



National Standards

for Childbirth and Early Parenting Educators

**Third Edition
2025**

Australia

Childbirth And Parenting Educators
of Australia
(CAPEA)

Acknowledgement of Country

CAPEA respectfully acknowledge all First Nations Peoples, and their Elders past, present and emerging. We honour and respect First Nations Peoples' connection to the land, their history and culture. We especially recognise how we can continue to learn from First Nations women in improving our understanding of how we can support First Nations families through pregnancy, birth and parenting.

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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.

www.capea.org.au

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Acknowledgement of Language Use:

This document may use gendered terms such as 'mother' and 'father' for clarity and consistency. However, we acknowledge and respect the diversity of family structures including same-sex parents, single parents, trans-gender and non-binary parents, kinship carers, and other primary caregivers. As health professionals, we are committed to providing inclusive, respectful and culturally safe care to all families.

Tribute to Dr Jane Svensson

The Childbirth and Parenting Educators of Australia (CAPEA) respectfully acknowledges and honours the extraordinary contribution of our dear colleague and friend, Jane Svensson, who sadly passed away on 26th February 2024.

Jane was a highly respected, dedicated, and influential leader within CAPEA's Further Education Committee. Her passion and tireless commitment profoundly shaped childbirth and early parenting education nationally. She was instrumental in leading the development and refinement of education modules, which are now the basis of ongoing research and pilot studies conducted at Federation University. Her visionary work continues to positively impact educators, families, and communities, demonstrating her enduring legacy.

Jane will be remembered for her unwavering dedication to excellence, her compassion, and her significant contributions to childbirth education. CAPEA extends our heartfelt gratitude for her lasting impact and offers sincere condolences to her family, friends, and colleagues.

We dedicate this edition of the National Standards of Practice for Childbirth and Early Parenting Educators to her memory, honouring her invaluable legacy in childbirth education.



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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 physiological, 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:
 - o an integral component of maternity, as well as maternal, child and family health care.
 - o 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.
 - o based on contemporary, evidence-informed knowledge and the appropriate application of adult learning principles and group facilitation skills.
 - o provided in a respectful, trauma-informed, and evidence-based way for anyone seeking the service.
4. **Childbirth and Early Parenting Educators:**
 - o advocate for laws, policies, guidelines and care that promote physiological birth, breastfeeding, and the rights of parents to choose what is best for them and their family.
 - o are accountable and responsible for their own practice and professional development.
5. **All expectant and new parents** and their families have the right to respectful and professional care.
6. **High-quality, accessible, and responsive education** should be available to all expectant and new parents and families, both within and external to maternity and parenting services.
7. **Learning needs of all 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.
8. **Fathers and father figures**, including partners, non-resident fathers, step-fathers and other significant male carers, have a central role in supporting women during pregnancy, labour, birth and early parenting. They have specialised educational needs in the transition to parenthood, which can be met without compromising woman-centred care.
9. **Parents, co-parents or carers** may be from diverse family structures — such as same-gender, single-parent, blended or multi-generational families, or may be adoptive parents or legal guardians. These parents also have specialised educational needs in their transition to parenthood.
10. **The early development of the parent–infant relationship** is crucial for the future physical and mental health of the infant. This is achieved through parents 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.



Introduction

All expectant and new parents have the right to own their unique experiences of pregnancy, birth, and early parenting. They are also entitled to receive quality, evidenced-informed education that is accessible, culturally appropriate, and grounded in contemporary adult learning and group facilitation principles.

Childbirth and early parenting education is widely recognised as an essential component of maternity and child and family health care by both the community and health service providers. However, there is currently no universally accredited training program for Childbirth and Early Parenting Educators in Australia, nor is there a formal registration process for educators. Providers of this education may hold varying qualifications, but all are dedicated to preparing and supporting parents and families for birth and early parenting across different settings and contexts.

The Childbirth and Parenting Educators of Australia (CAPEA) is the only national, not-for-profit, incorporated association supporting Australian Childbirth and Early Parenting Educators. CAPEA fosters a diverse and collaborative community of educators, which is valued for its collective knowledge and expertise in the field.

The CAPEA National Standards for Childbirth and Early Parenting Educators aim to promote competence across a range of backgrounds, serving as the foundation for assessment and recognition as a CAPEA Certified Educator or Trainer. These Standards apply to both beginner and experienced educators, as well as coordinators or managers of childbirth and early parenting education services, across various settings.

Together with the CAPEA Guideline for Practice for Childbirth and Early Parenting Educators, these Standards represent a step toward a future national registration process for educators.

In 2011, under the former name of the National Association of Childbirth Educators (NACE), CAPEA published the first edition of these standards, following extensive consultation with stakeholders, including public and private hospitals, community organisations, independent educators, and recognised experts in the field.

In 2016, the CAPEA Further Education Committee (FEC) led a review of the first edition. Feedback from both CAPEA members and non-members, gathered through surveys and consultations, informed the revisions in this second edition, with a focus on making the standards more user-friendly. The FEC also incorporated insights from other competency standards and current literature to further clarify the guidelines.

CAPEA is proud to present the third edition of the National Standards for Childbirth and Early Parenting Educators, designed to guide educators in their practice, ongoing education, and research. These Standards are also intended to support public and private maternity services, maternal, child, and family health services, and independent practitioners in providing high-quality education to expectant and new parents and their families.

Style and Format

of this Document

Each Standard outlines the competencies necessary for professional practice, with performance cues to help demonstrate achievement.

Glossary of Terms

The Glossary contains definitions and explanations for common terms used throughout the Standards.

It is important to note that the document acknowledges the diverse family structures within our society today. The materials within should be interpreted with all family types in mind, including same-sex couples, single parents, and other non-traditional family structures. Same-sex parents or co-parents are referred to as “mother” or “father” within the text.

Practical Application of the CAPEA Standards

The CAPEA Standards provide a framework for childbirth and early parenting education in all settings, including:

- Development of education programs for expectant and new parents;
- Development of training programs for Childbirth and Early Parenting Educators;
- Assessment of educator performance at various stages, from beginner to experienced;

- Performance reviews, continuing professional development, and self-assessment;
- Re-assessment of educators returning to work after a break.

A helpful tool for performance reviews is the **Birth and Parenting Educator's Assessment Tool** (CAPEA, 2024), [Access the tool here](#).

Assessment and Review may involve:

- Identifying critical aspects and evidence for demonstrating competence;
- Using various assessment methods, such as observation, questioning, and client evaluations;
- Involving mentors, peers, or supervisors in the assessment process;
- Reviewing whether the educator practices independently or within a team, and using video recordings for assessment where necessary;
- Ensuring the educator holds relevant qualifications, such as certifications from recognised training organisations or degrees in education or related fields.
- Understanding cultural differences in the educator's working environment, particularly in relation to Aboriginal, Torres Strait Islander, or multicultural groups.



Standard 1:

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.

For a Childbirth and Early Parenting Educator who is registered with the Australian Health Practitioner Regulation Agency (AHPRA), one needs to:

- a. Comply with Federal and State government legislation related to health practice;
- b. Provide evidence of annual registration with AHPRA as required;
- c. Abide by the duty of care requirements of their professional body.

For a Childbirth and Early Parenting Educator who is not registered with AHPRA, one needs to:

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

Compliance with legislation and policies relevant to practice:

- e. Identifies and applies relevant International, Federal, State and local legislation, common law, policy directives, procedures and guidelines in practice;
- f. Protects confidentiality, privacy and dignity in all consumer interactions;
- g. Adheres to legal and professional documentation related to the mother, the father and the family.
- h. Adheres to legal and ethical standards to protect copyright and intellectual property, and the use of 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 appropriate referral pathways, including mandatory reporting;
- k. Holds professional indemnity insurance.

Standard 2:

Accepts professional and ethical responsibility for practising within the Philosophy and Guideline for Practice for Childbirth and Early Parenting Educators.

Adopts professional philosophy and guidelines, and ethical practice:

- a. Abides by the philosophy of Childbirth and Parenting Educators of Australia (CAPEA);
- b. Functions within the CAPEA Guidelines for Practice for Childbirth and Early Parenting Educators;
- c. Identifies and discusses strategies to address contemporary ethical issues relevant to practice;
- d. Recognises personal values, beliefs, biases, culture, and religion, and manages their impact on practice through appropriate strategies;
- e. Responds to sensitive issues with respect and consideration for differing values, beliefs, biases, culture, religion, and family structures;
- f. Advocates for the rights, dignity, and self-determination of mothers, fathers, children, families and communities, in alignment with international and national standards;

Follows appropriate consultation and referral guidelines:

- g. Refers to appropriate health care provider or established referral pathway when the needs of the mother/s, father and the family fall outside own scope of practice or competence.

Shows respect for autonomy, informed consent, and informed decision-making:

- h. Promotes participants' self-determination, and supports informed, evidence-informed decision-making;
- i. Respects the right of all consumers to choose their own care pathway, even when their decisions may differ from current evidence, best-practice guidelines, or the advice of a care provider;
- j. Ensures decisions are made after discussion of credible, evidence-informed information, considering benefits, risks, alternatives, language and literacy levels, and cultural and religious aspects;
- k. Upholds a comprehensive understanding of informed consent principles within the context of their role as childbirth and parent educators, and remains updated with relevant laws and professional guidelines within their jurisdiction;
- l. Ensures that women are aware of their rights, responsibilities and decision-making processes related to healthcare choices for themselves, and their babies;

Works collaboratively, in partnership with all key stakeholders:

- m. Discusses strategies to encourage and assist women, partners and their families in forming positive, family-centered partnerships with health care providers and the multidisciplinary team;
- n. Initiates and maintains effective communication with other health care providers, religious and cultural groups, agencies, community organisations, and consumers;
- o. Practices ethically in online settings, ensuring the privacy of participants in the groups such as, online classes, electronic records, and ensuring informed consent for recordings, and data storage in accordance with relevant privacy legislation.

Standard 3:

Maintains own evidence-informed knowledge and skills to provide education in accord with current practice.

Maintains professional knowledge and evidence-informed practice:

- a. Regularly evaluates personal knowledge and skills, identifying strengths and gaps, undertaking further education activities to address these, and enhance facilitation skills, and familiarity with emerging social trends and research;
- b. Retrieves, analyses, and interprets research effectively, demonstrating an understanding of various levels of evidence and inquiry;
- c. Recognises when evidence is not adequate to inform best-practice, and communicates this respectfully with parents and families, considering cultural and family traditions in the discussion.

Enhances education delivery and technical competence:

- d. Applies current evidence to the design and delivery of childbirth education programs;
- e. Identifies, collaborates on, or conducts research and/or quality improvement initiatives that enhance education delivery, and integrates findings into practice;
- f. Assesses and evaluates the suitability of research participation requests, including the ethical reviews and informed consent processes;
- g. Demonstrates technical competence in facilitating online group classes and forums, utilising platforms, tools, and educational aids effectively.

Standard 4:

Uses evidence-informed knowledge of the perinatal period.

Commitment to ongoing professional development and application of evidence-informed midwifery practice and research:

- a. Has a sound evidence-informed 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. Demonstrates skills in retrieving, interpreting and evaluating research to inform practice;
- c. Recognises pregnancy, birth and parenting as significant and transformational life events;

Facilitates education to support physiological birth processes:

- d. Communicates the benefits of the physiological birth process and promotes adaptive strategies to support physiological birth and breastfeeding;
- e. Actively engages group participation and discussion of adaptive strategies to support physiological birth and breastfeeding;
- f. Facilitates group discussions about the benefits of breastfeeding for the baby, mother, family and future generations, while offering practical breastfeeding support and skills with a family-centered approach;
- g. When applicable and upon request, provides **one-on-one** evidence-informed guidance on infant formula-feeding, adhering to the WHO guidelines;
- h. Highlights the important role that the parenting partnership plays in influencing outcomes for mothers, partners, and children;
- i. Discusses the crucial role of fathers and partners during pregnancy, birth, and in the postnatal period, emphasising their significance in supporting each other and engaging with their children;
- j. Shares unbiased, evidence-informed information on common variations in the physiological childbearing process;
- k. Promotes discussion and development of realistic expectations, adaptive strategies, and resources to navigate unexpected events during the perinatal period, optimising parents' experiences even when outcomes differ from their expectations.

Standard 5:

Uses contemporary knowledge of adult learning and where applicable, group facilitation.

Applies adult learning principles to meet diverse needs:

- a. Integrates key principles of adult learning and group facilitation into practice;
- b. Adapts teaching methods to meet the specific needs of participants, considering learner characteristics;
- c. Demonstrates cultural safety and inclusivity, displaying sensitivity to the diverse social, cultural, emotional, physiological, psychological, and spiritual needs of the participants.
- d. Adapts practice to meet the unique needs of:
 - i. Expectant and new mothers and people.
 - ii. Expectant and new fathers, partners, 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.

Facilitates environments conducive to learning:

- e. Identifies incidental and spontaneous learning opportunities, during in-person or online education, that provides responsive, enriched learning experiences;
- f. Guides participants to reputable, evidence-informed sources of online information to access further information;
- g. Uses a comprehensive problem-solving approach in decision-making, and when faced with new or unusual situations.

Standard 6:

Plans and organises educational practice.

Conducts needs assessment and curriculum development as required.

- a. Conducts ongoing needs analysis to identify gaps in program development;
- b. Identifies the various target group/groups to assess their learning needs;
- c. Determines the learning outcome/s of all group members;
- d. Refers to relevant 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 the safety of self and others.

Considers resources and environment in practice:

- g. Confirms the available teaching venue, teaching aids and technology, to support group safety and to achieve the planned learning outcomes;
- h. Confirms the number of group members and their learner characteristics to ensure best-practices in adult learning and group facilitation;
- i. Ensures the number of group members in a facilitated online forum aligns with recommendations for effective education;
- j. Uses strategies to include participants with varied learner characteristics;
- k. Employs strategies to protect individual and group privacy and confidentiality, ensuring the use of reliable and secure online platforms;
- l. Clarifies the rights and responsibilities of both the facilitator and group members;
- m. Prepares a range of technology, teaching aids and learning activities to address diverse learning styles and needs;
- n. Provides documented evidence of a current structured session plan;
- o. Plans for, and collaborates with, qualified health interpreters and/or cultural health workers during the education sessions as needed. Includes an Acknowledgment of Country in both online and face-to-face classes.

Standard 7:

Facilitates learning by working in partnership with learners/ participants and using group facilitation skills.

Builds partnerships, and adopts group facilitation skills that are sensitive and inclusive:

- a. At the beginning of the program, establishes a partnership with group members by:
 - i. Creating a welcoming teaching environment;
 - ii. Addressing housekeeping matters;
 - iii. Establishing agreed group safety parameters.These processes will vary based on the modality (face-to-face and/or online) of the program;
- b. Creates innovative strategies to identify the specific *learning* needs of participants;
- c. Creates opportunities for socialisation within the group (online or face-to-face) to 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 group needs throughout the program;
- e. Utilises the strengths and roles of group members to enhance learning;
- f. Engages learners through a variety of learning activities;
- g. Responds sensitively to complex social issues, family dynamics, and media influences;
- h. Acts as a resource, directing participants to 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;
- k. Implements online facilitation strategies to engage participants and promote active online participation.

Manages group dynamics effectively, and considers use of language:

- l. Employs strategies to address challenging group dynamics;
- m. Manages inappropriate behaviour to maintain respect and ensure effective learning;
- n. Provides unbiased, evidence-informed information to empower individuals to make informed health decisions;
- o. Uses a range of presentation skills to engage learners;
- p. Adjusts language and literacy to be appropriate for learners;
- q. Uses language that is sensitive, respectful, and free of jargon to normalise the birth and early parenting experience;

- r. Uses language that is sensitive and respectful of contemporary family structures;
- s. Ensures verbal and non-verbal language is consistent and appropriate, in both online and face-to-face interactions;
- t. Applies teaching aids suited to different learning abilities, cultural backgrounds, and personal experiences;
- u. Adapts leadership style to suit the changing needs of learners;
- v. Exhibits digital leadership in undertaking professional development to enhance online group facilitation skills.



Standard 8:

Evaluates sessions and programs.

- a. Monitors the effectiveness of programs using formal and informal evaluation methods;
- b. Revises evaluation strategies or program design if there is a low completion rate;
- c. Use evaluation results to review program objectives and learning activities, to better meet the learner needs and characteristics;
- d. Implements change/s to programs based on evaluation results and research evidence;
- e. Benchmarks programs against similar organisations at local, state, and national levels;
- f. If working within an organisation, collaborate with team members and the service manager to review and improve programs;
- g. Ensures that evaluation processes promote social equity and are accessible to all participants.

Standard 9:

Undertakes self-evaluation, performance review and reflection as an integral part of personal professional practice:

- a. Uses self-evaluation to identify areas for improvement and implements necessary changes;
- b. Demonstrates personal change in practice based on review results;
- c. Acts on feedback from reviews of online pre-recorded sessions, making necessary adjustments;
- d. Regularly meets with the service manager, supervisor or peer (if working independently) to review professional performance and determine future goals;
- e. Participates in mentoring, peer support, and/or clinical supervision programs;
- f. Engages in reflective practice;
- g. Actively participates in continuing professional development (CPD) activities;
- h. Undertakes mutual sharing of experiences, knowledge, and critiques them with colleagues.

Glossary of Terms

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

<i>Adaptive strategies</i>	Examples include breath awareness, positioning and movement, mindfulness, relaxation techniques (e.g. water immersion, heat, visualisation, hypnotherapy), complementary therapies (e.g. acupressure, reflexology), seeking information to make informed choices, gaining support from others, and maintaining flexibility and perspective.
<i>Adult Learning Principles</i>	Adult learners bring valuable life experience to their learning, benefit from knowing the purpose and relevance of content, and require a learner-centered, self-directed approach. Effective learning is experiential, participative, tailored to individual needs, and supports growing independence.
<i>Benchmarking</i>	Industry standard or point of reference.
<i>Birth Trauma</i>	Birth trauma encompasses both physical and psychological harm experienced by women during pregnancy, labour, birth, and the postnatal period. It includes experiences where women feel disempowered, lack control, or receive disrespectful care, as well as situations involving actual or threatened physical injury to the woman or baby.
<i>Copyright and intellectual Property</i>	Intellectual property refers to creations of the mind, such as inventions, designs, and original works. Copyright protects the creator's rights to use and distribute original work for a set period.
<i>Cultural safety</i>	An outcome that enables safe service, as defined by those receiving the service, free from racism, bias and assumptions. See also Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) definition on cultural safety <i>Nursing and Midwifery Board of Australia – NMBA and CATSINaM joint statement on culturally safe care (nursingmidwiferyboard.gov.au)</i>
<i>Curriculum</i>	A planned framework outlining learning opportunities, including aims, outcomes, content, activities, resources, and evaluation methods, shaping the learner's experience.
<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 includes surveys, attendance, outcomes, and professional feedback. Informal evaluation involves observing learner engagement and participation during the program.

<i>Family</i>	The basic social unit, including individuals connected by biology, law, or choice, encompassing traditional, single, blended, same-gender, adoptive, surrogate, or multi-generational structures, with varying levels of functionality.
<i>Group dynamics</i>	The changing behaviours and interactions within a group influenced by situations, personalities, and roles, including support, conflict, cohesion, or preference for working independently.
<i>Group facilitation</i>	Skills used to support group processes, including active listening, fostering rapport, guiding discussions, maintaining cohesion, encouraging participation, and managing behaviours and conflicts.
<i>Group safety</i>	Facilitates an environment where group members feel physically and emotionally safe and that their privacy and confidentiality is respected.
<i>Inappropriate behaviour</i>	Includes violence, abuse, bullying, disruptive or dominant actions, insensitivity based on identity, and ignoring safety instructions.
<i>Infant feeding</i>	Includes education and support for breastfeeding during pregnancy and postpartum, guidance on introducing other foods, and individualised formula-feeding education when needed.
<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>Informed Consent</i>	A voluntary, knowledgeable agreement to a specific care decision or treatment after understanding its nature, benefits, risks, and alternatives, free from coercion.
<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 various times within a session.
<i>Learner characteristics</i>	Includes age, gender, health status, language and literacy, education level, learning styles, cultural background, family structure, abilities, and other personal factors affecting learning needs.
<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 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, kinesthetic, left/right brain, global/analytical, theoretical, activist, pragmatist, reflective.
<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, and Instagram.
<i>Partnership</i>	A respectful, negotiated way of working together that enables choice, participation, and equity, within an honest, trusting relationship that is based on empathy, support, and reciprocity.
<i>Perinatal period</i>	Period covering pregnancy and the first year after birth. Includes physical changes, transition, and adjustment to parenthood of parents or caregivers, changes in relationships with partner and other family members.
<i>Physiological birth</i>	Physiological birth is a spontaneous, undisturbed process in which labour begins, progresses, and concludes without medical induction, augmentation, analgesia, or surgical intervention, unless clinically indicated. It is supported by a safe environment that fosters the release of natural hormones such as oxytocin and endorphins, enabling the birthing person to move freely, follow instinctive behaviours, and give birth vaginally.
<i>Quality improvement</i>	Identified gap in-service is improved by planned and evaluated project or activity.
<i>Reflective practice</i>	A process where educators review experiences by describing, evaluating, and analysing them to draw conclusions and plan improvements, often documented in journals or tools like the CAPEA Assessment Tool for Birth and Parenting Educators.

<i>Scope of practice</i>	The range of procedures and actions that midwives and nurses are educated, competent, and legally permitted to perform, shaped by their context, competence, confidence, and organisational policies.
<i>Session plan</i>	A written guide outlining the session's title, objectives, content, activities, timing, safety, resources, facilitation methods, and evaluation strategies.
<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>Trauma-informed practice</i>	Trauma-informed practice recognises women's experiences, promotes empowerment and control, ensures respectful practices, and prioritises physical and psychological safety throughout maternity care.
<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>WH&S risk factors</i>	Workplace hazards that may cause injury or illness, including physical, chemical, biological, ergonomic, and psychosocial risks.
<i>WHO guidelines</i>	Recommendations and standards issued by the World Health Organization to promote global health, safety, and best-practices across various health-related areas. For example: World Health Organisation's International Code of Marketing of Breast-milk Substitutes (1981), providing standards for ethical marketing practices.



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