

**Submission
No 255**

INQUIRY INTO BIRTH TRAUMA

Organisation: CAPEA Childbirth and Parenting Educators Australia

Date Received: 15 August 2023



CAPEA Submission to Birth Trauma Enquiry

<https://capea.org.au/>

Terms of reference:

- (e) the role and importance of "informed choice" in maternity care
- (g) the information available to patients regarding maternity care options prior to and during their care

CAPEA is the National Association representing Parenting Educators. We strongly recommend the implementation of the CAPEA Competency Standards for all antenatal educators in all settings (private and public) to provide evidence-based education regarding maternity care options and informed consent. We also recommend the adoption of a National Curriculum for parenting education to provide consistency of information.

The terms of reference are addressed by Standards 3 – 6 in the CAPEA Competency Standards.

<https://capea.org.au/resources/competency-standards-for-childbirth-and-parenting-educators/>

Standard 3: page 11. 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.
- 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. Page 12.

- 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.

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.

The Competency Standards have been recognised and recommended by the Queensland Clinical Excellence Report (June 2018), page 17 Recommendation 4.

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extension://efaidnbmnnnibpcajpcgclefindmkaj/<https://clinicalexcellence.qld.gov.au/sites/default/files/docs/priority-area/service-improvement/maternity-service-improvement/recommendations-antenatal-education.pdf>

Funding for Clinical Nurse Consultants overseeing Parenting Education

Currently, there is variation between public hospitals in the organisation and management of antenatal education programs and staffing. Over the past 10 years our members have reported reduced Clinical Nurse Consultant positions and hours allocated to the training, and support of parenting educators. Currently it is estimated that only 50% of first-time parents attend formalised antenatal education programs, preferring to seek information from other sources. This can lead to a mismatch between online education sourced from overseas models of care creating a mismatch with the local hospital provider.

We believe that quality consistent education programs led by an experienced educator in the prenatal setting enables women and their partners to understand common interventions (caesarean birth, induction, assisted birth & perineal trauma) and apply the B.R.A.I.N acronym to be better able to make informed choices during the birth and give fully informed consent. The discussion in a group setting with other participants and mediated by a birth professional allows time to process information from a variety of sources and personal viewpoints.

CAPEA supports adoption of a National Curriculum which is currently being formulated by the CAPEA Further Education Committee. This would provide consistency over all education programs. Currently each provider determines topics covered, positively allowing information to be tailored to the needs/ interests of participants. Negatively this could allow educator biases to limit balanced evidence-based viewpoints on common interventions. **Standard 6: The Childbirth and Early Parenting Educator plans and organises educational practice.**

Recommendations:

Adoption of the CAPEA competency Standards and Appendix 1 Birth and Parenting Educator's assessment tool across all parenting education providers.

Adoption of a National Curriculum

Increased funding for Clinical Nurse Consultant positions to provide training and ongoing assessment of educators.