Framework for respectful maternity and newborn care

A guide for health services, clinicians and consumers on maternity and newborn services

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Safer Care Victoria

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Foreword

As the Chief Executive Officer of Safer Care Victoria, I am proud to introduce the *Framework for respectful maternity and newborn care*.

This framework supports health services at all levels of capability and across all specialties, ensuring a culture of respect is embedded in every individual's practice and in every facet of clinical governance. It serves as a guide to help cultivate an environment where respectful maternity and newborn care is not only a priority but a fundamental part of how we operate.

Central to the success of this framework is leadership. As senior leaders in the health system, it is our responsibility to model behaviours that promote open communication and to create an environment where everyone feels empowered to raise concerns without fear of retribution.

A culture of respect is built on the principles of listening, access, choice, consent and support for informed decision-making. It is founded on trust and a collective commitment to protecting each other and the communities we serve.

Through this framework, we reaffirm our dedication to providing every Victorian woman and baby with safe, respectful and compassionate maternity and newborn care.

Louise McKinlay
Chief Executive Officer, Safer Care Victoria
Chief Quality and Safety Officer Victoria

Contents

Foreword	**3**
Acknowledgments	**7**
Acknowledgement of Country	7
Acknowledgement of diversity	7
Acknowledgement of contributors	7
Acknowledgement of intended audience	7
Purpose	**8**
Introduction	**9**
PART 1: FOR WOMEN, BABIES AND FAMILIES	**12**
Your rights	**13**
PART 2: FOR CLINICIANS AND HEALTH SERVICES	**16**
Leadership and culture	**18**
Embedding respectful maternity care into standard practice	18
Safety culture	18
Informed consent and ethical leadership	19
Psychological health and safety in the workplace	20
Partnering with consumers	**21**
Partnering with women and their families	21
Informed decision-making	21
Why women may make an informed decision about a pathway of care that differs from clinical recommendations	23
Effective communication	24
Values-based care plans	25
Trauma-informed communication	25
Considerations for culturally respectful care	25
Culturally respectful care for Aboriginal women and babies	26
Support for migrant or refugee women	27
Health literacy and communication	27

Clinical practice **28**
Consent in maternity care 28
Communication principles 28
Models of maternity and newborn care 30
Measuring and monitoring respectful maternity and newborn care 30
Perinatal mental health care 30
Supporting women who make an informed decision about a pathway of care that differs from clinical recommendations 31
Requests for interventions that may not align with evidence-based practice 31
Hospital and/or health service responsibilities 31
Deteriorating clinical circumstances 31
During the postnatal period 33
The rights of the baby following birth 33
Supporting women who make an informed decision about a pathway of care that differs from clinical recommendations 34
Workforce **36**
Trauma-informed training for clinicians 36
Culturally respectful trauma-informed care training for clinicians working with Aboriginal women and babies 36
Trauma-informed care training for maternity clinicians 36
Vicarious trauma – maternity clinicians 36
Mandatory reporting 36
Risk management **37**
Documentation 37
Reporting of clinical incidents and near misses 37
In the event of an adverse outcome 37
Serious adverse patient safety events and statutory duty of candour 38
Case studies **40**
Case study 1 41
Case study 2 42
Case study 3 45

Relevant legislation, standards and resources **46**

Legislation 46

Clinician resources 47

Education and training resources 48

Resources to assist with embedding psychological safety and employee wellbeing into the workplace 48

APPENDICES **50**

Appendix 1: Values-based maternity care plan 51

Appendix 2: How can a positive safety culture influence respectful maternity care? 53

Appendix 3: Woman-centred flow chart for perinatal informed consent 54

Appendix 4: The mother's on respect index (MOR) tool 55

Appendix 5: The mother's autonomy in decision-making (MADM) tool 56

Glossary **57**

References **60**

Acknowledgments

ACKNOWLEDGEMENT OF COUNTRY

The Safer Care Victoria office is based on the lands of the Traditional Owners, the Wurundjeri people of the Kulin Nation. We acknowledge and pay respect to their history, culture and Elders past and present. We acknowledge Aboriginal people as Australia's first peoples and as the Traditional Owners and custodians of the land and water on which we rely. We recognise and value the ongoing contribution of Aboriginal people and communities to Victorian life and how this enriches us. We embrace the spirit of reconciliation, working towards the equality of outcomes and ensuring an equal voice. For this land always was, and always will be, Aboriginal land.

ACKNOWLEDGEMENT OF DIVERSITY

This framework uses the terms 'woman', 'her' and 'mother,' which are intended to be inclusive of anyone who may use other self-identifying terms and aims to encompass all for whom this guidance is relevant

The department recognises the diversity of Aboriginal people living throughout Victoria. Whilst the terms 'Koorie' or 'Koori' are commonly used to describe Aboriginal people of southeast Australia, we have used the term 'Aboriginal' to include all Aboriginal and/or Torres Strait Islander peoples, families and communities who are living in Victoria, unless stated or referenced otherwise.

ACKNOWLEDGEMENT OF CONTRIBUTORS

Safer Care Victoria would like to acknowledge and thank the contribution of the Maternity Advisory Group members, subject matter experts, clinical leaders, academics and consumers who provided input in developing the *Framework for respectful maternity and newborn care*. We would also like to acknowledge Queensland Health for allowing us to adapt their *Partnering with the woman who declines recommended maternity care* guideline to assist with creating this framework.

ACKNOWLEDGEMENT OF INTENDED AUDIENCE

This framework is intended to help every Victorian maternity service to embed respectful maternity and newborn care into standard practice. The framework is predominantly aimed at clinicians, but part 1 of this document includes a brief section to help women and families understand their rights during their maternity journey. We acknowledge that as this framework is implemented and evolves there is a need to co-design additional resources with consumers to strengthen how this translates into practice and to encourage clinicians to work in partnership with women and their families.

Purpose

The *Framework for respectful maternity and newborn care* is designed as a practical tool to support clinicians and consumers to work in genuine partnership, especially when a woman makes an informed decision about her care pathway that differs from clinical recommendations. The framework provides case studies, flowcharts and tools to guide informed decision-making, ensuring that a woman's autonomy, dignity and cultural needs are respected throughout her maternity journey.

This framework responds directly to the challenges and priorities identified in the Victorian Maternity Taskforce report, which calls for system-wide action to strengthen respectful, person-centred maternity care across Victoria. The taskforce's recommendations emphasise the need for:

- personalised care that prioritises choice and experience for women and families
- culturally safe and responsive care, particularly for Aboriginal women and those from diverse backgrounds
- improved access to information and resources that empower women to make informed decisions
- consistent, evidence-based clinical practice and clear communication between consumers and clinicians
- embedding respectful care and consumer expectations into service design, governance and workforce development.

By aligning with these recommendations, the framework aims to:

- address gaps in current practice where women's informed choices may not be fully supported or respected
- provide actionable guidance for clinicians and health services to uphold legal and ethical obligations around informed consent and autonomy
- foster a culture of partnership, safety and trust between women, families and maternity care providers
- support health services to implement the taskforce's vision for a maternity system that is safe, equitable and responsive to the needs and preferences of all Victorians.

Ultimately, this framework seeks to ensure respectful maternity care is not just an aspiration but a measurable standard embedded in everyday practice, contributing to improved experiences and outcomes for women, babies, families and the maternity workforce across Victoria.

Introduction

Respectful maternity care is a fundamental human right for all women. The World Health Organization defines respectful maternity care as care that maintains the dignity, privacy and confidentiality of pregnant and birthing women, ensuring freedom from harm and mistreatment, enabling informed choice and ensuring continuous support during labour and birth.[1]

When a woman makes an informed choice about her pregnancy or newborn care that doesn't follow medical advice – even if there are concerns about the baby's health – clinicians still have a legal and ethical duty to respect her decision.[2] This can be emotionally or ethically difficult for health professionals, but Australian law is clear: a fetus does not have separate legal rights, and the woman's choices must be respected.[2]

RESPECTFUL MATERNITY CARE PRINCIPLES

This framework is for women, families and health professionals. It aims to foster a collaborative relationship between a woman, her support people and her maternity care providers. When a woman makes an informed choice about her care that differs from clinical recommendations, this framework is designed to ensure continued communication and safe, high-quality maternity care through the following:

- **Listening, understanding and acknowledging** her views, including respectfully exploring any previous experiences that have led to her decision.
- **Offering evidence-based and unbiased advice** on maternity and newborn care options, describing the benefits, risks and alternatives of each option (which may include doing nothing). Allow the woman time and space to make her decisions, which may include consulting with her support people.
- Assisting healthcare providers in offering supportive, non-judgemental care to the woman.
- **Supporting informed decision-making**, even if the woman makes an informed decision about a pathway of care that differs from her care provider's recommendation.
- **Clarifying roles, responsibilities and accountabilities** of the woman, clinicians and the service the woman engages with, be it public or private providers.
- **Facilitating communication**, including clinical handover and consultations among clinicians, as well as with hospital and health service executives, boards and legal services.
- Developing a plan in partnership with the woman for her continued maternity and newborn care.
- **Establishing documentation standards** to ensure all discussions and decisions are documented to help prevent the woman from having to tell her story repeatedly.

By adopting this framework, maternity services can embed respectful care into their governance and workplace culture, ensuring dignity and consent are central to every interaction and improving women's and families' experiences of the health system. The framework has been designed in consultation with consumers, to respect consumers' choices and rights and reflects the diverse needs and lived experiences to foster trust. The framework also provides practical tools and training to equip clinicians with trauma-informed skills and communication strategies. The guiding principles of this framework can be translated into other areas of maternal and newborn care, including maternal child health nursing and early parenting centres.

The harm reduction principles of health care can be applied to respectful maternity and newborn care to help improve outcomes for women and babies.[3]

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

PART 1: FOR WOMEN, BABIES AND FAMILIES

Your rights

You should be the primary decision-maker in healthcare plans for you and your baby. You should be given appropriate and accurate information throughout your pregnancy to help inform your birth preferences and empower you to make informed decisions.[4]

The *Respectful Maternity Care Charter* has been developed by the White Ribbon Alliance and endorsed by the World Health Organization. It considers the human rights of child birthing women to help overcome disrespect and abuse in maternity and newborn care.[5] This charter supports women to be active participants in their health care, promoting care that is safe, informed and empowering.[6]

The charter recognises the following universal rights for every childbearing woman.[5]

Tackling disrespect and abuse: 7 rights of childbearing women

	CATEGORY OF DISRESPECT AND ABUSE	CORRESPONDING RIGHT
1	Physical abuse	Freedom from harm and ill treatment
2	Non-consented care	Right to information, informed consent and refusal, and respect for choices and preferences, including the right to companionship of choice wherever possible
3	Non-confidential care	Confidentiality, privacy
4	Non-dignified care (including verbal abuse)	Dignity, respect
5	Discrimination based on specific attributes	Equality, freedom from discrimination, equitable care
6	Abandonment or denial of care	Right to timely healthcare and to the highest attainable level of health
7	Detention in facilities	Liberty, autonomy, self-determination and freedom from coercion

Consent is a fundamental right in your maternity care. Consent isn't just signing a form or being told what will happen. True consent means you are given clear, honest information about every option, including risks and benefits, and you have the time and space to ask questions. It looks like your care team listening to you, respecting your choices, and checking in before any procedure or examination.

Consent feels like safety: knowing you are in control of your body and your birth experience, that nothing will be done without your agreement, and that your "yes" or "no" will always be honored. It's about trust, dignity, and being treated as the expert in your own life.

Birth plans can be valuable tools in consent processes, helping you to communicate your preferences for your maternity care. This includes your psychosocial and cultural safety needs. Birth plans are best developed with your healthcare provider.[4] Having early conversations with your care team about critical decisions can help tailor your maternity care plan to your individual needs. The BRAND mnemonic, developed by Queensland Health, may be a useful resource for you and your family to discuss recommended care with clinicians and develop your maternity care plan. A values-based care plan template using the BRAND mnemonic can be found in Appendix 1.

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.

YOUR RIGHTS:

- **Dignity and respect** – You should always feel safe, heard and respected
- **Informed choice** – You should receive clear, unbiased information and make your own decisions
- **Support** – You should choose who supports you during your care and birth
- **Cultural safety** – Your care should respond to your cultural, language and personal needs

YOUR BABY'S RIGHTS:

- **Your baby does not hold independent legal rights until they have been born**

MAKING DECISIONS:

- **Ask questions and receive clear answers**
- **Take time to consider your options**
- **Your choices – including making an informed decision about pathway of care that differs from clinical recommendation – must be respected**
- **You can always request an interpreter of support person if needed**

PART 2: FOR CLINICIANS AND HEALTH SERVICES

Respectful maternity care is underpinned by a service system that is flexible and responsive to individual differences and need. It is culturally and trauma-informed and considers the broader social and cultural determinants of health.

Providing respectful maternity and newborn care is closely linked to strong clinical governance. The *Victorian clinical governance framework* outlines 5 domains that support safe, high-quality care for every consumer, every time:

These domains have guided development of this framework, to help health services integrate respectful maternity care into their broader governance systems.

Leadership and culture

For hospital executives

Healthcare leaders have a responsibility to actively engage with women and their families to understand the models of care they value and expect within their communities. Embedding these models – particularly those that prioritise choice, continuity and culturally safe care – into service design and delivery is essential to building a responsive, equitable maternity system.

EMBEDDING RESPECTFUL MATERNITY CARE INTO STANDARD PRACTICE

For clinicians

Every woman deserves to be treated with dignity, respect and compassion during pregnancy, labour and after birth. Health professionals should build trusting relationships with women, listen to their needs and support their choices.[7] This kind of care leads to better outcomes for both women and their babies.[8]

Respectful Maternity Care Charter

The *Respectful Maternity Care Charter*, developed by the White Ribbon Alliance and endorsed by the World Health Organization, complements this framework. It positions respectful maternity care as a fundamental human right, ensuring women are treated with dignity, autonomy and equity across the maternity continuum.[5] It encourages care that is kind, fair and tailored to the woman's individual needs. The Australian Government supports this through its woman-centred care strategy.[9] The strategy aims to make maternity care safe, inclusive and personalised, helping health services make respectful care part of everyday practice.

SAFETY CULTURE

For hospital executives

Safety culture is a foundational element within the domain of leadership and culture, shaping how systems, values and behaviours align to embed respectful maternity and newborn care. Safety culture directly influences the quality of care provided to women, newborns and families while also impacting staff wellbeing and overall organisational performance.

Safety culture is underpinned by leadership that:

- models safe behaviours
- fosters open communication
- empowers staff to speak up without fear of retribution.

A lack of compassionate leadership can erode safety culture, inadvertently contributing to the mistreatment of women.10

The Victorian safety culture guide supports healthcare leaders to assess and strengthen their organisation's safety culture through practical tools and strategies. Refer to Appendix 2 for more on how a positive safety culture can influence respectful maternity care.

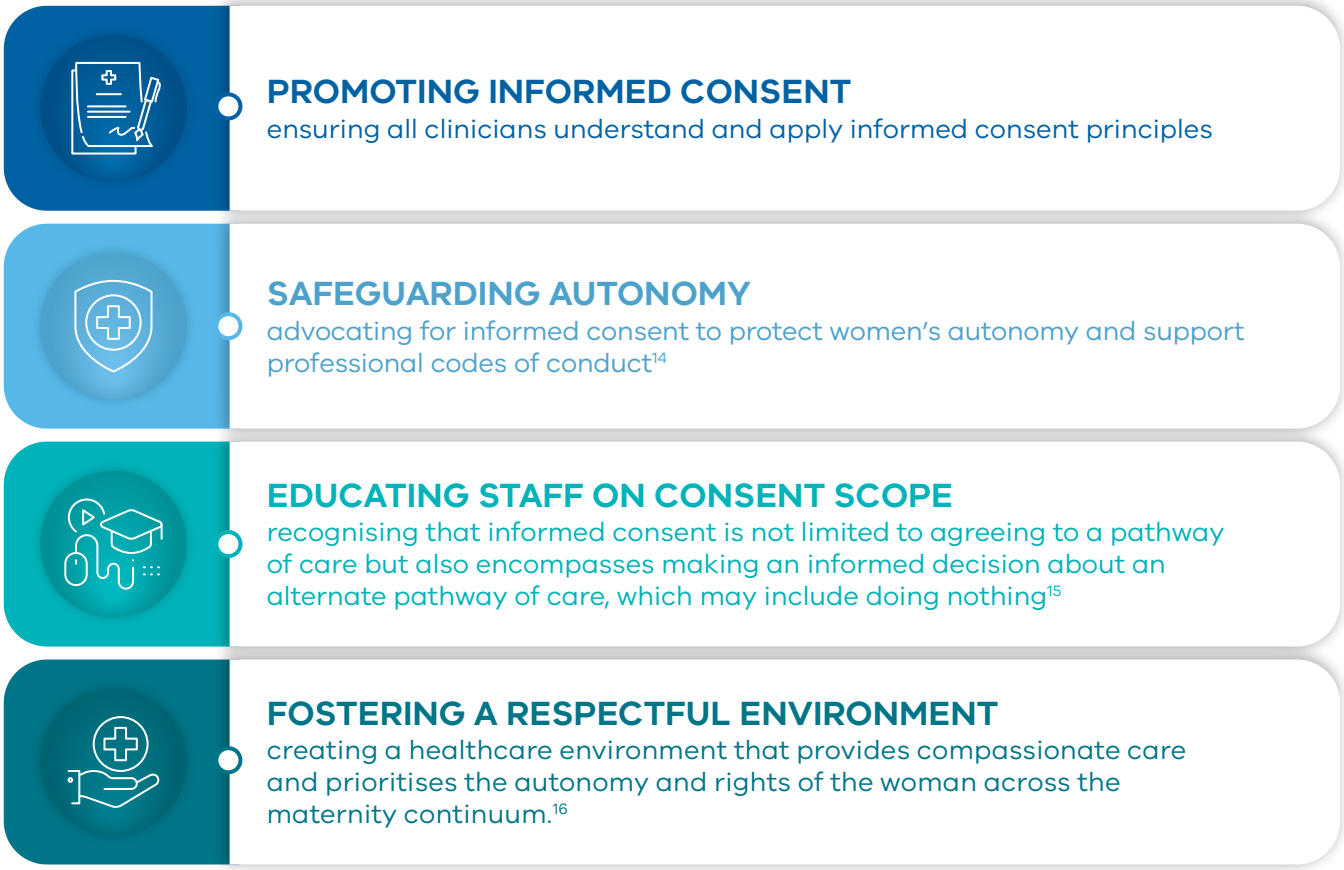
INFORMED CONSENT AND ETHICAL LEADERSHIP

For hospital executives

Ethical leadership is an important principle of quality healthcare delivery.[11] An ethical leadership style is governed by a respect for and a desire to uphold ethical values, principles and beliefs.[11] These include beneficence, nonmaleficence, autonomy and justice.[12]

Autonomy in health care encompasses the principle of informed consent.[2] Valid informed consent should include adequate and appropriate information, voluntariness and competence.[12]

Healthcare leaders must ensure clinicians consistently uphold professional standards and respectful care practices[13] by:



The Maternity Consumer Network woman-centred flowchart for perinatal informed consent (Appendix 3) can be a useful tool for clinicians to use during the consent process.

PSYCHOLOGICAL HEALTH AND SAFETY IN THE WORKPLACE

For hospital executives

Supporting staff wellbeing

When care decisions deviate from guidelines, clinicians face ethical, professional and emotional challenges. Supporting them through these complexities is essential to sustaining compassionate, high-quality care.

Healthcare leaders have a responsibility to foster environments that actively minimise the potential for trauma, ensuring care is delivered in a way that is safe, respectful and emotionally supportive. Creating a workplace that prioritises psychological safety and wellbeing helps staff feel supported and respected, which ultimately improves the care women and their families receive.

Clinical supervision is an important part of employee wellbeing, providing a structured space for reflection, emotional support and professional development. This is particularly important when helping staff to work in partnership with women who make an informed decision about a pathway of care that differs from clinical recommendations.[17]

For hospital executives

Understanding trauma in the workplace

Healthcare workers are more likely to experience trauma than many other professions.[18] Around 1 in 10 people who are exposed to a traumatic event will go on to develop post-traumatic stress disorder.[18] Employers have a responsibility to take steps to reduce the risk of trauma and to support affected staff.[18]

This includes:

- **providing clear information and training** about what trauma exposure looks like in healthcare settings
- **explaining the impacts** of trauma on individuals
- **outlining support systems** – letting staff know about the support systems and safety measures available to them
- **training managers** to recognise, respond and support workers who experience trauma in their teams.

Resources to assist health services to embed these principles into their organisations can be found below in relevant legislation, standards and resources.

Partnering with consumers

PARTNERING WITH WOMEN AND THEIR FAMILIES

Partnering with consumers in their healthcare journey leads to better health outcomes.[19,20] The *Partnering in healthcare framework* can empower women and their families to be active participants in their care, protecting the woman's right to autonomy, consent and personalised respectful maternity care.[20] The framework promotes co-design of care plans and services, meaning women and their families should shape how their maternity care is delivered.[20]

Note: The *Partnering in healthcare framework* refers to 'shared decision-making' when partnering with consumers in their health care. In the maternity context the term 'informed decision-making' is preferred and is used instead throughout this document.

Informed decision-making

Supporting a woman's informed decision-making throughout her care, and providing timely, relevant information as the clinical picture evolves, is a critical role for clinicians to ensure care remains respectful, responsive and aligned with the woman's values and rights, even in complex or emotionally challenging situations.[8,10,19,21]

Respecting choice and ensuring non-coercive care are crucial to achieving better outcomes for women and babies.[22–25] Maternity care providers should use simple and culturally appropriate communication; this helps to offer women and their families the information they need clearly and concisely, protecting the woman's right to informed decision-making and choice in her care.[26]

Factors influencing informed decision-making in maternity care

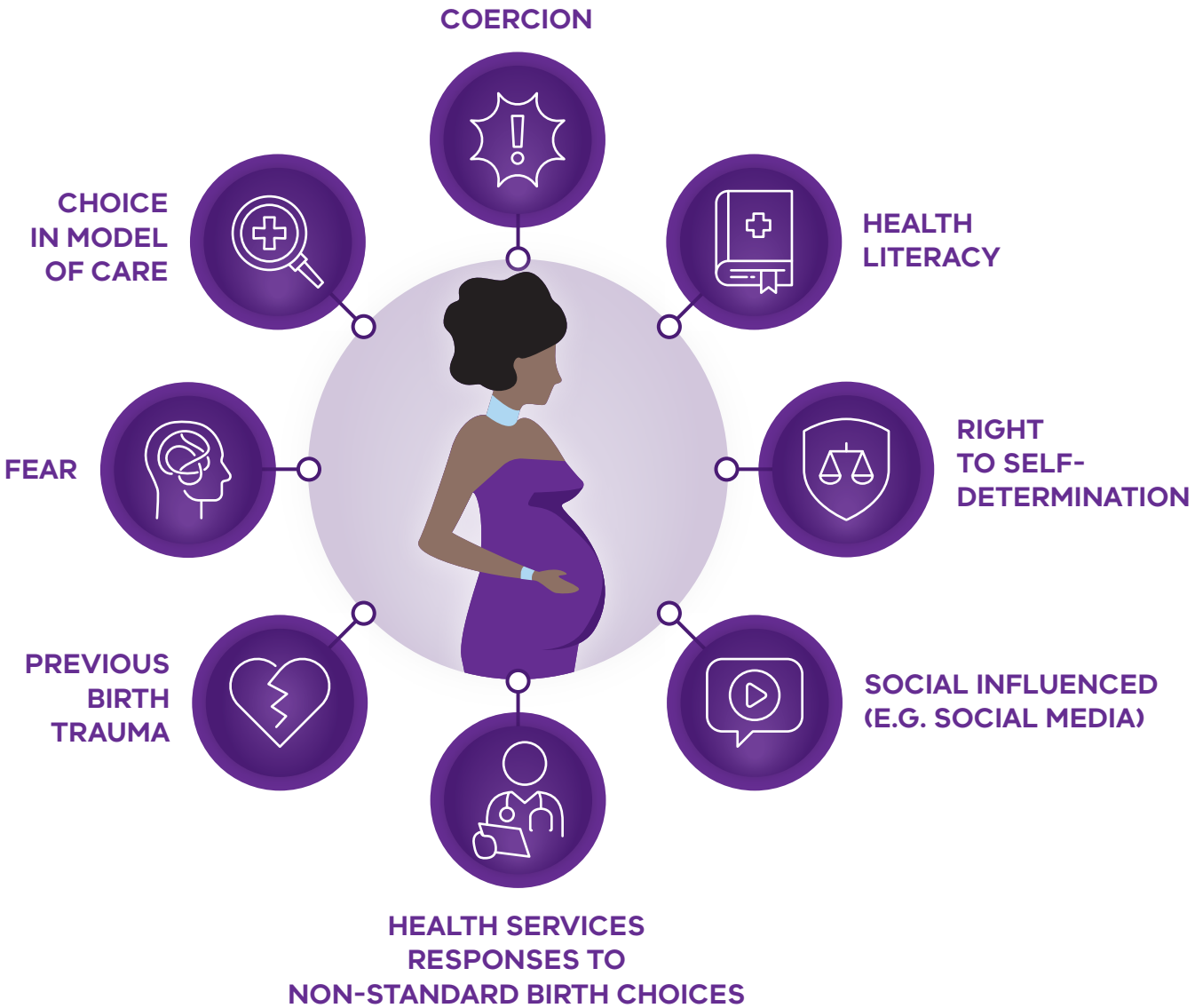
Systemic barriers to informed decision-making in maternity care

- National policies and law emphasise informed decision-making, recognising women as the experts in their own bodies. Clinicians must:
  - provide unbiased, evidence-based information
  - foster timely and open discussions to facilitate preparedness
  - avoid coercion
  - support autonomous decisions.
- Systemic barriers to informed decision-making increase the risk of trauma and poor experiences for women accessing maternity care.[27,28]
- Informed decision-making in maternity care can help to prevent birth trauma.[4]
- Multiple state and national inquiries into maternity care have found that many women receive inadequate information about their maternity care options.[4,9]
- Providing women with unbiased, evidence-based information throughout the antenatal period can help support women to make informed decisions about their own care and the care of their baby.[4]
- Effective trauma-informed communication is a key part of informed decision-making.[26]

WHY WOMEN MAY MAKE AN INFORMED DECISION ABOUT A PATHWAY OF CARE THAT DIFFERS FROM CLINICAL RECOMMENDATIONS

Many Australian women make an informed decision about a pathway of care that differs from clinical recommendations. These decisions are shaped by a range of personal, cultural and health factors, with each woman's decision unique.

Factors influencing women who make an informed decision about a pathway of care that differs from clinical recommendation:



Historically, maternity outcomes have been measured only by the mother's physical health. We now know that this is not enough[4] and that high-quality maternity care needs to consider the woman's overall health and wellbeing[29] including her:

- physical health
- mental health
- social health
- cultural safety and wellbeing
- financial wellbeing
- geographical location

Respectful and effective communication with women is essential for truly woman-centred care. Sometimes, women make an informed decision about a pathway of care that differs from clinical recommendations. When this happens, responses from clinicians must remain supportive and respectful, and women should be provided with timely pathways for support as needed.

Unfortunately, there are times when self-determination is questioned, and coercive approaches are used to enforce hospital protocols. These practices can contribute to gender-based harm.[30]

Effective communication

Women's maternity care experiences vary by culture, language and individual circumstances.[7] Health services must use tailored, evidence-based and effective communication to support diverse communities and foster dialogue with women and their families.[8,19,21]

World Health Organisation's six principles of effective communication

VALUES-BASED CARE PLANS

When a woman makes an informed decision about a care pathway that differs from clinical recommendations it is important that she continues to receive uninhibited maternity care within the parameters of her consent.[31]

Developing a care plan in partnership with the woman can be a good way to document the woman's preferences, help her to feel safe and supported and reinforce that she will not be treated any differently because of her decision.[31] The care plan should be accessible to all clinicians caring for the woman to prevent her from having to repeatedly tell her story.[31]

Trauma-informed communication

Trauma-informed care is an approach that acknowledges the impact of past trauma and prioritises emotional safety, trust and empowerment. In maternity care, it involves respectful communication that helps women feel safe, heard and in control – especially during procedures that may feel invasive or distressing.[32]

- Effective trauma-informed communication between maternity care providers and women using simple and culturally acceptable methods can help with providing respectful maternity and newborn care.[32,33]
- Clear and empathetic dialogue where the clinician actively listens to the woman and her support network and responds to their questions and concerns can help foster trust and psychological safety.[33]

Effective communication is a key facet of informed decision-making in maternity care, protecting the woman's rights and ensuring informed consent.[33]

CONSIDERATIONS FOR CULTURALLY RESPECTFUL CARE

Respectful maternity care means recognising and responding to the diverse cultural backgrounds of women, families and communities. Health professionals should be aware of how culture can shape experiences of care and be equipped to provide care that is safe, inclusive and respectful.[34]

Culturally safe and responsive pregnancy care is provided, understanding that experiences of maternity care can vary across population groups, different cultural and language groups, and an individual woman's circumstances, in accordance with the *Multicultural health action plan 2023-2027*.

Cultural competency

Cultural competency is about having the right policies, attitudes and behaviours in place so healthcare providers can work effectively with women and their families from different cultural backgrounds.[35]

This includes:

- **cultural awareness** – understanding how culture influences a woman's health and how she accesses care
- **cultural sensitivity** – showing respect for different values and beliefs
- **cultural knowledge and skills** – being able to communicate and care in ways that are appropriate and inclusive.

Supporting culturally safe care

The National Safety and Quality Health Service (NSQHS) Standards recommend that health services include cultural awareness and competence training as part of mandatory education.[36] This training should highlight the importance of:

- working with Aboriginal Community Controlled Health Organisations
- services provided by Aboriginal health liaison officers in Victorian maternity services.

These partnerships help ensure care is culturally safe, respectful and responsive to the needs of Aboriginal women and their families.

Culturally respectful care for Aboriginal women and babies

Aboriginal families have supported health and wellbeing through kinship, culture and Lore for generations. Colonisation disrupted these systems, leading to poorer health outcomes.[37–39] Strong and dynamic kinship connections between women, families, communities and Country continue to play a vital role in resisting these impacts and supporting wellbeing.[34] Restoring and strengthening these connections is essential for health and healing.[34]

National and state strategies call for culturally safe, accessible perinatal care for Aboriginal women.[7,40,41] The NSQHS Standards User guide for Aboriginal and Torres Strait Islander health outlines 6 priority actions,[42,43] including:

- partnering with community
- strong governance
- monitoring and accountability
- embedding cultural safety.

What does culturally safe care mean?

Culturally safe care goes beyond cultural awareness. It means health services and professionals are responsive to cultural needs and experiences, and it is led by Aboriginal people. Cultural safety addresses power, racism, colonisation and privilege, and is an ongoing journey of learning and reflection.[44–46]

Cultural safety improves health outcomes and ensures care is respectful and inclusive.

Koori Maternity Services

With 14 sites across Victoria, Koori Maternity Services (KMS), provide holistic, culturally safe, person-centred and flexible care for Aboriginal women and women having Aboriginal babies. The KMS model ensures that Aboriginal women and families receive culturally safe and high-quality pregnancy care with the following:

- More Aboriginal women access antenatal care earlier in their pregnancy.
- Fewer Aboriginal women smoke during pregnancy.
- Fewer Aboriginal babies are born early.
- Fewer Aboriginal babies die during pregnancy or soon after birth.

Partnering with KMS or Aboriginal Community Controlled Health Organisations (ACCHOs) who don't specifically provide KMS ensures women have access to care that meets their needs, strengthening cultural connection and protective factors to support better health and wellbeing outcomes.

For further information on KMS and where their services are provided please go to www.health.vic.gov.au/patient-care/aboriginal-maternity-services.[47]

Support for migrant or refugee women

Culture influences how women understand health, make decisions and access care. Respect and understanding are essential for safe, positive experiences.[50]

Key supports include:[51–53]

- early identification of language needs
- integration of NAATI-accredited interpreters into care teams
- training clinicians in culturally responsive communication
- ensuring continuity of interpreter services throughout the perinatal period.

Health literacy and communication

Health services should empower clinicians to communicate effectively by ensuring:[35,54]

- information is clear, accessible and culturally relevant
- clinical needs are addressed during care
- discharge planning includes ongoing care information.[7]

Language services are a fundamental right and essential for informed consent, decision-making and respectful care.[55,56]

Clinical practice

CONSENT IN MATERNITY CARE

Consent is a fundamental human right that enables women to feel empowered to make informed decisions about their pregnancy, birth and postnatal care. In Australian maternity care, informed, implied and express consent are recognised.[57,58]

- Informed consent should cover key decisions such as pregnancy care, place and mode of birth, interventions, pain relief and postnatal care.
- Consent must be voluntary, based on adequate information and given by someone with decision-making capacity.[59]
- Women can withdraw consent at any time, and fear-based language must be avoided.
- Clinicians must create environments that uphold, not grant, women's decision-making authority. Woman-centred care supports autonomy, dignity and better birth experiences.[60]

COMMUNICATION PRINCIPLES

Effective clinical communication, collaboration and teamwork are key factors in providing safe, coordinated and comprehensive care.[61] To be effective, communication needs to be tailored, open, honest and respectful while offering opportunities for clarification and feedback.[61] Healthcare providers must use inclusive, non-judgemental language and acknowledge a woman's preferences.

The **RESPECT framework** has been adapted specifically for maternity care contexts from the principles outlined in Queensland Health's guide to informed decision-making.[22] Health services are encouraged to use this framework as a tool to support informed decision-making:

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.

MODELS OF MATERNITY AND NEWBORN CARE

Making an informed decision about a pathway of care that differs from clinical recommendations during maternity care is often based on a woman's past experiences and her desire for care that feels safe and respectful.[4]

Maternity continuity of carer models are the gold standard of maternity care and are associated with better outcomes and experiences for women.[62,63]

These models of care are cost-effective and can:

- help build trust between women and her maternity provider
- support informed decision-making
- reduce the risk of trauma
- lead to better outcomes for women and their babies
- improve job satisfaction for maternity providers.

MEASURING AND MONITORING RESPECTFUL MATERNITY AND NEWBORN CARE

Patient reported outcomes measures (PROMs) and patient reported experience measures (PREMs) are essential tools for delivering person-centred, values-based health care.[64]

The Internation Consortium for Health Outcomes Measurement (ICHOM)

The Pregnancy and Childbirth ICHOM measures is a standardised set of metrics designed to capture the outcomes that matter most to women during pregnancy and childbirth.[65] Developed collaboratively by clinicians, measurement experts and women, its purpose is to enable maternity services worldwide to measure and improve the value of care by using validated, reliable tools that reflect the lived experiences and priorities of women.[65]

The mothers on respect index (MOR) tool – Appendix 4

The MOR is a 14-question validated survey that allows women to self-report measures on their individual experiences of respectful or disrespectful care in maternity.[66] The MOR evaluates respectful maternity care through the woman's comfort in communication with her care provider, her autonomy in decision-making and her perceptions of discrimination or racism.[66]

The mother's autonomy in decision-making scale (MADM) – Appendix 5

The MADM is a validated tool to measure and assess a woman's experience in decision-making during her maternity care including whether she was given enough time to make her decision and whether her decisions were respected.[67]

PERINATAL MENTAL HEALTH CARE

All women deserve to be treated with dignity and respect during pregnancy, including having their mental health needs recognised by health professionals. The 2021 Royal Commission into Victoria's Mental Health System identified a need to review approaches to perinatal mental health screening to address inconsistencies and inequities in practices.[68]

Perinatal mental health is often gauged as being on a spectrum:[69]

Women at greatest risk for mental health challenges include those with the following attributes: who suffer gender discrimination, substance use, adolescence, violence victims, incarceration, comorbidities, poor nutrition, unplanned/unwanted pregnancy, poverty or who have no social networks or support.

Providing early intervention and emotional support for women during the perinatal period can help foster better decision-making and improve outcomes for women and their babies.[70] An environment where a woman feels safe may help her feel more open to talking about her mental health and using available services.[71]

SUPPORTING WOMEN WHO MAKE AN INFORMED DECISION ABOUT A PATHWAY OF CARE THAT DIFFERS FROM CLINICAL RECOMMENDATIONS

During labour and birth

Requests for interventions that may not align with evidence-based practice

The principles of respectful maternity and newborn care remain the same in these situations.

These situations can be emotionally and ethically challenging. Clinicians may benefit from team debriefing, clinical supervision and opportunities for deep reflection. This helps mitigate moral distress, reduces burnout and supports high-quality, compassionate care.

Refer to the Case studies for examples of informed decision-making in practice.

Hospital and/or health service responsibilities

- Where needed, health services should offer women and their family's additional access to services to offer supportive strategies to aid consumer satisfaction and engagement.
- Systems and providers must be responsive, sharing evidence-based information and upholding dignity and respect.[7]
- Policies that protect staff, avoid blame, foster informed decision-making and promote reflective practice help reduce clinicians' emotional burden.[19]

Deteriorating clinical circumstances

It is uncommon for women to continue to take a pathway of care that differs from recommendations in deteriorating clinical circumstances.[72] During these situations, timely escalation and senior clinician input is critical, as well as physical and emotional support for the clinicians involved.

CONSIDER THE FOLLOWING STEPS DURING EMERGENCY CLINICAL DETERIORATION

Timely escalation, senior clinical input and emotional support are critical when clinical circumstances deteriorate

- Timely escalation
- Senior clinician input
- Emotional support for clinicians

01 INFORM THE WOMAN
Effectively communicate the changing clinical circumstances, the clinical urgency and the potential impact to her and her baby's health and wellbeing

02 PROVIDE CONTINUITY OF CARER
Foster a feeling of trust and safety for the woman and her support person

03 RESPECTFUL EFFECTIVE COMMUNICATION
Inform the woman and her support person that clinicians will do everything to provide care without intervention, but that permanent harm may not be avoidable

04 PROTECT THE WOMAN'S ENVIRONMENT
Reduce the number of clinicians in the room where possible to foster an environment of effective and calm communication

05 PREPARE FOR IMMEDIATE ACTION
Ensure the multidisciplinary team are prepared to act immediately if the woman changes her mind

06 ENGAGE SENIOR LEADERSHIP
Involve and seek support from the senior midwifery and obstetric leadership team

07 ALLOCATE A SCRIBE
Ensure there is a clinicians assigned to support documentation of all of the above

DURING THE POSTNATAL PERIOD

The principles of respectful maternity and newborn care should continue into the postnatal period.[72] Healthcare providers have a duty of care to provide women with all the relevant evidence-based information in a non-coercive way to allow for informed decision-making about pathways of care for themselves and their babies.[72]

The rights of the baby following birth

Once the baby is born, the rights of the newborn now emerge, and clinicians have a duty of care to escalate concerns if the welfare of the baby is deemed at risk.[73]

Escalation may involve:

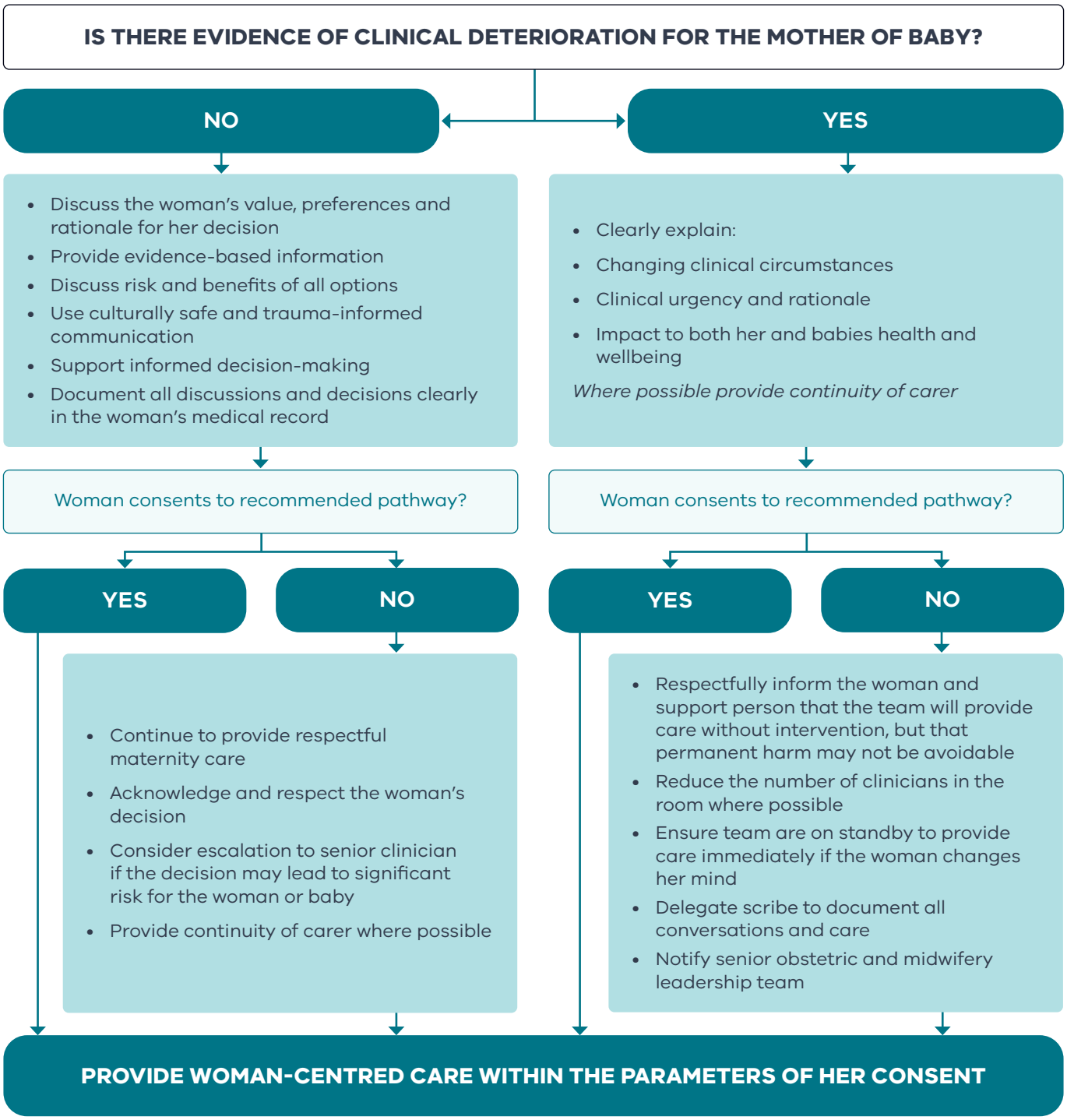
- activating internal organisational processes
- contacting local authorities for review.

In extreme circumstances, if the parents are withholding consent to medical treatment that is deemed urgent (for example, if a parent does not consent to administering blood products in a baby with a critically low haemoglobin due to concerns the donor has been vaccinated), a court can override parental consent to authorise treatment.[73]

Clinicians caring for the woman and baby are required to:

- escalate concerns to the appropriate clinicians to discuss treatment options with the parents and ensure an informed decision has been made
- effectively communicate alternative treatment options, including what may occur if no treatment is provided (consider using the RESPECT framework and/or BRAND mnemonic)
- work within the parameters of mandatory reporting laws and escalate any concerns or suspicions about infant welfare to relevant community providers and child protective services.[74]

SUPPORTING WOMEN WHO MAKE AN INFORMED DECISION ABOUT A PATHWAY OF CARE THAT DIFFERS FROM CLINICAL RECOMMENDATIONS



AFTER THE EVENT:

- Provide a respectful debrief free of judgement or prejudice for the woman and her support person.
- Continue to provide woman-centred, trauma-informed and culturally sensitive care within the parameters of the woman's consent.
- Provide an immediate post event huddle with all clinicians involved in providing care to the woman and baby.
- Provide structured clinical debriefing, peer support and access to mental health services (if needed) for clinicians involved in providing care.
- Document all care and outcomes.
- Report any adverse events into the health services risk management system and consider whether the SDC process is needed.

CONSUMER

RIGHTS OF THE CONSUMER

- Access to uninhibited respectful maternity care
- Care delivered within the parameters of her consent
- To birth her baby how and where she wants
- A calm environment free of tension
- Access to continuity of care where possible

CLINICIAN

RESPONSIBILITIES OF THE CLINICIAN

- Provision of respectful maternity care
- Clear, compassionate and open communication with the woman throughout her care that provides all the necessary information without coercion or judgement
- Escalation to senior midwifery and obstetric leadership team as needed
- Document all care provided

ORGANISATION

RESPONSIBILITIES OF THE ORGANISATION

- Ensure processes, policies, procedures and guidelines are in place to facilitate respectful maternity care for every woman
- Provide appropriate training and education to staff in providing respectful maternity care
- Provide appropriate support to clinicians following adverse events
- Provide a positive safety culture for women and clinicians
- Foster a just learning culture

Workforce

TRAUMA-INFORMED TRAINING FOR CLINICIANS

Culturally respectful trauma-informed care training for clinicians working with Aboriginal women and babies

It is important to acknowledge that cultural safety is an ongoing process of continuous learning and reflection. As such, consider mandated regular cultural safety training in maternity services to support culturally safe, trauma-informed care.

There is a suite of free learning resources available to support clinicians to build genuine partnerships with Aboriginal women, children and families in their community. These will help grow your understanding of intergenerational trauma and disadvantage and the impacts that these have on Aboriginal peoples' social and emotional wellbeing.[75] These can be found below in relevant legislation, standards and resources.

Trauma-informed care training for maternity clinicians

Training should be integrated into routine induction processes and sustained through ongoing professional development.[76] Training needs to be accessible across all levels of an organisation to provide clinicians with the skills and knowledge to implement trauma-infromed principles in care design and care delivery.[76]

Vicarious trauma – maternity clinicians

While women have the right to make an informed decision about a pathway of care that differs from clinical recommendation, clinicians can still be profoundly affected when outcomes are poor. Recognising and addressing vicarious trauma is essential to maintaining clinician wellbeing, reducing burnout and supporting ethical, woman-centred care.

Clinicians may question their clinical competence or feel a sense of professional failure, even if the woman has made an informed decision. Structured clinical debriefing, peer support and access to mental health services are essential to mitigate vicarious trauma.

Vicarious resilience can be increased when clinicians receive vicarious trauma training.[77] Evidence shows that the workforce needs to understand the concept of vicarious trauma before organisations can effectively address it.[77]

MANDATORY REPORTING

When a woman makes an informed decision about a pathway of care that differs from clinical recommendations, this does not warrant an automatic referral to child protection.

However, under Victoria's *Children, Youth and Families Act 2005*, there are circumstances during a women's pregnancy, birth and postpartum periods where clinicians are bound by mandatory reporting obligations, such as when physical or sexual abuse are suspected.[18]

It is often considered best practice to inform the woman when you have made a report or referral to child protection because this can help preserve trust and maintain an ongoing therapeutic relationship.[18] However, in some circumstances this may increase the risk of harm for the child, so it is important to seek advice from Child Protection at the time of making the report or referral.[18]

Risk management

DOCUMENTATION

Documentation must use respectful language and meet medico-legal requirements. This will help the woman and her family to easily understand the contents if she requests access to her medical records through the *Freedom of Information Act 1982*.

Clinicians are responsible for accurate, timely, complete and concise documentation that aligns with the national standards, ensuring care plans are accessible to all healthcare providers.[78] Documentation should prioritise a woman's choices, concerns and cultural needs, as well as relevant clinical information. Informed decision-making forms should include evidence-based information and uphold the woman's rights, autonomy, dignity and safety.[72]

In line with the NSQHS Standards[35] documentation should follow these guiding principles:

- **Timeliness** – document care and decisions as close to the time of delivery as possible.
- **Completeness** – include all relevant details: assessments, interventions, outcomes and patient responses.
- **Clarity** – use clear, concise, non-judgemental language.
- **Legibility** – ensure handwritten notes are legible.
- **Objectivity** – focus on observable facts and clinical findings, not personal opinions.
- **Confidentiality** – protect patient privacy in line with legal and ethical standards.

When transferring medical records, make use of the iSoBAR handover tool.

Reporting of clinical incidents and near misses

All health services must have systems and processes for monitoring, identifying, notifying, reporting, reviewing and learning from adverse events and make subsequent improvements.[79] Clinicians should report all incidents and near misses in maternity care, using the clinician incident severity rating system.

Service-level implementation of the *Victorian safety culture guide* may help to improve reporting culture in maternity services, with evidence suggesting that as an organisation's safety culture strengthens, reporting of incidents and near misses tends to increase and a statistically significant reduction in sentinel events follows.[80,81]

In the event of an adverse outcome

Victorian health services should report sentinel events in line with the *Victorian sentinel event guide*. Maternal and neonatal deaths including stillbirths and incidence of severe acute maternal morbidity should also be reported to the Consultative Council on Obstetric and Paediatric Mortality and Morbidity.

If there is an adverse outcome in maternity care, this can be extremely difficult for the woman and her family and the clinicians involved in her care. Women and their partner or support person may experience guilt, and clinicians may feel frustration when their concerns are not acknowledged, despite the woman's right to autonomy.[82]

SUPPORT FOR WOMEN AND FAMILIES

- **Women and their families should be offered the opportunity for birth reflection without judgement or prejudice.[27,83]**
- **If during birth reflection a woman is identified as requiring further psychological support this should be provided in line with appropriate referral and treatment pathways.[27,83]**
- **Ineffective psychological care post birth is associated with poor postpartum health; psychological support post-birth should be provided using trauma-informed principles by clinicians who are trained and experienced in this.[4,27,83]**
- **Maintain effective communication that is compassionate and respectful while undertaking open disclosure.**

SUPPORT FOR CLINICIANS

- **Clinicians will often experience a sense of fear about medico-legal ramifications after involvement in an adverse event.**
- **It is critical to provide clinicians with timely and ongoing support including:**
  - **debriefing**
  - **counselling**
  - **access to advice and support services**

Serious adverse patient safety events and statutory duty of candour

Statutory duty of candour (SDC) is a legal obligation for Victorian health service entities to engage in open, honest and effective communication with patients and their families when a serious adverse patient safety event (SAPSE) occurs when providing health services.[77] SAPSEs exist to learn and improve, helping health services to identify what works well and where changes are needed to strengthen quality safety. The *Victorian duty of candour guidelines outline* the requirements for health service timelines from recognising the SAPSE through to completing the SDC process.[77]

Pregnancy and childbirth are a deeply personal and emotionally significant time in women and their families' lives. When physical, psychological or emotional harm occurs it is essential that women and their families receive timely, transparent and empathetic communication from their health service provider.[77] Open disclosure is embedded into SDC and promotes transparent and effective communication when a patient experiences harm.[77]

WHEN A SERIOUS ADVERSE PATIENT SAFETY EVENT (SAPSE) OCCURS

Timely, transparent and empathetic communication with the woman and her family is essential

HEALTH SERVICES MUST:

- Provide a written account of the facts
- Offer a genuine apology for the harm experienced
- Describe immediate actions taken in response to the event
- Outline steps to prevent recurrence
- Engage the woman and her family in the review process

CLINICIANS SHOULD:

- Use trauma-informed effective communication
- Acknowledge the emotional impact of the event
- Ensure cultural safety
- Avoid jargon – use plain language
- Support ongoing engagement with the health system
- Document all interactions clearly and sensitively

CASE STUDIES

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.

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.

Relevant legislation, standards and resources

These laws and standards work together to ensure women, newborns and their families receive safe, high-quality and coordinated health care.

LEGISLATION

- *Ambulance Services Act 1986* – Key legislation governing ambulance services in Victoria.
- *Child Wellbeing and Safety Act 2005* – Aims to protect and promote the safety and wellbeing of children in Victoria by outlining the responsibilities of agencies and ensuring collaboration to support at-risk children.
- *Children, Youth and Families Act 2005* – Governs child protection, family services and youth justice in Victoria, emphasising child safety and wellbeing.
- *Family Violence Protection Act 2008* – Provides measures to protect children and families from family violence, including information-sharing provisions.
- *Freedom of Information Act 1982* – Legislation that gives the public the legal right to access government-held information.
- *Health Records Act 2001* – Regulates the collection, use and sharing of health information, ensuring privacy and appropriate data handling.
- *Health Services Act 1988* – Victorian legislation governing health services and their administration.
- *Information Privacy Act 2000* – Protects personal information and governs its use in health and child services.
- *Mental Health and Wellbeing Act 2022* – Ensures access to mental health services, including provisions for children and families.
- *National Health Reform Act 2011* – Establishes a framework for improving healthcare services, including maternal and child health.
- *Occupational Health and Safety Act 2004* – Establishes key principles, duties and rights regarding occupational health and safety aiming to protect workers and ensure safe working environments.
- *Occupational Health and Safety (Psychological Health) Regulations 2025* – Set out clear and practical requirements for managing psychosocial hazards with the same rigour as physical hazards.
- *Public Health and Wellbeing Act 2008* – Focuses on public health initiatives, including maternal and child health programs.

CLINICIAN RESOURCES

- *Aboriginal and Torres Strait Islander cultural safety framework* and *Koori maternity services guidelines* – Support identification and culturally appropriate and safe maternity care for Aboriginal women, women having Aboriginal babies and their families.
- Aboriginal culturaly safety fixed grant requirements – Outline the funding requirements for health services who receive the Aboriginal cultural safety fixed grant.
- ACM *National midwifery guidelines for consultation and referral* are designed to support midwives in making informed clinical decisions regarding when to consult with or refer to other health professionals, ensuring safe and high-quality maternity care.
- *Australian Charter of Healthcare Rights* – Describes rights that consumers, or someone they care for, can expect when receiving health care.
- *Australian national breastfeeding strategy (2019–2029)* – Supports policies for promoting and protecting breastfeeding.
- Australian Human Rights Commission – Promote and protect human rights for all people in Australia and help to resolve complaints about discrimination.
- The Australian Health Practitioner Regulation Agency (AHPRA) - A national organisation responsible for implementing the National Registration Accreditation Scheme across Australia. They work in partnership with the national boards to ensure Australia's registered health practitioners are suitably trained, qualified and safe to practise
- Capability frameworks for maternity and newborn services – Determines the level of care each maternity service provides to ensure a safety and quality-based approach to maternity care.
- Child Information Sharing Scheme – A policy framework that enables professionals and organisations working with children to share relevant information to promote child safety and wellbeing.
- Child Safe Standards (updated 2023) – A set of mandatory requirements for organisations to ensure child safety and prevent abuse.
- Family Violence Information Sharing Scheme – A legal framework that allows prescribed professionals and organisations to share relevant information to assess and manage family violence risk.
- *National framework for protecting Australia's children (2021–2031)* – A strategy to improve child health, safety and wellbeing.
- National Safety and Quality Health Service (NSQHS) Standards – Includes standards for maternity, paediatric and family-centred health care.
- National Standards for Mental Health Services (2010) – Guides mental health service provision, including support for children and families.
- Midwife standards for practice – set the expectations for safe, competent, and ethical midwifery practice to ensure quality care for women and newborns.
- Safer Care Victoria – *Partnering in healthcare framework* – A framework for better care and outcomes.

- Safer Care Victoria – *Victorian clinical governance framework* – Helps health services to understand the clinical governance roles and responsibilities, evaluates their clinical governance and ensure accountability for high quality and safe care.
- World Health Organization *Compendium on respectful maternal and newborn care* – supports efforts to end mistreatment and achieve respectful maternal and newborn care.
- *Victorian framework for trauma-informed practice* – Supports delivery of trauma-informed practice.
- *Victorian Government language services policy* - Guidelines for access to interpreter services in Victoria.
- *The Victorian Maternity Taskforce report* – 9 recommendations, comprising of 23 sub-recommendations aimed at driving system change across the Victorian maternity sector.
- Freebirth – position statement – Joint position statement from CCOPMM and SCV on unattended freebirths.
- *Victorian maternal and child health framework* – Outlines service delivery and best practices for maternal and child health services.

Education and training resources

- Emerging Minds, Australia – *Aboriginal and Torres Strait Islander social and emotional wellbeing learning pathway*.
- Emerging Minds, Australia – *Healing the Past by Nurturing the Future: Working with Aboriginal and Torres Strait Islander families*.

Resources to assist with embedding psychological safety and employee wellbeing into the workplace

- *Clinical supervision for nurses and midwives* – Discussion paper by the Australian College of Nursing.
- *Clinical supervision for nurses and midwives* – Position statement from the Australian College of Nursing.
- *Victorian safety culture guide* – Supports healthcare leaders to measure and monitor their organisation's safety culture.
- Institute for Healthcare Improvement – *Framework for improving joy in work* – A framework with 9 critical components for ensuring a joyful, engaged workforce.
- Replanting the Birthing Trees Resource Hub – An Aboriginal-led initiative that provides culturally safe, trauma-informed resources and training for maternity services.
- Self-assessment tool for psychological distress – A simple 10 question online tool to measure psychological distress.
- WorkSafe – *WorkWell toolkit* – Provides practical step by step ideas, tips and suggestions to create safe and mentally health workplaces and prevent mental injury.
- WorkSafe – *Psychological health* – Information about psychological health including regulations, resources and employee information.
- Safer Care Victoria – *Victoria's clinical supervision framework for mental health nurses* – Supervision Framework to guide and support mental health nurses in best practice.

APPENDICES

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

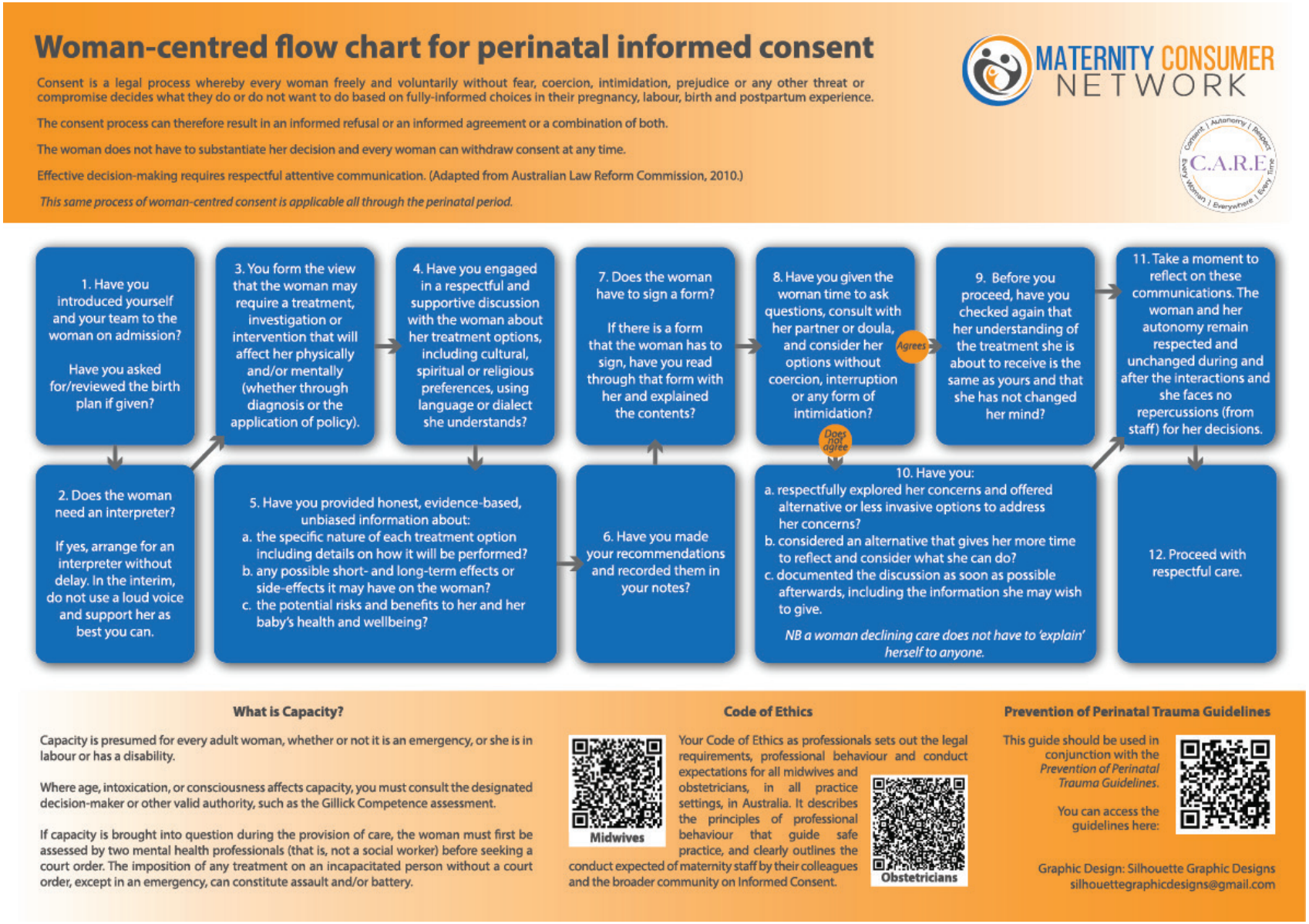
What's important to me:

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

Glossary

TERM	DEFINITION
Aboriginal Community Controlled Health Organisation (ACCHO)	An ACCHO is a primary health care service that is initiated, governed, and operated by the local Aboriginal and Torres Strait Islander community. Its purpose is to deliver holistic, comprehensive, and culturally appropriate health care to the community it serves.
Beneficence and non-maleficence	Beneficence requires healthcare providers to act in a woman's best interest, promoting health and preventing harm. Non-maleficence obligates them to avoid causing harm. When a woman makes an informed decision about a pathway of care that differs from clinical recommendations, providers may feel conflicted, balancing concerns for her and her unborn baby's wellbeing with respect for her autonomy. Clinicians must ensure that attempting to persuade the woman does not become coercion.
Birth attendant or birth doula	A birth coach or companion who provides emotional, physical and non-medical support to women during pregnancy, labour, birth and early parenting. They are not registered health professionals and are not trained to offer clinical advice or care, nor are they trained to recognise and respond to medical emergencies if complications arise.
Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM)	A Victorian advisory body that reviews and reports on maternal, perinatal and paediatric deaths and morbidity to improve healthcare outcomes. The council analyses trends, identifies preventable harm and provides recommendations to enhance clinical practices, policies and public health strategies.
Coercion	The use of influence or force to make someone accept support and/or treatment they otherwise might not.
Continuity of carer	A model of care where the woman receives one-to-one care provided by the same practitioner throughout their maternity journey – for example, from a midwife in a midwifery group practice or caseload model or through a private obstetrician.
Effective communication	The World Health Organization defines effective communication as a strategic approach that ensures all communications are accessible, actionable, credible, relevant, timely and understandable.[84] Find the WHO principles for effective communication framework on the WHO website.
Express consent	Consent given verbally or in writing – for example, using a consent form.[24]
Fetal considerations	There are ethical debates about the rights of the unborn baby versus the autonomy of the pregnant woman. The woman's autonomy takes precedence in all but extreme situations where perhaps the woman lacks capacity to make autonomous decisions. The pregnant woman is the primary decision-maker for both herself and her unborn baby because under the *Child Wellbeing and Safety Act 2005*, the unborn baby is not a legal person with legal rights, until born alive.
Fetus	The developing human organism from 8 weeks' gestation until birth.
Implied consent	Consent assumed from actions. However, this is problematic in maternity, especially during labour when women may be vulnerable or in pain.[82]
Incident	An event or situation that resulted or could have resulted in unintended or unnecessary harm to a patient.[79]

TERM	DEFINITION
Incident Severity Rating	Classifies the severity of the adverse event; this informs the type of review and external notification requirements that a health service is to undertake. Victorian health services that submit the Victorian Health Incident Management System Minimum Dataset to the department use Incident Severity Rating of 1 to 4 to classify adverse events.[79] ISR classification levels according to severity level: • ISR 1 – severe/death • ISR 2 – moderate • ISR 3 – mild • ISR 4 – no harm/near miss. Health services that do not use ISR must have an equivalent classification system in place to classify patient safety events
Informed consent	Involves understanding the benefits, risks and alternatives before agreeing to care.[85]
iSoBAR	An acronym that provides a handover 'how to' checklist for clinicians. I – Identify, S – Situation, O – observations, B – Background, A – Agree on a plan, R – readback.[86]
Newborn/neonate	A baby in the first 28 days of life.
Non-discrimination	Healthcare providers must avoid discriminatory or stigmatising behaviour or language when a woman makes an informed decision about a different path for her maternity and newborn care. Every woman should be treated with dignity and respect, regardless of her reasons for making an informed decision about a different path for maternity and newborn care, whether they are based on personal, religious, socioeconomic or other factors.
Open disclosure	An open discussion with a patient about an incident that resulted in harm to the patient while they were receiving health care. It includes an apology or expression of regret (including the word 'sorry'), a factual explanation of what happened, an opportunity for the patient to relate their experience, and an explanation of the steps being taken to manage the event and prevent recurrence.[6]
Patient reported experience measures (PREMS)	Questionnaires used to obtain consumers' views and observations on health services they have received. Views are sought on the accessibility and physical environment of services (for example, waiting times and the cleanliness of consultation rooms and waiting spaces) and aspects of consumer–clinician interactions (such as whether the clinician explained procedures clearly or responded to questions in a way the consumer could understand).
Patient reported outcome measures (PROMS)	Measures based on questionnaires to consumers about how health services and interventions have, over time, affected their quality of life, daily functioning, symptom severity and other dimensions of health. PROMs are designed to fill a vital gap in knowledge about outcomes and about whether healthcare interventions make a difference to people's lives.
Respect for autonomy	A fundamental ethical principle is respect for a woman's right to make decisions about her own body and health including her right to accept or decline any medical test or intervention, providing she is informed and capable of making that decision. A woman must not be denied maternity care because of her decision to take a different pathway of care to that recommended by her healthcare provider.
Safer Care Victoria (SCV)	Established in 2017, SCV is an organisation dedicated to improving the quality and safety of healthcare services across Victoria. Its primary function is to support healthcare providers in enhancing patient safety, reducing harm and ensuring high standards of care.

TERM	DEFINITION
Serious adverse patient safety event (SAPSE)	Defined in s 3(1) of the *Health Services Act 1988* as an event of a prescribed class or category that results in harm to one or more individuals. A prescribed class or category is an event that: • occurred while the patient was receiving health services from a health service entity • in the reasonable opinion of a registered health practitioner, has resulted in, or is likely to result in, unintended or unexpected harm (which includes moderate harm, severe harm or prolonged psychological harm) being suffered by the patient. To avoid doubt, this includes an event that is identified following discharge from the health service entity.
Statutory duty of candour (SDC)	A legal obligation for Victorian health service entities to apologise to and communicate openly and honestly with patients, their families or carers when a SAPSE has occurred. It builds on the *Australian open disclosure framework*, currently used for all cases of harm and near misses. SDC is set out in s 128ZC of the *Health Services Act 1988*, s 22I of the *Ambulance Services Act 1986* and s 637 of the *Mental Health and Wellbeing Act 2022*.
Unassisted/unattended birth or freebirth	Births that occur intentionally without the support of trained health practitioners registered with Ahpra. Safer Care Victoria (SCV) and the Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM) have released a joint position statement on unattended or freebirths.
Unconscious bias	The automatic, unintentional judgements shaped by personal experiences, cultural norms and societal influences. It can affect behaviour, language and decision-making, sometimes leading to unfair or discriminatory outcomes, despite conscious beliefs in equality. Clinicians must recognise their own biases when supporting women who make an informed decision about maternity a newborn care pathway that differs from medical recommendations.
Victorian capability framework for maternity and newborn care	A structured system classified into 6 levels to define the levels of maternity and newborn care that hospitals and health services can provide. This ensures high-quality care for mothers and babies in the right place, at the right time. Lower capability level service staff should advise the woman at the booking appointment what their capability level is and the type of services they are typically able to provide.
Victorian clinical governance framework	Provides guidance on: • critical clinical governance roles and responsibilities • effectively evaluating clinical governance systems, processes and reporting mechanisms • establishing a strong safety culture that places consumers at the centre of all decision-making • ensuring individual and collective accountability for high-quality care.
Victorian health services performance monitoring framework	Outlines how the Victorian Government monitors and assesses public health services' performance. It sets key performance indicators across areas such as patient safety, service access, efficiency and quality of care. The framework helps ensure accountability, drive improvements and support high-quality healthcare delivery across the state.

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