PRINCIPLE	CORE APPROACHES FOR RESPECTFUL MATERNITY AND NEWBORN CARE
Humanism	• Treat every woman with dignity, respect and compassion • Avoid moral judgement about birth choices • Accept and support women's decisions, even when they differ from clinical recommendations
Pragmatism	• Recognise that flexibility in care is essential • Understand that choices are influenced by social, cultural and systemic factors – systemic meaning the laws and institutional practices that frame what's possible • Provide practical options rather than imposing idealised standards
Individualism	• Recognise that every woman's and family's needs and circumstances are unique • Avoid one-size-fits-all approaches to care • Tailor care plans to individual preferences • Offer a range of options for interventions and support
Autonomy	• Ensure informed decision-making in consent processes • Support informed decision-making and respect the woman's choices • Provide clear, unbiased information about risk and benefits, including doing nothing
Incrementalism	• Reinforce small steps towards respectful maternity and newborn care • Recognise that positive changes in maternity care may be gradual • Provide continuity of care where possible • Avoid penalising women when they make an informed decision about care that differs from a clinical recommendation
Accountability without termination	• Continue to provide uninhibited, respectful maternity care regardless of a woman's decision • Help women understand the outcomes of her decision without coercion or judgement

BRAND mnemonic

B

BENEFITS

- What are the benefits of the recommended test or procedure?

R

RISKS

- What are the risks of the recommended test or procedure?

A

ALTERNATIVES

- What other options are there to the recommended test or procedure, including doing nothing?

N

NOW OR NOTHING

- Does this decision need to be made now? What if I decide not to have the test or procedure?

D

DECISION

- The final decision is yours.

R

RECOGNISE THE WOMAN'S RIGHT TO DECIDE

- Acknowledge that the woman is the primary decision-maker about her body and care.
- Remember that the woman has a legal right to accept or decline any aspect of care.
- Recognise that informed consent is a process not a one-time event.

E

ENLIST APPROPRIATE INTERPRETERS WHEN NEEDED

- Ensure information is culturally appropriate and safe.

S

SHARE BALANCED INFORMATION

- Share evidence-based information on benefits, risks and alternatives.
- Stay away from fear-based language or coercion.
- Structure information from most common to rare outcomes.

P

PROVIDE TIME AND SPACE

- Pause and allow time for the woman to process information and discuss her decision with her support person(s) and/or family members
- Plan ahead for non-urgent decisions whenever possible.
- Prioritise privacy during decision-making discussions.

E

ENABLE QUESTIONS

- Establish an environment where questions are welcomed.
- Encourage the woman to ask questions.
- Explain complex terms in plain language.

C

CHECK UNDERSTANDING

- Confirm the woman understands the information provided.
- Clarify any misunderstandings.
- Consider using teach-back methods '...to make sure I explained clearly, can you tell me what you understand about...'

T

TRUST AND DOCUMENT

- Trust the woman's capacity to make decisions that are right for her.
- Thoroughly document discussions, information provided and decisions made at the time.
- Track ongoing preferences and revisit decisions as circumstances change.

CASE STUDY 1

Sandy is 41 weeks pregnant with her first baby and all is going well. Sandy was advised to book in for an induction of labour that week. This is Sandy's response:

'Thank you so much for all the care you've shown for both me and my baby. After giving it a lot of thought, I've decided to wait for nature to take its course as I feel that fits better with my values and the kind of birth experience I'm hoping for.

> **Through a compassionate approach, clinicians can build trust with Sandy and support her in navigating her pregnancy and birth choices, ensuring her experience is as positive and encouraging as possible.**

HOW CAN THE CLINICIANS WHO CARE FOR SANDY SUPPORT HER WITH THIS DECISION?

Supporting Sandy through this scenario requires a combination of empathy, respect and professional guidance.

- **Acknowledge and respect her decision:** Begin by validating Sandy's feelings and decision. It's important to acknowledge that pregnancy and childbirth are deeply personal experiences and she has thoughtfully considered her options. This can help her feel heard and respected.
- **Ensure open communication:** Make sure there is a clear and open line of communication. Ask Sandy about her preferences and concerns. This will allow her to express what she values most about her birth experience and it can guide the clinician in tailoring support to her wishes.
- **Provide information and explore alternatives:** While respecting Sandy's decision, it's important to provide her with accurate, evidence-based information. Explain the potential risks and benefits of the alternative approach she's considering. Ensure accurate and timely notes of conversations are recorded.
- **Encourage shared decision-making:** Foster collaboration, ensuring Sandy feels actively involved in her care. This approach can ease anxiety. Reassess any risks of delaying induction if needed and support ongoing monitoring for Sandy and her unborn baby.
- **Provide emotional support:** Many women experience anxiety or fear when making decisions that deviate from the medical recommendations. A clinician should reassure Sandy that she is not alone in the process and that her and her baby's health and safety are top priorities, regardless of the pathway she makes an informed decision about.
- **Follow-up and continuous care:** Let Sandy know that her decision will be respected and that she will continue to receive care and monitoring. This helps reassure her that she is being supported in her choices and regular check-ins will ensure she feels well cared for.

Trigger Warning: This story contains descriptions of traumatic birthing experiences within Aboriginal communities. Please take care of yourself while reading and step away if needed.

CASE STUDY 2

Kirra is an 18-year-old Aboriginal woman who is pregnant with her first baby. She has presented to the fetal monitoring unit with decreased fetal movements at 37 weeks' gestation. Kirra is a smoker who has cut back from one packet a day to 4 to 5 cigarettes per day. Her fundal height is measuring at 33 cm, and her ultrasound shows she has a baby with dropping centiles (25th to 10th centile). She has gestational diabetes and has recently started on insulin due to unstable blood sugars. She had been receiving care through her local Aboriginal health service, but her care was transferred to the level 6 service in her local health service network at 28 weeks' gestation, following her diagnosis of gestational diabetes. Kirra would like to have her mother, sister and partner at the birth of her baby and is worried that the hospital policy only allows for 2 support people to be present. Kirra has been flagged as having several risk factors for stillbirth and her CTG shows decreased variability and one prolonged deceleration; you are recommending induction of labour today. Kirra has seen posters in the waiting room about the 'every week counts' collaborative and is not wanting to be induced because she is concerned about the wellbeing of her baby if she is born before 39 weeks' gestation.

As the clinical picture changes, the pathways of care clinicians recommend to a women can change. It is important to explain to Kirra why care plans have changed, and the rationale for the recommended pathway of care. Maintaining open communication with Kirra and using culturally safe resources to yarn timing of birth can help Kirra make an informed decision about the best timing for her bubba's birth.

CASE STUDY 2
CONTINUED

HOW CAN THE CLINICIANS WORKING WITH KIRRA USE THE **RESPECT FRAMEWORK** TO HELP HER MAKE AN INFORMED DECISION ABOUT THE BEST TIMING FOR HER BUBBA'S BIRTH?

RESPECT	**Remember to use trauma-informed care principles across each domain of the framework**
RECOGNISE THE WOMAN'S RIGHT TO DECIDE	• Acknowledge that Kirra is the primary decision-maker about her body and care. • Remember that Kirra has a legal right to accept or decline any aspect of her care. • Recognise that informed consent is a process, not a one-time event. • Remember that when a woman makes an informed decision about a pathway of care that differs from clinical recommendations, this **does not** warrant an automatic unborn report to child protection.
ENLIST APPROPRIATE INTERPRETERS WHEN NEEDED	• Ensure information is culturally appropriate and safe – use the stronger bubba born let's yarn timing of birth resource. • With Kirra's consent, engage your health services Aboriginal Health Liaison Officer if available. • With Kirra's consent, consider linking her in with her local ACCO team that was providing care to Kirra in her first and second trimester of pregnancy. • Use trauma-informed care principles. • Use the VACCHO pregnancy and Boori resources Maternity and Early Years – VACCHO. • Engage the Indigenous Interpreting services if required.
SHARE BALANCED INFORMATION	• Share evidence-based information on the benefits of induction of labour for Kirra, the risks of waiting until 39 weeks' gestation, and discuss alternative pathways of care. • Stay away from fear-based language or coercion – Kirra is the primary decision-maker in her and her bubba's care. • Provide Kirra with the most common outcomes from a planned birth versus continuing her pregnancy to 39 weeks' gestation and then finish with the rare outcomes of each care pathway. • Remind Kirra that it is okay to change her mind at any time and if she makes an informed decision to go home, she can always come back regardless of her decision.
PROVIDE TIME AND SPACE	• Pause and allow time for Kirra to process the information. • Escalate Kirra's request for an additional support person and allow Kirra time with her support network to make her decision. • Prioritise Kirra's privacy during decision-making discussions and let her decide who she would like in the room for these discussions. • Kirra may make an informed decision to leave the health service to have time to think about her decision. This is okay and it is important that she knows she can decide to come back at any time. • Kirra may want to contact her local ACCHO midwife for support in her decision-making because she has established trust with her through continuity of care.

CASE STUDY 2
CONTINUED

RESPECT	Remember to use trauma-informed care principles across each domain of the framework
ENABLE QUESTIONS	• Establish an environment where Kirra and her support network are welcome and encouraged to ask any questions. • Explain complex terms about induction of labour and stillbirth risk-factors in plain and culturally safe language. • Provide continuity of care to Kirra where possible. • Acknowledge that this is a big decision for Kirra and a lot to take in at once. Make sure Kirra knows she can continue to ask questions throughout her pregnancy care at any time, regardless of her decision.
CHECK UNDERSTANDING	• Confirm that Kirra understands the information that has been provided to her about a planned birth versus continuing her pregnancy to 39 weeks and the benefits and risk of each pathway of care for her and her bubba. • Clarify any misunderstandings. Consider using teach-back methods '...to make sure I explained clearly, can you tell me what you understand about...' • Confirm that Kirra knows that it is okay to change her mind. She may want to leave the fetal monitoring unit and have time to think and reflect on these decisions outside of the hospital environment. Reiterate that she can represent to the unit at any time of the day or night if she is worried about her bubba or has decided she would like to go forward with a planned birth. Acknowledge that many women and their families find it challenging when making an informed decision about a pathway of care that differs from clinical recommendations. Check that Kirra understands she will be supported in her decision to continue her pregnancy.
TRUST AND DOCUMENT	• Trust Kirra's capacity to make decisions that are right for her. • Thoroughly document discussions, information provided and decisions made at the time. • Let Kirra know she will continue to receive respectful maternity care regardless of her decision. If Kirra makes an informed decision to continue her pregnancy to 39 weeks' gestation develop a care plan in partnership with Kirra to closely monitor her baby over the next 2 weeks, including when to contact the hospital if she has concerns about her or her bubba and document this in her medical record • Make sure Kirra knows she can change her decision about her care plan at any time and she will be supported with this. • If Kirra makes an informed decision to continue her pregnancy, use the stronger bubba born bubba's movements matter resource and make sure she knows that if bubba's movements stop or slow down she can come straight back in for a yarn and check, any time of the day or night.

CASE STUDY 3

Amelia recently gave birth to a baby girl at 38 weeks' gestation. Her pregnancy and birth were uneventful, but Amelia made an informed decision not to have routine Group B Streptococcus screening. Amelia's baby is showing signs of sepsis at 20 hours of life and a paediatric review has been organised.

Following an informed discussion with the paediatrician, Amelia and her partner do not consent to the administering antibiotics because they are worried about the baby's gut flora. The baby is becoming increasingly unwell, with laboured breathing and an oxygen saturation of 88%. It is recommended to move the baby to a special care nursery, but the parents do not consent to this because they are also reluctant to be separated from their baby.

> **In situations where the wellbeing of a child is at risk, escalating care and discussions with more senior clinicians is recommended. At times, senior clinicians may need to seek advice from external authorities if they believe there a significant risk to the life of the newborn. Ensuring open communication is crucial to maintaining the partnership with the woman and her family.**

HOW CAN THE CLINICIANS WHO CARE FOR AMELIA SUPPORT HER AND HER PARTNER WITH THIS DECISION?

- **Ensure open communication:** All communication should be respectful and consumers treated with dignity in all interactions. Use language suitable for lay persons, with minimal medical jargon.
- **Provide information and explore alternatives:** Ensure evidence-based information is presented to Amelia and her partner. Ensure they are also aware of what may occur should the baby not receive antibiotics. Any alternatives in treatment options should be discussed here.
- **Follow-up and continuous care:** Care and compassion are of utmost importance for postnatal and newborn care. Building trust with consumers for ongoing support is required.

Appendix 1: Values-based maternity care plan

Values-based maternity care plan	**Date:** / /
My name is	
My support person/s name/s are	
My/our goals are	

What are the values that are most important to me?
Please describe the personal, cultural, emotional or spiritual values that are most important to you during your maternity care

1.

2.

3.

4.

5.

The BRAND mnemonic can be a helpful tool for you and your family to support your approach to decisions about your maternity care. Asking your healthcare provider the following questions throughout your pregnancy, labour and birth and postpartum care can help you to make an informed decision about you and your babies care.

BRAND	
Benefits	• What are the benefits of the recommended test or procedure?
Risks	• What are the risks of the recommended test or procedure?
Alternatives	• What other options are there to the recommended test or procedure?
Now or Nothing	• Does this decision need to be made now? What if I decide not to have the test or procedure?
Decision	• The final decision is yours (woman)

FIRST TRIMESTER OF PREGNANCY AND MY BOOKING IN VISIT

What's important to me:

Questions for my healthcare provider:

Values-based maternity care plan (continued)

SECOND TRIMESTER OF PREGNANCY

What's important to me:

Questions for my healthcare provider:

THIRD TRIMESTER OF PREGNANCY

What's important to me:

Questions for my healthcare provider:

MY LABOUR AND BIRTH

What's important to me:

Questions or request for my healthcare provider:

MY POSTNATAL CARE

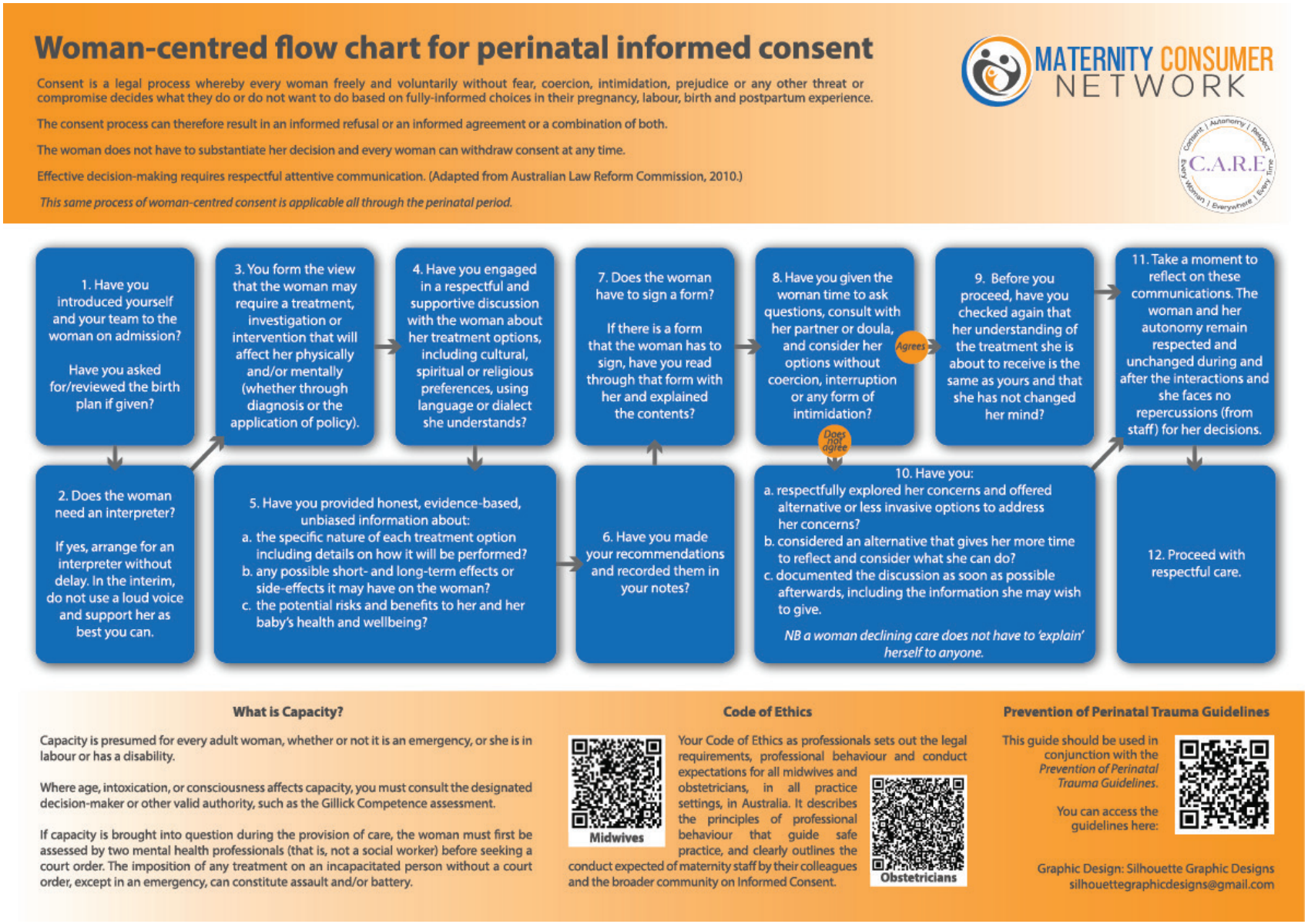
What's important to me:

Questions or request for my healthcare provider

Appendix 2: How can a positive safety culture influence respectful maternity care?

VSCG ELEMENT	FOR THE WOMAN AND HER FAMILY	FOR THE MATERNITY WORKFORCE
Informed culture	Women and families receive clear, consistent and evidence-based information, enabling informed decision-making, consent and active participation in their care.	Staff have access to timely, accurate information to make safe decisions, reducing stress and uncertainty.
Reporting culture	Women feel safe to raise concerns, advocate for choice or provide feedback without fear of dismissal, ensuring their voices are heard and acted on.	Staff feel safe to report incidents, near misses and risks without fear of blame, fostering transparency and continuous improvement.
Just culture	Women experience fairness and accountability in how their concerns or adverse events are managed, supporting trust in care.	Staff are treated fairly when errors occur, with a focus on learning rather than blame, strengthening psychological safety, supporting restorative practices and acknowledging safety outcomes are shaped by complex systems – not just the individual.
Learning culture	Women benefit from care that continuously evolves, incorporating lessons learned from feedback, outcomes and best practice to support better birthing experiences, with consent and trauma-informed approaches.	Staff are supported to learn from successes and challenges, engaging in reflective practice, embedding trauma-informed care to build capability, resilience and continuous improvement within themselves and across teams.
Flexible culture	Women receive responsive, person-centred care that adapts to their unique needs, preferences and circumstances.	Staff are empowered to adapt processes and collaborate across disciplines, to respond to the unique needs and preferences of women and families.
Leadership support	Women see that respectful care is prioritised and modelled from the top, reinforcing trust in the system and confidence in the care they receive.	Staff feel valued and supported by visible and accountable leaders who model safe behaviours, foster psychological safety and set clear expectations. These leaders actively listen, respond to and provide the resources and encouragement needed to deliver high-quality and respectful care.
Psychological safety	Women feel safe to speak up about their preferences, concerns or when something doesn't feel right, knowing they will be respected. This psychological safety enables the provision of emotionally supportive person-centred care.	Staff feel safe to raise ideas, concerns or mistakes without fear of negative consequences, enabling open dialogue and collaboration.
Employee wellbeing	Women benefit from care provided by staff who are well-rested, supported and able to bring empathy and compassion into their interactions.	Staff wellbeing is prioritised to reduce burnout and vicarious trauma, supporting a stable and engaged workforce that feels safe, valued and motivated to deliver respectful, high-quality maternity and newborn care.
Employee engagement	Women experience care from motivated staff who are committed to improving outcomes and fostering respectful, person-centred maternity services.	Staff feel connected to their purpose and involved in shaping improvements, which improves morale, ownership of safe and respectful care and strengthens teamwork and communication.

Appendix 3: Woman-centred flow chart for perinatal informed consent



Appendix 4: The mother's on respect index (MOR) tool

Please tell us about your discussions with your midwife or doctor about your options for maternity care, e.g. antenatal tests, where to give birth, induction of labour

A – OVERALL WHILE MAKING DECISIONS ABOUT MY PREGNANCY OR BIRTH CARE: (SELECT OR CIRCLE ONE ANSWER FOR EACH STATEMENT)						
	Strongly disagree	**Disagree**	**Somewhat disagree**	**Somewhat agree**	**Agree**	**Strongly agree**
I felt comfortable asking questions	1	2	3	4	5	6
I felt comfortable declining care that was offered	1	2	3	4	5	6
I felt comfortable accepting the options for care that my doctor or midwife recommended	1	2	3	4	5	6
I felt pushed into accepting the options my doctor or midwife suggested	6	5	4	3	2	1
I chose the care options that I received	1	2	3	4	5	6
My personal preferences were respected	1	2	3	4	5	6
My cultural preferences were respected	1	2	3	4	5	6
Add all scores in section A:				**Section A total score =**		

B – DURING MY PREGNANCY I FELT THAT I WAS TREATED POORLY BY MY DOCTOR OR MIDWIFE BECAUSE OF: (SELECT OR CIRCLE ONE ANSWER FOR EACH STATEMENT)						
	Strongly disagree	**Disagree**	**Somewhat disagree**	**Somewhat agree**	**Agree**	**Strongly agree**
My race, ethnicity, cultural background of language*	6	5	4	3	2	1
My sexual orientation and/or gender identity*	6	5	4	3	2	1
My type of health insurance or lack of insurance*	6	5	4	3	2	1
A difference of opinion with my caregivers about the right care for myself or my baby*	6	5	4	3	2	1
Add all scores in section B:				**Section B total score =**		

C – DURING MY PREGNANCY I HELD BACK FROM ASKING QUESTIONS OR DISCUSSING ANY CONCERNS BECAUSE: (SELECT OR CIRCLE ONE ANSWER FOR EACH STATEMENT)						
	Strongly disagree	**Disagree**	**Somewhat disagree**	**Somewhat agree**	**Agree**	**Strongly agree**
My doctor or midwife seemed rushed*	6	5	4	3	2	1
I wanted maternity care that differed from what my doctor or midwife recommended*	6	5	4	3	2	1
I though my doctor or midwife might think I was being difficult*	6	5	4	3	2	1
Add all scores in section C:				**Section C total score =**		

SCORING TABLE

Enter total score section A	
Enter total score section B	
Enter total score section C	
A + B + C = Total score	

Questions marked with an * are reverse-scored items

The ranges of scores is 14–84, with higher scores indicating more respectful care:

KEY LEVEL OF RESPECT EXPERIENCED (BY QUARTILES)

Total score	**Indication of respect**
14–31	Very low respect
32–49	Low respect
50–66	Moderate respect
67–84	High respect

Appendix 5: The mother's autonomy in decision-making (MADM) tool

Please tell us about your discussions with your midwife or doctor about your options for maternity care, e.g. antenatal tests, where to give birth, induction of labour

PLEASE DESCRIBE YOUR EXPERIENCES WITH DECISION-MAKING DURING YOUR PREGNANCY, LABOUR AND/OR BIRTH (SELECT ONE OPTION FOR EACH QUESTION)						
	Strongly disagree	**Disagree**	**Somewhat disagree**	**Somewhat agree**	**Agree**	**Strongly agree**
My doctor or midwife asked me how involved in decision-making I wanted to me	1	2	3	4	5	6
My doctor or midwife told me that there are different options for my maternity care	1	2	3	4	5	6
My doctor or midwife explained the advantages/ disadvantages or the maternity care options	1	2	3	4	5	6
My doctor or midwife helped me understand all the information	1	2	3	4	5	6
I was given enough time to thoroughly consider the different care options	1	2	3	4	5	6
I was able to choose what I considered to be the best care options	1	2	3	4	5	6
My doctor or midwife respected my choices	1	2	3	4	5	6
					Sum of all circled items = Total score:	

SCORING LEGEND (7–42) WITH HIGHER SCORE INDICATING WOMEN HAVE MORE OPPORTUNITIES TO TAKE AN ACTIVE ROLE AND LEAD DECISIONS

LEVEL OF AUTONOMY (BY QUARTILES)	
Total score	**Indication of respect**
7–15	Very low patient autonomy
16–24	Low patient autonomy
25–33	Moderate patient autonomy
34–42	High patient autonomy