**Supplementary Table 3: Summary of enabling strategies listed in order of priority**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Priority No.* | Description  (Specific health professionals priority vote count) | Number of red stickers allocated to enabling strategy by participants to indicate their top priorities | | | | Domain |
| **Indigenous women n=7**  (5 stickers each) | **Healthworkers n=20**  (5 stickers each) | **Health professionals**  n=24  (10 stickers each)**\*** | Total sticker allocations |
| *1* | Support for mothers (17), including young mothers support groups, flexible extended family support, community-led development (10), counselling and social work support, needle phobia support, support dealing with stress and 'emotional refuelling' (1) | 3 | 4 | 28 | 35 | Enablement/ environmental restructuring |
| *2* | Culturally appropriate resources (2) and plain simple language about GDM and health, including languages other than English (11), and improving consistency of information from service providers (10) | 5 | 3 | 23 | 31 | Education |
| *3* | Improving engagement and communication by increasing Indigenous staff and healthworkers in hospital (7) and clinics, including Indigenous social workers and counsellors and other allied health such as diabetes educators (16). Including Indigenous staff in hospital team meetings, increasing collaboration, and improving networking (1), counselling and support for healthworkers (1) | 0 | 5 | 25 | 30 | Communication & marketing/ Improve engagement and relationships |
| *4* | Structured communication system with 'no gaps' for follow-up between locations and across time-points and reminders (5), including use of child’s 'red book' (child’s personal health record) (12) and National Diabetes Surveillance System (NDSS), and follow-up in Cairns (Communicare) (4) | 1 | 7 | 21 | 29 | Service provision |
| *5* | Start education about GDM early (school) & mass media/public health campaigns |  | 3 | 24 | 27 | Education |
| *6* | Holistic continuity models of care for women with GDM  (e.g. healthworker-led ‘Baby One’ maternal and child health program) | 0 | 2 | 19 | 21 | Service provision |
| *7* | Acceptable test options for diabetes screening (HBA1c/OGTT) |  | 1 | 19 | 20 | Guidelines |
| *8* | Encouraging women to prioritise their own health and tying care for baby with care for self, and encouraging women to ask questions and ask for help | 2 | 1 | 16 | 19 | Persuasion |
| *9* | Home visiting by midwife/healthworker, including practical support | 2 | 1 | 14 | 17 | Service provision |
| *10* | GDM training for workforce (11), including healthworkers (4). |  | 1 | 15 | 16 | Training |
| *11* | Sustainable funding across all sectors and evidence to support funding |  | 3 | 9 | 12 | Fiscal |
| *12* | Memorandum of Understandings (MOUs) between Aboriginal Community Controlled Health Organisations and government services, including improved information sharing |  | 1 | 10 | 11 | Communication & marketing/ engagement and relationships |
| *13* | Opportunistic screening and flexibility (open door policy) |  | 1 | 9 | 10 | Service provision |
| *14* | Breastfeeding support |  |  | 9 | 9 | Service provision |
| *15* | Improving respectful culturally appropriate care/cultural awareness training | 0 | 3 | 5 | 8 | Communication & marketing/ Improve engagement and relationships |
| *16* | Involve fathers and men’s health teams in education, but be mindful of 'humbugging' concerns of women | 2 | 0 | 6 | 8 | Education |
| *17* | Transport assistance | 0 | 1 | 5 | 6 | Service provision |
| *18* | ‘One-stop shop' |  |  | 5 | 5 | Service provision |
| *19* | Creating child/family friendly comfortable spaces and activities/things to do |  | 0 | 3 | 3 | Environmental/ social planning |
| *20* | Childcare |  | 2 | 1 | 3 | Service provision |
| *21* | Community leisure activities (walking tracks etc.) |  | 1 | 2 | 3 | Environmental/ social planning |
| *22* | Healthy eating incentives |  | 0 | 3 | 3 | Incentivisation |
| *23* | Reduce waiting times at hospital |  |  | 3 | 3 | Service provision |
| *24* | Allocate more healthworker time to register women with GDM on NDSS |  | 1 | 1 | 2 | Service provision |
| *25* | Health promotion messages on food (labelling etc.) |  | 0 | 1 | 1 | Education |
| *26* | Independent facilities/infrastructure |  | 0 | 1 | 1 | Environmental/ social planning |
| *27* | Improved OGTT access in communities | 0 | 0 | 0 | 0 | Service provision |
| *28* | CEO support for changes |  | 0 | 0 | 0 | Enablement/ environmental restructuring |

Shading indicates which group of participants identified the enabling strategy in their discussions. No shading indicates that group did not identify the enabling strategy

**\*** Health professionals were encouraged to focus on how strategies proposed by women and healthworkers might be implemented, however two enabling strategies already identified by women and healthworkers (Priorities#1 & 5) and three not previously identified (Priorities#13,18 &23) were raised in their workshop