



NATIONAL COMPETENCY STANDARDS

for Childbirth and Early Parenting Educators

Second Edition

Childbirth And Parenting Educators of Australia

2018



CAPEA
Childbirth and Parenting
Educators of Australia inc

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Note: Childbirth And Parenting Educators of Australia Inc (CAPEA) was known as National Association of Childbirth Educators Inc (NACE) until 2012.

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Introduction

All expectant and new parents are entitled to ownership of their unique, personal experience of pregnancy, birth and early parenting. They are also entitled to good quality, evidence-based education that is accessible and culturally appropriate and uses contemporary adult learning and group facilitation principles.

The community, as well as health service providers, consider childbirth and early parenting education to be an integral component of maternity as well as maternal, child and family health care. However, currently there is no Childbirth and Early Parenting Educator training program accredited by a universally recognised health or educational authority in Australia, nor is there a formal registration process for educators within Australia. Providers of childbirth and early parenting education might hold none, one or more qualifications, yet all are committed to preparing and supporting parents and their families for birth and early parenting in a variety of contexts and settings.

The Childbirth And Parenting Educators of Australia (CAPEA) is the only national, not-for-profit, incorporated association supporting Australian Childbirth and Early Parenting Educators in their quest to provide a range of educational programs for expectant and new parents and their families. CAPEA believes that having a diverse group involved in this practice cultivates a synergy that is recognised and valued by educators in the field.

The CAPEA National Competency Standards for Childbirth and Early Parenting Educators aim to promote competent educators from a range of backgrounds and are the basis for assessment and recognition as a CAPEA Certified Educator or Trainer. Beginner and experienced educators, as well as coordinators or managers of childbirth and early parenting education services, can use the Standards in a variety of settings.

Together with the CAPEA Guideline for Practice for Childbirth and Early Parenting Educators, these are starting points for future moves towards a national registration process.

In 2011, under our former name of National Association of Childbirth Educators (NACE), the first edition was published following a lengthy process of consultation with stakeholders from public and private hospitals, community settings, not-for-profit organisations, independent training organisations, and recognised academics in the field of childbirth and early parenting education and independent educators.

Commencing in 2016, the CAPEA Further Education Committee (FEC) led a review of the first edition. Feedback from Childbirth and Early Parenting Educators, both members and non-members of CAPEA, via a written and an on-line survey, have guided improvements to this second edition, particularly relating to them needing to be 'user-friendly'. The FEC has also studied competency standards published by similar organisations, as well as current literature, for further clarity.

Childbirth And Parenting Educators of Australia, Inc. (CAPEA) is proud to present the Second Edition of the National Competency Standards for Childbirth and Early Parenting Educators to guide educators in their own practice, ongoing education and research. It is envisaged that these Standards will also guide public and private maternity services, maternal, child and family health services, and private independent practitioners to provide excellent education to expectant and new parents and their families.



Style and Format of this Document

Each Standard briefly describes the requirements necessary to practice competently in a professional sense. Listed under each are cues that describe the performance needed to demonstrate achievement of the Standard.

Glossary of Terms

The *Glossary of Terms* contains definitions and explanations to words, terms and phrases used within the Standards. Extensive information and examples aim to enhance understanding. All *italicised* words and terms are hyperlinked to the Glossary.

Of note, in the preparation and now reading of this document to guide educator practice, it is acknowledged that families come in a variety of structures now, and that all material in this document should be read with all types of family structures in mind, including same sex female and male couples, and single parents. Further, same sex couple parents/co-parents are referred to as mother or father.

The Practical Application of these Standards

These Standards provide a framework for childbirth and early parenting education practice in all contexts. Uses may include:

- a. Development of education programs for expectant and new parents.
- b. Development of training programs for Childbirth and Early Parenting Educators.
- c. Assessment of Childbirth and Early Parenting Educator performance at beginner as well as more experienced levels of practice.
- d. Performance review with the manager or mentor and continuing professional development.
- e. Assessment of Childbirth and Early Parent Educators after returning to work after breaks in service.
- f. Self-assessment.

A useful practical tool to assist in a performance review is the ***Birth and Parenting Educator's Assessment Tool for student, new and experienced educators (CAPEA 2016)***.

http://www.apea.org.au/Portals/0/Assessment_Tool_for_Parenting_Educators_Dec2016.pdf

Assessment or review could include attention to details such as:

- a. Which critical aspects and evidence are required to demonstrate competence.
- b. Various methods of assessment, for example: observation of performance, consistency of performance, direct questioning, review of session.
- c. Client/learner evaluations.
- d. Who conducts the assessment, for instance:
 - Mentor, colleague/peer, supervisor or manager with knowledge of adult education, group facilitation skills and general course content.
 - The educator alone using the ***Birth and Parenting Educator's Assessment Tool***, together with discussion with a mentor, colleague/peer, supervisor or manager with knowledge of adult education, group facilitation skills and general course content.
- e. Does the educator practise alone, for example in a rural maternity service setting or in private independent practice; can an educator be videoed during a session to be later reviewed with a mentor, colleague/peer, supervisor or manager.
- f. Whether the educator holds a current certificate from a relevant, registered training organisation such as:
 - One recognised by the Australian Qualifications Framework (AQF), for example the Australian Breastfeeding Association Certificate IV in Breastfeeding Education.
 - An internationally recognised organisation, for example Lamaze International, NCT, or Hypnobirthing International - Mongan Method.
- g. Whether the educator has a current degree in education and/or other relevant profession.
- h. Awareness of similarities and differences of culturally diverse environments where educators work such as with Aboriginal and/or Torres Strait Islander peoples or other multicultural groups.

STANDARD 1:

The Childbirth and Early Parenting Educator complies and functions in accordance with International, Federal and State legislation and common law, and with local policies and agreements where relevant to their practice.

The health professional who is registered with the Australian Health Practitioner Regulation Agency (AHPRA) and also practices as a Childbirth and Early Parenting Educator:

- a. Complies with Federal and State government *legislation* that relates to the provision of professional health practice.
- b. Provides evidence of annual registration with AHPRA to practice where and when required.
- c. Abides by the *duty of care* requirements of own *professional body*.

The health professional who is not registered with AHPRA and practices as a Childbirth and Early Parenting Educator:

- d. Provides evidence of currency of practice that includes both knowledge and skills, as required by other *recognised training providers* of childbirth and early parenting education.

Compliance with Federal and State legislation, common law and local policies and agreements where relevant to practice

- e. Identifies and demonstrates the use of current and relevant International, Federal, State and local legislation, *common law, policy directives, procedures and guidelines*.
- f. Demonstrates a commitment to protecting *mothers, fathers* and their *families* to ensure confidentiality, privacy and dignity.
- g. Adheres to legal and professional requirements in all aspects of documentation relating to the *mother, the father* and the *family*.
- h. Adheres to legal and ethical requirements to protect *copyright and intellectual property*, this including the use of training materials, films and using other resources.
- i. Identifies, responds and acts appropriately to instances of professional misconduct, *unsafe practices* or breaches of law by self and others.
- j. Identifies families at risk and implements an *identified referral pathway* when necessary, including mandatory reporting if applicable to their practice.
- k. Provides evidence of professional indemnity insurance when necessary.



image courtesy of Kate Kennedy Birth Photography

STANDARD 2:

The Childbirth and Early Parenting Educator accepts professional and ethical responsibility for practising within the Philosophy and Guideline for Practice for Childbirth and Early Parenting Educators and where applicable, as a member of the health team caring for the mother, the father and the family.

- a. Abides by the Philosophy of Childbirth And Parenting Educators of Australia (CAPEA).
- b. Functions or works within the CAPEA Guideline for Practice for Childbirth and Early Parenting Educators.
- c. Consults with and refers to appropriate *health care provider* or *identified referral pathway* when the needs of the *mother*, the *father* and the *family* fall outside own *scope of practice* or competence.
- d. Identifies and discusses strategies to address *contemporary ethical issues* relevant to practice.
- e. Identifies personal *values, beliefs, biases, culture and religion* and their potential impact on practice and implements strategies to manage these.
- f. Responds to sensitive issues in a respectful and appropriate way when working with *mothers, fathers*, their *family*, or health team members with differing *values, beliefs, biases, culture and religion* and family structure.
- g. Advocates for the internationally and nationally recognized rights, dignity and self-determination of *mother, father*, children, *families* and communities.
- h. Promotes commitment to self-determination by participants and promotes informed, evidence-based decision making.
- i. Demonstrates respect for *mother, father* and their *families* to choose their own care pathway or make decisions that may be considered contrary to the current evidence or best-practice guidelines, or different to the advice of the care provider.
- j. Ensures decisions are made after discussion and provision of evidence-based and credible information of the benefits, risks and alternatives, and considering *language and literacy levels*, as well as cultural and religious aspects.
- k. Discusses strategies to encourage and assist *mothers, fathers* and their *families* to form positive, family-centered partnerships with *health care providers* and *multidisciplinary team members*.
- l. Initiates and maintains effective liaison with other *health care providers*, religious and cultural groups, agencies, *community groups* and *consumers*.



STANDARD 3:

The Childbirth and Early Parenting Educator maintains own evidence-based knowledge and skills to provide education in accord with current practice.

- a. Identifies strengths and limitations of own knowledge base, regularly undertaking further education activities to inform gaps in knowledge, improve facilitation skills and be familiar with emerging social trends and research.
- b. Demonstrates skills in retrieving and understanding research, including levels of enquiry and forms of evidence.
- c. Recognises when evidence is not adequate to inform best practice, and clearly states this, if required, to *mothers, fathers* and their *families* with respectful discussion and consideration of cultural and family traditions.
- d. Demonstrates application of current evidence in providing and facilitating education.
- e. Identifies research and/or *quality improvement* activities impacting on practice and undertakes or works in collaboration with others to conduct same, and incorporates their application in practice development.
- f. Evaluates appropriateness of any request for research participation, including the quality of ethical review and the processes used to gain informed consent.
- g. Disseminates relevant evidence-based and *quality improvement* findings.

STANDARD 4:

The Childbirth and Early Parenting Educator uses evidence-based knowledge of the following areas related to the perinatal period: pregnancy, labour, birth, the postnatal period, infant feeding, early parenting, perinatal mental health, infant mental health and family dynamics.

- a. Has a sound evidence-based general knowledge and understanding of the *perinatal period* including: pregnancy, labour, birth, the postnatal period, *infant feeding, early parenting, perinatal mental health, infant mental health, and family dynamics*.
- b. Has excellent evidence-based knowledge and understanding applicable to the particular *target group* which may include all or part of the following perinatal areas: pregnancy, labour birth, postnatal period, *infant feeding, early parenting, perinatal mental health, infant mental health, and family dynamics*.
- c. Acknowledges that pregnancy, birth and becoming a parent are *significant and transformational life events* in the *life continuum*.
- d. Communicates the benefits of the normal *physiological process* and the *adaptive strategies* that promote normal birth and breastfeeding.
- e. Actively demonstrates and engages group participation in the practice of *adaptive strategies* for keeping birth normal.
- f. Actively engages group discussion of the benefits of breastfeeding for baby, *mother, family* and the health of future generations, and provides safe ways to consider and practice the skills of breastfeeding with family support.
- g. When applicable, provides one-on-one evidence-based instruction regarding infant formula feeding to anyone requesting such information; acknowledges request, but does not provide instruction within a group setting as per *WHO guidelines*.
- h. Provides evidence of the important role that the *parenting partnership* plays in determining outcomes for *mothers, fathers, families* and children.
- i. Discusses the central and important role that *fathers and partners* play in supporting *mothers* during pregnancy, labour, birth and the postnatal period.
- j. Discusses the positive benefits of *fathers and partners* engaging in their children's lives during pregnancy and birth while also discussing how roles change in the postnatal period where *mothers, fathers and partners* develop important roles in supporting each other.
- k. Provides evidence-based, unbiased information relating to a range of usual *variances from the normal physiological childbearing processes*.
- l. Promotes discussion and development of realistic expectations, *adaptive strategies*, options and resources in response to *unexpected events during pregnancy, labour, birth and early parenting*, aiming to maximise the possible or likely experience if the anticipated outcomes of *parents* are not met.





STANDARD 5:

The Childbirth and Early Parenting Educator uses contemporary knowledge of adult learning and group facilitation.

- a. Identifies the key principles of *adult learning* and *group facilitation* and integrates them into their practice.
- b. Adapts practice to meet the specific needs of participants in their *target group* and incorporating *learner characteristics*.
- c. Demonstrates *cultural safety* and sensitivity to the various social, cultural, emotional, physiological, psychological and spiritual needs of the participants.
- d. Adapts practice to meet the specific and different needs of:
 - i. Expectant and new mothers;
 - ii. Expectant and new fathers, co-parents and any other significant person as nominated by the primary parent;
 - iii. Different family structures, including traditional, single, blended, surrogate or adoptive, same-gender and multi-generational structures, and with a range of functionality;
 - iv. Aboriginal and/or Torres Strait Islander peoples;
 - v. Culturally and linguistically diverse (CALD) people, including those who have lived in Australia for many years, new arrivals and those with humanitarian visas;
 - vi. Those who are differently abled, with low vision or blindness, deafness, intellectual impairment or physical or mental limitations;
 - vii. People of various ages and life experiences.
- e. Identifies incidental and spontaneous *learning opportunities*, aiming to provide responsive and enriched education.
- f. Guides participants to reputable sources of online information.
- g. Uses a comprehensive problem-solving process to make decisions and take action when faced with new or unusual situations.

STANDARD 6:

The Childbirth and Early Parenting Educator plans and organises educational practice.

- a. Conducts ongoing *needs analysis* to identify gaps in program development.
- b. Identifies the various *target group/groups*.
- c. Determines the learning outcome/s of all *group members*.
- d. Refers to existing *curriculum* and *policy directives* where relevant.
- e. Develops a *curriculum* including program objectives and content when necessary.
- f. Identifies, assesses and controls *WH&S risk* factors and takes responsibility for safety of self and others.
- g. Confirms the available *teaching venue, teaching aids* and *technology*, and that these will support group safety and the planned learning outcomes of the *group members*.
- h. Confirms the number of *group members* and known *learner characteristics* to ensure meeting current best practices for *group facilitation of adult learning*.
- i. Uses research evidence, knowledge and experience to assess *learning needs* of *target group/groups*.
- j. Uses strategies to include participants with different *learner characteristics*.
- k. Employs strategies for protecting individual and group privacy and confidentiality.
- l. Employs strategies for clarifying *rights and responsibilities* of the facilitator and *group members*.
- m. Prepares a range of *technology, teaching aids* and *learning activities* to meet variable *learning needs, learning styles* and *learner characteristics*.
- n. Provides documented evidence of a current structured *session plan*.
- o. Plans for, collaborates with and uses qualified health interpreters and/or cultural health workers during the educational session as needed.



STANDARD 7:

The Childbirth and Early Parenting Educator facilitates learning by working in partnership with learners/ participants and using group facilitation skills.

- a. At the beginning of the program, builds *partnership* with *group members* by establishing:
 - i. a welcoming *teaching venue*
 - ii. *housekeeping matters*
 - iii. *group safety* parameters with *group agreements*.
- b. Creates innovative strategies to identify the specific *learning needs* of participants.
- c. Creates opportunities for socialisation within the formal group to help promote sustainable relationships and networks between participants after the formal sessions are complete.
- d. Conducts session using the *session plan* while adapting to the changing learning needs of group member/s throughout the program.
- e. Uses the *identified strengths and roles of group members* to assist learning.
- f. Engages learners in a range of *learning activities*.
- g. Responds in a sensitive manner to complex *social issues*, family and *media influences*.
- h. Acts as a *resource person* and refers individuals to broader reputable *sources of information*.
- i. Adapts facilitation strategies for *one to one learning* situations.
- j. Uses a range of *group facilitation* skills to engage learners and promote active participation in sessions.
- k. Uses a range of strategies to address challenging *group dynamics*.
- l. Manages *inappropriate behaviour* to maintain respect and ensure learning takes place.
- m. Provides factual, research-based, unbiased information to promote an individual's ability to make their own health related decisions.
- n. Uses a range of *presentation skills* to engage learners.
- o. Uses *language and literacy* appropriate to learners.
- p. Uses language that is sensitive, respectful and free of jargon to normalise the birth and early parenting experience.
- q. Ensures verbal and non-verbal language is consistent and appropriate.
- r. Applies *teaching aids* appropriate to different learning abilities, cultural sensitivities or personal background stories of learners.
- s. Adapts *leadership style* according to changing needs of learners and appropriate for each stage of *group process*.



STANDARD 8:

The Childbirth and Early Parenting Educator evaluates sessions and programs.

- a. Monitors the effectiveness of programs using formal and informal *evaluation*.
- b. Use results of *evaluation* to inform review of program objectives and *learning activities* to better meet the *learning needs* and *learner characteristics*.
- c. Implements change/s to programs based on evaluation results and research evidence.
- d. Uses a process of *benchmarking* with similar organisations at local, state and national levels.
- e. If working within an organisation, liaises with team members and the service manager to assist in program reviews and implementing changes.

STANDARD 9:

The Childbirth and Early Parenting Educator undergoes self-evaluation, performance review and reflection as an integral part of personal professional practice.

- a. Uses *self-evaluation* and identifies areas for improvement and implements changes when required.
- b. Acts on results of review(s) and is able to demonstrate personal change in practice.
- c. Undertakes regular meetings with the service manager or supervisor if working within an organisation or with a respected peer if working independently and alone to review personal professional performance and determine future goals.
- d. Participates in *mentoring*, peer support, and/or *clinical supervision* programs.
- e. Engages in *reflective practice*.
- f. Demonstrates active involvement in continuing *professional development*.
- g. Undertakes mutual sharing of experiences and knowledge and critiques them with colleagues.



Glossary of Terms

Italicised words or phrases are further explained or defined. A list of examples of possible, but not exhaustive, variables is also included.

<i>Adaptive strategies</i>	Examples may include breath awareness, use of water, heat, mindfulness, visualisation, relaxation, positioning and movement, acupuncture, reflexology, hypnotherapy, and other alternative therapies; seeking information to become aware of and decide about the benefits, risks, alternatives, instinctive response and consequences of doing nothing relating to a situation or intervention; gaining support from family, friends or identified support group; reframing perspectives and flexibility.
<i>Adult Learning</i>	Adults have a range of life experience which they can connect to learning; adults have a need to know why they are learning something and its benefits; learning needs to be learner-centred; adults have a need to be self-directing; the learning process needs to support increasing learner independence; emphasis on experiential and participative learning; use of modelling; learning process needs to reflect individual circumstances and needs.
<i>Agencies</i>	May include Maternity Services in public and private sector, Maternal, Child and Family Health Nursing and Midwifery Services, general Practitioners, Aboriginal and Torres Strait Islander peoples medical services, Doula services, Departments of Community Services, Physiotherapy services, Australian Breastfeeding Association, Lactation Consultants of Australia and New Zealand, and non-government organisations (NGO), for example Burnside and Family Support Services, and not-for-profit agencies.
<i>Benchmarking</i>	Industry standard or point of reference.
<i>Clinical supervision</i>	A process by which an educator brings her or his practice under scrutiny, at a dedicated time, with a colleague or mentor to more fully appreciate the meaning of their experience, to maintain standards of practice and provide an improved service to their practice. It is not one that involves giving people advice, assessing them or solving their problems for them (Health Education and Training Institute 2013).
<i>Common law</i>	Examples include National and State Acts such as Privacy, Disability Discrimination, Sex Discrimination, Child Protection, Copyright and Intellectual Property.
<i>Community groups</i>	May include local, state/national branches of Australian Breastfeeding Association, Maternity Choices Australia, non-government organisations (NGOs), Aboriginal Medical Services, services for CALD and refugee groups, Playgroups Australia, and support groups such as Red Nose - Saving Little Lives.
<i>Consumers</i>	May include actual, potential or interested consumers of services, for example expectant and new mothers and fathers, husbands and wives, partners, support person, family, friends, students and community.
<i>Contemporary ethical issues</i>	May include consequences of changing models of maternity care, options of care, changing family structures, political directions and influence of social media.
<i>Co-parent</i>	May describe all the adults responsible for caring for a child, and has often been used to describe divorced and separated parents and is now increasingly being used to describe parenting partners who are not the child's biological parent (Merriam-Webster Dictionary 2016).

<i>Copyright and intellectual Property</i>	Intellectual Property “...refers to creations of the mind, such as inventions; literary and artistic works; designs; and symbols, names, and images used in commerce.” It is a blanket term for a variety of assets created by the mind otherwise classified as intangible property. The rights to the intellectual property can be claimed exclusively by the creator or recipient of ownership transfer and covers the expression of an idea rather than the idea itself. There are several types of intellectual property including trademarks, patents, industrial designs and copyright. Copyright is “the protection extended to the creator of an original work. It provides the sole rights to the use and distribution of the work and normally ends after a specific time period.” (Vethan Law Firm 2017).
<i>Cultural safety</i>	A process that evolves over an extended period. Both individuals and organisations are at various levels of awareness, knowledge and skills along the cultural safety continuum. (Dudgeon, Wright et al. 2010). See also Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) definition on cultural safety. (Congress of Aboriginal and Torres Strait Islander Nurses and Midwives 2014). https://www.catsinam.org.au/static/uploads/files/cultural-safety-endorsed-march-2014-wfginzphsxbz.pdf .
<i>Curriculum</i>	A deliberately planned document with all the learning opportunities offered to the learners and the resulting experiences learners encounter when the curriculum is implemented. Curriculum includes development of aims, learning outcomes, content, learning activities, resources, and evaluation methods.
<i>Duty of care</i>	Moral or legal obligation to provide no less than a minimum standard of care.
<i>Early parenting</i>	Includes physical care of infant, infant feeding, infant communication and behaviours, parenting that is responsive to infant cues.
<i>Evaluation</i>	Formal evaluation may include pre- and/or post-program written questionnaires/ surveys, attendance rates, outcomes (for example breastfeeding rates), feedback from observation of sessions by other professionals. Informal evaluation may include attentive behaviour, level of active participation and responses by learner/s during the program.
<i>Family</i>	The basic unit of society that consists of those individuals, male or female, youth or adult, legally or not legally related, genetically or not genetically related, who are considered by others to represent their significant persons (Langtree 2015). May be seen by the participant as being traditional, single, blended, same-gender, adoptive, surrogate, multi-generational. Families may have various levels of functionality.
<i>Family dynamics</i>	Family dynamics are the patterns of relating, or interactions, between family members. Each family system and its dynamics are unique, although there are some common patterns.
<i>Father</i>	Includes biological father, adoptive male parent, step-father, non-resident father or other male adult functioning in the family in a fathering role.
<i>Group agreement</i>	Strategy to promote a safe learning environment and group formation; typically set and agreed early in the first session by all group members, addressing issues such as mutual respect for differing opinions, one speaker at a time, retaining confidentiality and privacy of people and situations to group, and time limits for breaks.

<i>Group dynamics</i>	Changing behaviour and interaction of group members in response to different situations, personalities and roles of group members. Examples may include support from group members towards another needy member; antagonism between group members based on different opinions or values about a discussed issue; groups that 'click together' to develop ongoing support; group members who do not work well together, but prefer to work individually or as couples.
<i>Group facilitation</i>	A range of skills to support adaptive group dynamics and processes that may include actively listening; encouraging rapport between group members; establishing group agreement; maintaining group cohesion; facilitating discussion and group interaction; ensuring everyone has opportunity to contribute; managing group dynamics; observing and interpreting behaviour that signifies learning, difficulties, conflict, or puts others at risk.
<i>Group members</i>	Group members include the expectant and/or new parent as client/learner/participant/s, support person/s and educator. The number of group members includes variations such as: one-to-one between educator and learner, or learner & support person; small groups of about 3-10 people; large groups of 10-25. The number of group members will be influenced by learner characteristics, teaching venue and other factors. Groups larger than 25 are considered to be unsuitable to facilitate good quality childbirth and early parenting education.
<i>Group process</i>	Anticipated processes of adaptive group development such as Tuckman's phases of Forming, Storming, Norming, Performing and Adjourning (Tuckman 1965). Other theorists include Fischer (1970) and Gersick (1989).
<i>Group safety</i>	Facilitates an environment where group members feel physically and emotionally safe and that their privacy and confidentiality is respected.
<i>Health care provider</i>	May include doctors, midwives, maternal, child and family health nurses, physiotherapists, occupational therapists, psychologists, Aboriginal health workers, multicultural liaison and other specialist services.
<i>Housekeeping matters</i>	Examples include directions to toilets, refreshments and evacuation procedures; establishing cultural safety of known and unknown Aboriginal and/or Torres Strait Islander peoples in the room by considering Welcome to Country; acknowledging diversity in the group by clarifying the use of word 'partner' throughout the course to encompass husbands, partners of either gender, and/or other accompanying significant person; attending to diverse language, cultural, religious or physical needs of group members.
<i>Identified referral pathway</i>	A referral pathway is the process by which a person is referred from one clinician/practitioner to another within the health system or elsewhere, such as to a community group. An identified pathway usually follows a defined series of steps.
<i>Identified strengths and roles</i>	Roles typically taken by group members may include information seeker, and roles information giver, elaborator, opinion seeker, opinion giver, tension-reliever, mediator, gate-keeper, time-keeper. The identification of these roles, as well as previous relevant experience of learners, can assist the group process.
<i>Inappropriate behaviour</i>	May include violent or inappropriate language, verbal or physical abuse, bullying, dominant or overbearing behaviour, disruptive behaviour, insensitive behaviour to learners or educator based on gender, ethnicity, culture, religion etc., or non-compliance with safety instructions.

<i>Infant feeding</i>	Incorporates: education before and during pregnancy as well as the postnatal period to encourage and support breastfeeding; education during the early parenting period about appropriate introduction to other foods, as well as instances when one-on-one education about formula feeding is required.
<i>Infant mental health</i>	Recognition that infancy is a foundational developmental period, physically, psychologically and socially; that infant development occurs within the context of key care-giving relationships; and that infants have abilities, drives, wants and needs but also rights, just as more verbal older children and adults do.
<i>Language and literacy</i>	Learning activities and presentation of content are pitched to match the learner's ability to read and write.
<i>Leadership style</i>	May include democratic, autocratic, expert, laissez-faire; all styles may be used at different times within a session.
<i>Learner characteristics</i>	Examples include age (early teens to late 40s), gender, health status, high risk pregnancy, language, literacy and numeracy levels, level of maturity, level of formal education, preferred learning styles, past learning experiences, attitudes and values, employment status, specific needs and abilities such as vision, hearing, mobility impairment, developmentally delayed, Aboriginal and/or Torres Strait Islander peoples, those from culturally and linguistically diverse (CALD) background, different family structure, chemical dependence, imprisonment or detention.
<i>Learning activities</i>	May include learning activities that appeal to different learning styles: large group discussion, small group and gender group activities, brain storming, problem-solving, matching, demonstration, role modelling and practice, time for couples to work together; consideration for single parents, culturally diverse group members, same-gender parents, differently-abled group members, activities that involve movement or music, refreshment breaks, privacy factors and room constraints.
<i>Learning needs</i>	Specific learning needs and priorities of individuals will be varied, depending on past experience, and is ideally ascertained early in the educational relationship. May be predicted based on research, personal experience and/or that of colleagues.
<i>Learning opportunities</i>	Learning opportunities may be formal or informal. Informal learning may include opportunistic education in response to an unplanned situation, for example while providing antenatal or postnatal care, or responding to comments or stories in a group education session. Formal learning opportunities include Birth and Parenting courses, Breastfeeding classes; in-services, seminars, and clinical supervision.
<i>Learning styles</i>	May include auditory, visual, kinaesthetic, left/right brain, global/analytical, theoretical, activist, pragmatist, reflective.
<i>Legislation</i>	May include Federal and State Acts covering the practice of health practitioners such as nurses, midwives, physiotherapists, occupational therapists, doctors, psychologists and social workers.
<i>Life continuum</i>	From preconception, conception to death is a progressive journey identified by typical stages.
<i>Media influences</i>	Stories relating to pregnancy, labour and birth reported in popular media newspapers, magazines, books, television, documentaries, dramas, internet and YouTube, and on-line social networking sites such as Facebook, twitter and Instagram.

<i>Mentoring</i>	Mutually beneficial relationship which involves a more experienced person helping a less experienced person to achieve her/his goal.
<i>Mother</i>	Includes: birth mother, female parent, adoptive parent, stepmother, surrogate parent, birthing person, other definitions may include female clan leaders.
<i>Multidisciplinary team</i>	A group of professionals who work together to achieve identified goals. May include midwives, maternal, child and family health nurses and midwives, registered nurses, physiotherapists, doctors, doulas, independent childbirth educators, social workers, lactation consultants, occupational therapists, psychologists, Aboriginal health workers, multicultural health workers, administrative and clerical staff.
<i>Needs analysis</i>	Formal assessment of existing or potential programs and specific target group, to ascertain gaps in services or knowledge, and acceptable strategies to address these gaps.
<i>One to one learning</i>	Learning session between the educator and the learner and may include the support person; the intense session requires a shorter time-frame and the opportunity for the learner to take a break.
<i>Parent</i>	Person who is the caretaker of a child; may include the biological mother and/or father of the child; adoptive or surrogate parent; other person nominated as a legal carer of the child; in the childbirth and early parenting context, this could include another significant person nominated by the primary parent.
<i>Parenting partnership</i>	Where adults take responsibility to cooperatively provide the physical, mental and emotional care for a child.
<i>Partners</i>	Usually members of a couple in a relationship; in a group education or clinical setting, the person accompanying the parent as a support person and who may or may not be in a couple relationship.
<i>Partnership</i>	A respectful, negotiated way of working together that enables choice, participation and equity, within an honest, trusting relationship that is based in empathy, support and reciprocity (Bidmead and Cowley 2005).
<i>Perinatal mental health</i>	Emotional, psychological, spiritual and social aspects of health and wellbeing of women, their infants, partners and family from pregnancy until one year post birth.
<i>Perinatal period</i>	Period of time covering pregnancy and the first year after birth. Includes physical changes, transition and adjustment to parenthood of parents or care-givers, changes in relationships with partner and other family members.
<i>Physiological process</i>	Function of a living organism.
<i>Policy directives, procedures and guidelines</i>	Sources may include: Federal, State and local government; World Health Organisation (WHO) resolutions, area health authorities. Examples may include: Work, health and safety guidelines; Working with children checks; Mandatory Reporting of Children at Risk; WHO Code for Breastfeeding; Copyright and Intellectual Property laws; Keeping Birth Normal guidelines; Competency Standards for Midwives, and Competency Standards for Maternal, Child and Family Health Nurses.

<i>Presentation skills</i>	May include: speaking with appropriate tone and pitch; using appropriate language to engage the learners; demonstrating confidence and enthusiasm; appropriate use of eye contact with learners ensuring consideration for cultural norms; summarising key points; encouraging and responding appropriately to questions; judicious use of technology and visual aids; supporting learners to make connections between concepts.
<i>Professional body</i>	May include: organisations, associations, authorities or boards that oversee the professional practice of health care providers such as doctors, midwives and nurses, physiotherapists, occupational therapists, and social workers.
<i>Professional development</i>	Includes participating or presenting at in-service education, presentations, workshops, conferences; publishing journal articles or book chapters; actively reading and reflecting on relevant professional articles; engaging in reflective practice.
<i>Quality improvement</i>	Identified gap in service is improved by planned and evaluated project or activity.
<i>Recognised training provider</i>	May include: Australasian Lactation Course, Health e-Learning, Lamaze (based in USA), Hypnobirthing International – Mongan method (based in USA), NCT (based in UK), providers of Certificate IV in Training and Education (Australian AQF), Australian Breastfeeding Association (Certificate IV in Breastfeeding Education and Counselling), Calmbirth® training, university qualification such as Masters in Adult Education or Public Health.
<i>Reflective practice</i>	Process where educator reflects on a work experience by describing the experience, feelings during the experience, asking key questions, evaluating and analysing the experience, drawing conclusions, reviewing achievements, and developing a plan of action for next time (Australian College of Midwives 2007). Reflective practice also includes the documentation of the processes, for example a reflective journal. A useful tool could be the CAPEA Assessment Tool for Birth and Parenting Educators.
<i>Resource person</i>	May include knowledge of and/or referral to local health care providers and services, support groups (for example Australian Breastfeeding Association) or other sources of unbiased, evidence-based information.
<i>Rights and responsibilities</i>	All staff, clients, patients and visitors have rights and responsibilities when accessing or providing health services. A copy of the Australian Charter of Healthcare Rights and Responsibilities may be obtained through local Area Health Services.
<i>Scope of practice</i>	Practice in which midwives and nurses are educated, competent to perform and permitted by law. The actual scope of practice is influenced by the context in which the midwife or nurse practices, the health needs of the people, the level of competence and the confidence of the midwife or nurse and the policy requirements of the service provider (Nursing and Midwifery Board of Australia 2016). Defines the procedures, actions, and processes that are permitted by the individual in their professional practice; other examples include: Australian Physiotherapy Association.
<i>Self-evaluation</i>	Individuals judge their own performance, knowledge, skills and attitudes using a range of evaluation methods, eg: consumer participation and written feedback; postnatal on-line surveys conducted by service manager; use a self-reflection tool such as the CAPEA Assessment Tool for Birth and Parenting Educators and discuss with a mentor, peer or manager.

<i>Session plan</i>	May also be named lesson plan, is written by individual educator or organisation as a planned guide and may include title, introduction/s, safety requirements, objectives, outline of topics/content, learning activities, methods of facilitation, timeline/ length of each segment or activity, evaluation strategies, learning resources required, wrap-up strategy or summary/conclusion.
<i>Significant and transformational life event</i>	Examples are pregnancy, birth, becoming a parent, marriage, divorce, moving to a new house, change of work, and bereavement.
<i>Social issues</i>	Examples include policies and community attitude to issues such as free-standing birth centres, home births, Caesarean birth rates, infant feeding, immunization, infant seeding following Caesarean birth.
<i>Sources of information</i>	May include but not limited to midwives, doctors, educators, doulas, psychologists, physiotherapists, occupational therapists, multicultural liaison officers, family, friends, consumer groups, books, magazines, free-to-air and pay television, websites, and on-line forums.
<i>Target group</i>	Group characterised by common learning needs or goals, for example first time parents, culturally and linguistically diverse (CALD) groups, young parents, planning for the next birth after Caesarean section (NBAC) or learning breastfeeding skills.
<i>Teaching aids</i>	May include films (eg: about labour and birth, breastfeeding, newborn baby behaviour) shown via DVD player/television, projector screen, computer, smartboard; prepared learning activities (eg: matching cards, problem-solving); doll babies, models (eg: pelvis, foetal doll, breast, babies' tummies), prepared handouts or workbooks, sourced literature, charts and posters, whiteboard/blackboard, butcher's paper.
<i>Teaching venue</i>	May include a specific education room with easy access to an additional break-out room, reasonable access for participants and educator, car parking, after-hours security, toilet & refreshment facilities; opportunistic or planned teaching at antenatal visit in clinic or at home; bedside of hospitalised inpatients.
<i>Technology</i>	May include computer technology (laptop, data projector, multiple media systems, internet access, 'PowerPoint' or similar presentations), smartboard, television, large screen, overhead projector, DVD or comparable media playing device, portable audio/speaker devices (MP3, iPod, CD player), ongoing educational support via online forum or email; includes attention to copyright issues.
<i>Unexpected events during pregnancy, birth and early parenting</i>	Unexpected events may be perceived by a health professional differently to a parent. For a health professional examples may include miscarriage, stillbirth, umbilical cord prolapse, whereas for a parent these could include posterior baby, perineal tear, unexpected gender of baby, length of labour, Caesarean birth.
<i>Unsafe practice</i>	May include: Work, Health and Safety (WH&S) issues such as identifying and controlling risks and hazards; emotional safety issues such as bullying; unsafe professional practices by self or others.

<i>Values, beliefs, biases, culture and religion</i>	Examples include beliefs and attitudes towards: pregnancy, birth and early parenting, family structure, the value of education, the care provider, role of father, role of pain relief in labour, place of birth, labour in water, feeding baby, immunisation and practices specific to a culture or religion. Provides/ensures culturally safe care, information and environments – see CATSINaMs definition on cultural safety. (Congress of Aboriginal and Torres Strait Islander Nurses and Midwives 2014). https://www.catsinam.org.au/static/uploads/files/cultural-safety-endorsed-march-2014-wfginzphsxbz.pdf .
<i>Variance from the normal physiological childbearing processes</i>	Examples may include: pre-eclampsia, premature labour, premature rupture of membranes, breech presentation, vaginal birth after Caesarean operation, Caesarean birth, episiotomy, placenta praevia, type 1, type 2 and gestational diabetes, pre-existing medical condition, baby requiring neonatal intensive care.
<i>WH&S risk factors</i>	Work, Health and Safety risk factors are the likelihood of injury or ill health in an occupational setting as a result of exposure to identified hazards such as: physical (trips, electrical, heat), chemical (fire, hazardous substances), biological (pathogens), ergonomic (manual handling), psycho-social (fatigue, workload, bullying).
<i>WHO guidelines</i>	World Health Organisation International Code of Marketing of Breast-milk Substitutes. (World Health Organisation 1981). http://www.who.int/nutrition/publications/code_english.pdf

References

- Australian College of Midwives (2007). Continuing Professional Development program Canberra.
- Bidmead, C. and S. Cowley (2005). A concept analysis of partnership with client. *Community Practitioner* 78(6): 203-208.
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (2014). Cultural Safety Position Statement., Congress of Aboriginal and Torres Strait Islander Nurses and Midwives.
- Dudgeon, P., M. Wright and J. Coffin (2010). Talking it and walking it: *Cultural Competence Journal of Australian Indigenous Issues* 13(3): 29-44.
- Fischer, B. A. (1970). Decision emergence: Phases in group decision making. *Communication Monographs* 37: 53-66.
- Gersick, C. J. (1989). Marking time: Predictable transitions in task groups. *The Academy of Management Journal* 32(2): 274-309.
- Health Education and Training Institute (2013). *The Superguide: A Supervision Continuum for Nurses and Midwives* Sydney HETI.
- Langtree, T. (2015). Promoting Family Health. *Kozier and Erb's Fundamentals of Nursing*. A. Berman, S. Snyder, T. Levett-Jones et al. Victoria Pearson Australia.
- Merriam-Webster Dictionary. (2016). *Co-parent*. Retrieved 15 December 2016, from <https://www.merriam-webster.com/dictionary/co-parent>.
- Nursing and Midwifery Board of Australia (2016). Registered Nurse Standards for Practice
- Tuckman, B. (1965). "Developmental sequence in small groups. *Psychological Bulletin* 63(6): 384-399.
- Vethan Law Firm, P. C. (2017). *What is the Difference Between Copyright and Intellectual Property?* Retrieved 26 April 2018, 2018, from <https://info.vethanlaw.com/blog/2015/10/what-is-the-difference-between-copyright-and-intellectual-property>.
- World Health Organisation (1981). International Code of Marketing of Breast-milk Substitutes., World Health Organisation

CAPEA Further Education Committee and Consultations

First Edition: CAPEA Further Education Committee and Competency Standards Development Team 2009-2011.

Jane Svensson
Clinical Midwifery Consultant Health Education
Royal Hospital for Women
Locked Bag 2000, Randwick NSW

Deb Galloway
Midwifery Consultant Parenting Education
Maternity Services John Hunter Hospital
Newcastle, NSW

Lisa Robertson
Midwifery Specialist Parenting Education
Maternity Services John Hunter Hospital
Newcastle NSW

Jan Dilworth
Clinical Midwifery Consultant Parent Education
RPA Women and Babies
Royal Prince Alfred Hospital
Camperdown NSW

Jeannie Lynch
Hospital Nurse Coordinator/ Parent Education
Coordinator
Sunnybank Private Hospital
Queensland

Mary Wickham
Parent Education Consultant
Child and Family Health Nurse
Lismore NSW

First edition consultation

Consultation commenced in September 2010 with, document being sent to a Reference Group. Members of this group, specifically chosen to match the diversity of practice of Australian Childbirth and Early Parenting Educators, are listed alphabetically by association/organisation.

- Australian College of Midwives: Hilary Hunter
- Australian Doula College: Renee Adair
- Australian Physiotherapy Association: Rose Horvat
- Birth International: Andrea Robertson
- Child and Family Health Nurses Association: Julie Maddox
- Childbirth Education Association: Dr Tracey Thornley
- Childbirth Education Consultant: Bronny Handfield
- Early Parenting Program, Women's Health and Community Partnerships, South Eastern Sydney Local Health District: Helen Rogers, Kim Brickwood
- Lactation Consultants of Australia & New Zealand: Barbara Taunton-Clark
- NSW Pregnancy, Birth & Early Parenting Education Coordinators Network: Carolyn Love, Amanda Reilly
- Professor Cathrine Fowler: Professor in Child and Family Health Nursing, University of Technology, Sydney
- Professor Mary Nolan: Professor of Perinatal Education, University of Worcester, UK
- Western Australia Training Program Project: Natalie Burgess

From their feedback, a final draft was circulated in March 2011 with comments from the following National Association of Childbirth Educators (NACE), now CAPEA, representatives.

- NACE National Committee: Sarah Moulton, Anne Leahy, Kim Brickwood, Rhonda Allen, Susan Comerford, Dianne Haworth, Mary-Ann Baker, Jane Knight, Sally Gregor
- Certified Trainers and Hospital-based Educators: Sue Cheney, Patricia Kunek, Neroli Marke-Hutton
- Certified Trainers and Independent Educators: Rhea Dempsey, Melinda Eales, Shari Read
- Member: Kim Squires
- Chris May: PhD Research Candidate, Fathers and Families Research Team, Family Action Centre, University of Newcastle
- Women's Health and Community Partnerships, SESLHD and Early Parenting Educator: Susan Glassick

The CAPEA Further Education Committee acknowledged two documents, which were used to inform the first edition of our document:

- Australian Nursing and Midwifery Council (2006). *National Competency Standards for the Midwife*.
- Child and Family Health Nurses Association (NSW) Inc. *Competency Standards for Child and Family Health Nurses*.

Second Edition: CAPEA Further Education Committee and Competency Standards Development Team for Second Edition: 2016-2018

Jane Svensson, FEC Chair
Clinical Midwifery Consultant Health Education
Royal Hospital for Women, Locked Bag 2000,
Randwick NSW

Lisa Robertson
Midwifery Specialist Parenting Education (retired),
Newcastle NSW

Jan Dilworth
Clinical Midwifery Consultant Parent Education
RPA Women and Babies, Royal Prince Alfred
Hospital, Camperdown NSW

Dianne Haworth, CAPEA National President and
Lactation Consultant
Launceston General Hospital
and in private practice.
Launceston, Tasmania

Donna Griffis
Clinical Midwifery Educator and Parenting
Educator, Lactation Consultant, Maternity Services,
John Hunter Hospital,
Newcastle NSW

Paula Dillon
Registered Midwife/ Childbirth & Perinatal
Loss Educator, Greenslopes Private Hospital,
Greenslopes, Qld, 4120

Karen McClay
Owner & Director of Calmbirth Pty Ltd
Midwife and Childbirth Educator
Bowral NSW

Second edition consultation

Review of the first edition commenced in October 2016 with a survey of delegates at CAPEA National biennial conference in Adelaide, with 39 delegates completing the survey. In January 2017 the survey was then emailed to all CAPEA members, with 35 respondents. From these two convenience samples, and with the securing of key documents listed below, the rewrite of the Competency Standards was undertaken through the end of 2017 and into 2018. By May 2018 the draft was ready for review, with the following consultants providing comment/edits.

- Annette Loadsman, RN/CM/CHN, Childbirth Education Coordinator, Cairns Hospital
- Anthea Thomas, Director HypnoBirthing International. Faculty Member - Australia - HypnoBirthing Institute.
- Dr Chris May, Fathers & Families Research Program, Family Action Centre University of Newcastle, NSW.
- Helen Rogers, South Eastern Sydney Local Health District - Early Parenting Program Coordinator. Child, Youth and Family Services.
- Karen Logan, CAPEA National Secretary. Parenting Educator and Women's Health Physiotherapist, John Hunter Hospital.
- Professor Hannah Dahlan, Professor of Midwifery, Western Sydney University.
- Ruth King, Midwifery Advisor Education Unit, Australian College of Midwives
- Susan Spencer, CAPEA Vice-President and Manager Childbirth and Early Parenting Education, Royal North Shore Hospital.
- Jane Springall, Trainer Child and Youth Services, Quality Improvement and Workforce Development, Department of Health and Human Services, Tasmania.
- Tanya Strusberg, LCCE, FACCE. Lamaze Certified Childbirth Educator and Lamaze International Board of Directors.
- Oceane Campbell, Registered Midwife.

The CAPEA FEC wishes to acknowledge the following documents that informed the second edition:

- Australian Association of Maternal Child and Family Health Nurses Inc. (2012). *Breastfeeding Position Statement*. Retrieved 12 March 2018 from <http://www.mcafhn.org.au/Portals/0/PositionStmnt-PDF/AAMCFHN%20Breastfeeding%20Position%20Statement.pdf>.
- Australian College of Midwives. (2016). *Scope of Practice for Midwives in Australia*. Retrieved 20 February, 2018, from https://19-midwives.cdn.aspedia.net/sites/default/files/uploaded-content/field_f_content_file/acm_scope_of_practice_for_midwives_in_australia_v2.0.pdf.
- Australian Health Ministers' Advisory Council's National Aboriginal and Torres Strait Islander Health Steering Committee (2016). *Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health*. Canberra: Australian Health Ministers' Advisory Council.
- Childbirth and Postpartum Professional Association (CAPPA). *Scope of Practice*. Retrieved 11 January, 2018 from <http://www.cappa.net/childbirth-educator>.
- Childbirth International: training without borders. (2018). *Code of Practice*. Retrieved 11 January 2018, from <http://childbirthinternational.com/code-of-practice/>.
- Childbirth Professionals International. *Role and Scope of Childbirth Educator*. Retrieved 11 January, 2018.
- Grant, J., C. Mitchell and L. Cuthbertson (2017). *National Standards of Practice for Maternal, Child and Family Health Nurses in Australia*. Adelaide Flinders Press.
- International Childbirth Education Association (2015). ICEA Position Paper: *Role and Scope of the Childbirth Educator*.
- Lamaze International. (2017). *Education: Standards of Practice for Lamaze Certified Childbirth Educators*. Retrieved 10 March 2018, from <https://www.lamazeinternational.org/index.php?mo=cm&op=ld&fid=193>.
- Lamaze International. (2017). *Certification: Code of Ethics for Lamaze Certified Educators*. Retrieved 10 March 2018, from <https://www.lamazeinternational.org/page/certification-code-of-ethics-for-lamaze-certified-childbirth-educators>.
- Nursing and Midwifery Board of Australia (2018). *Midwife Standards for Practice*.

Appendix 1

Birth and Parenting Educator's Assessment Tool

An Assessment Tool has been developed by CAPEA and the Parenting Education Service at John Hunter Hospital, Newcastle based on the CAPEA Competency Standards. It is designed to be used following the observation of a session or program by an experienced educator or service manager to guide meaningful feedback between the student, new or experienced birth and parenting educator and the assessor. Alternately, it may be used as a self-reflection guide to be discussed at a Peer Review.

The Tool aims to guide observation and reflection of the practical aspects of facilitating childbirth and early parenting education. It cannot cover the other necessary aspects such as professional development requirements to fulfill the criteria to meet CAPEA certification as an Educator or Trainer.

Link to the Assessment Tool for Birth and Parenting Educators, see http://www.apea.org.au/Portals/0/Assessment_Tool_for_Parenting_Educators_Dec2016.pdf?ver=2017-08-11-072446-117

For application to become a CAPEA Certified Educator or Trainer, see <http://www.apea.org.au/Membership/Application-for-CAPEA-Certification>

Birth and Parenting Educator's Assessment Tool: Student, New or Experienced Educator

Name:

Following observation of a group session/s, this assessment tool is designed to guide meaningful feedback between the student, new or experienced birth and parenting educator and the assessor. The tool has its origins in the *CAPEA Competency Standards for Childbirth and Early Parenting Educators (Australia, 2011)*

N/A = Not applicable; NYC = Not Yet Competent; C = Competent

In Bold font = essential knowledge, attitudes and skills; Regular font = Desirable

CUES	Self-evaluation			Assessor		
	N/A	NYC	C	N/A	NYC	C
1. PREPARES AN ENVIRONMENT CONDUCIVE TO LEARNING						
a. Creates a welcoming atmosphere that is conducive to learning: room set-up, heat/cool, accessibility for participants, refreshments, etc						
b. Arranges seating to facilitate interaction among group participants and viewing of visual aids						
c. Checks all resources and learning aids are in good working order						
2. APPLIES TEACHING – LEARNING PRINCIPLES						
a. Has clearly documented lesson plan with participant learning objectives that meet the course curriculum						
b. Learning strategies and activities match the learning objectives						
c. Uses a range of learning strategies, activities and audio-visual resources that meet different learning styles/ preferences						
d. Delivery of the learning strategies and activities is organised and sequential, while also responding to learners' needs						
e. Group participants are aware of the session learning objectives						
f. Demonstrates good contemporary knowledge of: anatomy and physiology of normal pregnancy, labour, birth, breastfeeding and postnatal period, including function of hormones, breath awareness, active birth						
g. Promotes childbirth and breastfeeding as normal physiological processes and significant life events						
h. Uses the life experiences from participants to build on existing knowledge, skills and attitudes						
i. Demonstrates good knowledge of variances from normal: provides evidence-based, un-biased information, promotes the development of adaptive strategies in response to unexpected events						
j. Refers to local hospital and state/national statistics when appropriate						
k. Uses recent research evidence to support discussions						

CUES	Self-evaluation			Assessor		
	N/A	NYC	C	N/A	NYC	C
l. Demonstrates knowledge of contemporary debatable issues, eg: optimal cord clamping, skin-to-skin care at Caesarean, 3rd stage management, etc						
m. Demonstrates practical skills, eg: breath and body awareness, active birth positions, followed by practice by participants						
n. Promotes the importance of fathers and co-parents during pregnancy, labour and parenting						
o. Provides culturally appropriate education that values differences in birthing and parenting practices (diverse cultures, age and socio-economic groups)						
p. Summarises key points at the end of each session						
3. DEMONSTRATES GROUP FACILITATION SKILLS						
a. Introduces self and uses innovative ways for participants to introduce themselves						
b. Adjusts leadership style according to the needs of the group						
c. Selects learning strategies according to the stage of group development						
d. Uses a range of ice-melters and energisers as required						
e. Uses small-group learning activities as appropriate, with small groups divided creatively and sensitively, eg: pregnant & non-pregnant, women & men, culturally-similar or blended, etc						
f. Uses a range of strategies when dealing with challenging behaviour from group participants, eg; dominance by one person, aggression, differing opinions, very quiet person, shock with films, crying, giggling, reluctance to participate in some activities, etc						
g. Manages time effectively						
h. Creates opportunities for participants to develop social support networks and learn from each other						
i. Is a resource person and refers participants to further sources of information, including social media, books, websites, research-based sites						
4. USES EFFECTIVE COMMUNICATION STRATEGIES						
a. Demonstrates good presentation skills, eg: eye contact, hand and body gestures, voice modulation and projection, demonstration of visual aids and learning activities, appropriate professional clothing						
b. Considers language, literacy and numeracy levels of group members						
c. Uses language that is sensitive, inclusive of all participants, appropriate and professional						

CUES	Self-evaluation			Assessor		
	N/A	NYC	C	N/A	NYC	C
d. Information is presented in the ‘third person’, ie: explain if a woman is considering an epidural, not when you have an epidural (2nd person grammar)						
e. Information is presented clearly and accurately						
f. Recognises and responds appropriately to verbal and non-verbal communication cues of participants, eg: restlessness, boredom, comments, questions, eagerness to participate						
g. Uses a structured process to gain ongoing feedback from participants to evaluate the transfer of learning, eg; key questions, practise new skills						
h. Anxiety, fear or other forms of distress are recognised						
i. Acts appropriately to relieve distress						
j. Offers referral to another health professional if required						
5. DEMONSTRATES ETHICAL PRACTICE						
a. Protects the rights of participants to privacy, dignity and confidentiality						
b. Responds sensitively to complex social issues, differing values and beliefs						
c. Demonstrates awareness of avoiding personal bias in discussions and decision-making by participants						
d. Considers using a formal assessment process at the end of the course to assist reflective practice						
6. PRACTISES SAFELY						
a. Provides a safe work environment for self and participants						
b. Informs participants of emergency and evacuation procedures						
c. Uses Safe Work Procedures where available						

Please add further comments about the cues above:

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.....

.....

Course/session observed:

.....
.....

Mentee/Student/New Educator: _____

Name: _____ Signature: _____

Date: _____

Mentor/Assessor: _____

Name: _____ Signature: _____

Date: _____

Appendix 2

CAPEA Guideline for Practice for Childbirth and Early Parenting Educators

Childbirth And Parenting Educators of Australia (CAPEA) believes that those who practice as Childbirth and/or Early Parenting Educators in Australia are professionally and ethically bound to follow certain guidelines and uphold a high standard of practice.

In Australia, providers of childbirth and/or early parenting education are not legally required to comply with specific regulations, unless they also hold another qualification which has its own legal requirements from a national registration board and supported by Australian Health Practitioner Regulation Agency (AHPRA). Indeed, there is no universal training program nor registration process in Australia for Childbirth and Early Parenting Educators.

As the only national, incorporated association supporting educators in their quest to provide high quality educational programs, CAPEA has developed National Competency Standards for Practice of Childbirth and Early Parenting Educators. The Second Edition was published by CAPEA in 2018. These standards aim to guide educators in their own practice and ongoing education and research. It is envisaged that these standards will assist public and private maternity services, maternal, child and family health services, and private independent practitioners to provide good quality and evidence-based education to expectant and new mothers, parents and their families. The Standards can be located at: www.capea.org.au

By definition, a Scope of Practice relates directly to practice permitted by law by a registration board. As currently there is not a registration board for Australian Childbirth and Early Parenting Educators, CAPEA has developed this Guideline for Practice in lieu of a Scope of Practice.

The Competency Standards and the Guideline for Practice are both underpinned by the Philosophy of Childbirth And Parenting Educators of Australia (CAPEA) located at: www.capea.org.au

The Childbirth and/or Early Parenting Educator in Australia will practise within the following Guideline for Practice:

1. May practise within public or private maternity services, maternal, child and family health services and in independent practice.
2. Practises within the requirements of legislative and common law.
3. Responds and acts appropriately to instances of professional misconduct or breaches of law by self and others.
4. Identifies and acts upon the need for referral to other health professionals or identified referral pathway, such as mandatory reporting of person/s at risk.
5. Preserves copyright and intellectual property of others including educational materials such as films and/or photographs.
6. Maintains privacy and confidentiality at all times, both verbally and in writing, including client documentation.
7. When practising only as a Childbirth and Early Parenting Educator, does not provide any clinical care, medical assessment or diagnosis unless bound to do so as a duty of care from their professional qualification.
8. When appropriate, may also practice concurrently within an additional Scope of Practice relevant to another registered health profession supported by AHPRA; this could occur during a designated health and education visit in the home, health clinic, or birthing service, where appropriate documentation and/or ongoing clinical care or referral can be managed.

9. Uses evidence-based knowledge of the following perinatal areas: pregnancy, labour, birth, the puerperium, breastfeeding, infant feeding, early parenting, perinatal mental health infant mental health and family dynamics.
10. Facilitates learning using adult learning principles and group facilitation skills that are current, evidence-based and unbiased.
11. Ensures respect and dignity for all parents and their families, adapting childbirth and early parenting practice with sensitivity and cultural safety to meet the specific needs of:
 - a. Expectant and new mothers;
 - b. Expectant and new fathers, co-parents and other significant person/s nominated by the primary parent;
 - c. Different family structures, including single, blended, same-gender and multi-generational structures, and with a range of functionality;
 - d. Aboriginal and/or Torres Strait Islander people;
 - e. Culturally and linguistically diverse (CALD) people, including those who have lived in Australia for many years, new arrivals and those with humanitarian visas;
 - f. Those who are differently-abled, with low vision or blindness, deafness, intellectual impairment or physical limitations;
 - g. People of various age groups and life experiences.
12. Advocates for laws, policies, guidelines and care that promotes normal birth, breastfeeding, and the rights of parents to choose what is best for them and their family.
13. Promotes informed and evidence-based decision-making by participants and respects their choice of care when it is contrary to current practice.
14. Accepts the choice of healthcare professional for maternity and early parenting needs by expectant and new parents and ensures professional respect in all discussions.
15. Liaises and collaborates with other health care professionals such as lactation consultants, obstetricians, midwives, physiotherapists and others.
16. Restricts the distribution of free sample of products or literature to only those that do not contravene WHO guidelines or could be seen as being a conflict of interest.
17. Extends professional respect and behaviour towards other Childbirth and Early Parenting Educators and their educational programs.
18. Does not promote, advertise or market their childbirth and early parenting programs in any way that would be deemed detrimental to other Childbirth and Early Parenting Programs.
19. Is accountable and responsible for own practice and professional development.

Appendix 3

Philosophy of Childbirth And Parenting Educators of Australia (CAPEA)

Childbirth And Parenting Educators of Australia, Inc (CAPEA) believes that:

1. Pregnancy, birth and parenting are normal and significant and transformational life events for most families.
2. Birth can safely take place in hospitals, birth centres and homes with appropriate monitoring and professional health care.
3. Childbirth and early parenting education is an integral component of maternity, as well as maternal, child and family health care.
4. Childbirth and early parenting education is a significant primary health initiative that has the potential to influence not only the health and well-being of women, parents and their immediate families, but those of future generations.
5. Childbirth and Early Parenting Educators advocate for laws, policies, guidelines and care that promotes normal birth, breastfeeding, and the rights of parents to choose what is best for them and their family.
6. All expectant and new parents and their families have the right to respectful and professional care.
7. Childbirth and parenting education is based on contemporary evidence-based knowledge and the appropriate application of adult learning principles and group facilitation skills.
8. Excellent, accessible and responsive childbirth and parenting education should be available for all expectant and new mothers, fathers, parents and their families, and can be provided within and externally to maternity and parenting services.
9. The childbirth and early parenting learning needs of all expectant and new parents, co-parents and carers of infants and young children should be recognised regardless of age, gender, ethnic origin, sexual orientation, family structure or disability.
10. Childbirth and early parenting education should be provided in a non-judgmental, unbiased way to anyone seeking the service.
11. Fathers of the infant, being husbands, male partners, non-resident fathers, step-fathers and other father figures, have a central role in supporting women during pregnancy, labour and birth as well as supporting each other when roles change during the early parenting period. Fathers have specialised educational needs in the transition to parenthood and this can be achieved without jeopardising the notion of woman-centred care.
12. The parents, co-parents or carers of the baby may be in a same-gender, single parent, blended or multi-generational family, or be adoptive parents or legal guardians. These parents also have specialised educational needs in their transition to parenthood.
13. The early development of the parent-infant relationship is crucial for the future physical and mental health of the infant. This is achieved through the parent/s and significant others identified by the parent actively engaging in providing sensitive, timely and appropriate responses to their infant's cues for interaction and assistance.
14. Childbirth and Parenting Educators are accountable and responsible for their own practice and professional development.

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