivMed staff to attend and present the findings at the 2025 Lowitja conference in Adelaide.

Additionally, there will be a Yalbilinya Miya breastfeeding exhibition organised at the local Main Art Gallery to visually communicate breastfeeding stories of local Aboriginal and Torres Strait Islander women and families. The event will provide an opportunity to present the research findings from the two parts of the project to a wide range of local community members and organisations, as well as representatives from state and national organisations, such as the National Aboriginal Community Controlled Health Organisation and the Aboriginal

Health and Medical Research Council of NSW. In addition to the research presentations, the exhibition will include the breastfeeding photos taken in the cultural photoshoots, and submissions from local artists of pieces that represent breastfeeding using various art forms such as paintings, burnt wood, clay, weavings and verbal stories.

Study flow and timeline

The study flow is shown in [figure 1](#). This project commenced in February 2023 and is expected to be completed in May 2025. Yarning (qualitative study) will occur from October 2023 to October 2024, with the analysis to be done between January 2025 and February 2025. The pilot programme will be implemented from May 2024 to December 2024, evaluation conducted between March 2025 and April 2025 and the analysis between April 2025 and May 2025.

DISCUSSION

Yalbilinya Miya is a mixed-methods study that is fully Aboriginal and Torres Strait Islander community-led and owned, which goes beyond the usual model of co-design that is commonly used in research. This project will demonstrate how research can uphold Indigenous Data Sovereignty and ethics, and through such can support self-determination of breastfeeding supports that Aboriginal and Torres Strait Islander women want to empower them through their breastfeeding journeys.

This study was born from a community-identified priority and built to address the needs of Aboriginal and Torres Strait Islander women to ensure their voices are reflected in research evidence, evaluation and programme design. Through using Indigenous methodologies and upholding Indigenous Data Sovereignty, this project hopes to tell a story of an ACCHS holding power, controlling their own research with their own community and how this model can lead to real improvements to the health and well-being of Aboriginal and Torres Strait Islander mothers, babies and community.

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Contributors SS, NS, KW, RF, PL, AH and ME-R conceptualised the project. SS, HH, NS, KW, RF, DK, SN and SMF designed the research methodology. SS and CR prepared the original draft manuscript. SS, NS, TB, KW, PL, RF, ME-R, HH, SN, DK, JN, AH and MD reviewed and edited the manuscript. All authors have read, provided input and agreed to the published version of this manuscript. SS is the guarantor.

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Patient consent for publication Not applicable.

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