

STRATEGIC PLAN

FY 2024-2027



OUR PURPOSE

To improve the maternal and sexual reproductive health system and reduce the barriers associated with systemic disadvantage and discrimination during pregnancy, birth and early parenting.

Birth for Humankind (BFH) does this by making free universal community-based doula support available in Melbourne and surrounds, to women and gender diverse people experiencing financial hardship and systemic discrimination and disadvantage.

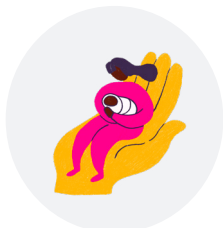
WHAT WE DO

BFH improves maternity experiences and models best-practice person-centred, trauma-informed and culturally sensitive care. We improve maternal health outcomes through:



COMMUNITY-BASED DOULA SUPPORT

Skilled doulas (birth support workers) provide free and continuous personalised, practical and emotional support during pregnancy, birth, early parenting and through abortions.



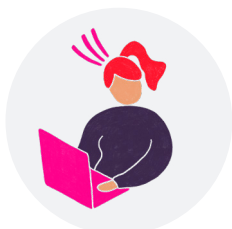
DOULA TRAINING

Through our doula training program, we are building a culturally diverse, lived experience workforce who are skilled in providing trauma-informed perinatal support. In doing so we are contributing to improving equity in pregnancy choices and care.



EDUCATION

We provide multi-language, accessible childbirth education resources to help people prepare for pregnancy, birth and early parenting.



RESEARCH AND ADVOCACY

We use and share programmatic evidence and contribute to partnerships, research and advocacy, to promote systemic change and improved maternal health equity.

OUR CLIENTS

Our services are provided free of charge to people living in greater Melbourne and surrounds who are experiencing financial hardship.

Clients must also meet at least one of the following criteria:

- Lacking a birth support person
- Aboriginal or Torres Strait Islander
- Newly arrived migrant
- Refugee background or seeking asylum
- LGBTIQA+
- Living with disability
- Under 25 years old
- Previous or current experience of mental health concerns
- Experience of trauma
- Experience of abuse
- Experience of family violence
- Experiencing homelessness or at risk of homelessness
- Experience of alcohol or drug misuse

OUR LOCATION

We provide services to clients in greater Melbourne and surrounds.

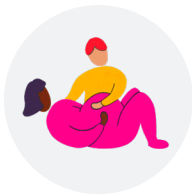
We advocate for, and build capacity of, the maternity sector across Victoria.

We seek to influence more respectful maternity care across Australia.



OUR VALUES, BEHAVIOURS AND PRINCIPLES

We value trust, equity, celebration, respect and connection and place these at the centre of everything we do. Our behaviour statements guide how we will put our values into practice.



TRUST

We believe in each other. Others know they can depend on us, as we always act with honesty and do what we say.



RESPECT

We treat everyone fairly, kindly and as we would want to be treated.



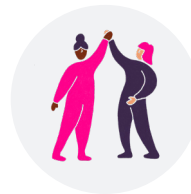
EQUITY

We actively call out inequity and injustice. We work to ensure everyone has the same rights and access.



CONNECTION

We are partners and work with others to support their needs and achieve our shared goals.



CELEBRATION

We celebrate the achievements of others and our own success.

We apply the following principles to all of our work to help us achieve our purpose.

- Person-centred
- Trauma-informed
- Culturally sensitive
- Intersectional
- Collaborative
- Evidence-based

THE EVIDENCE

Continuity of care in the perinatal period results in better birth and early parenting outcomes and experiences and can have ongoing impacts on health and wellbeing.¹

It is estimated that less than eight per cent of birthing people receive continuity of midwifery care in Australia,² which means many will birth without any known, trusted professional support person. In fact, less than a third of maternity models (31%) have continuity of carer through the whole duration of the maternity period.³

Women and gender diverse birthing people with complex social experiences and care needs are often considered 'high risk' and funnelled out of midwifery-led models of care. This puts them at greater risk of poorer maternal and child health outcomes and further health inequity.



Community-based doulas play an important role in addressing this gap and mitigate negative factors that impact maternity care experiences.⁴ They can counter the effects of social determinants of health, and reduce access barriers to, and discrimination faced within, the health system.⁵ Doulas improve client birth experiences and outcomes, and ability to navigate health services.⁶ This trusted birth support⁷ can enhance and complement overstretched public maternity services, especially for groups already vulnerable to health inequity.⁸ Additionally, public maternity providers may rely on community-based doulas to provide, or connect clients with, additional services that may be missed through hospital care.⁹

By providing person-centred, trauma-informed and culturally sensitive care, community-based doulas can facilitate informed decision-making, trust building and respectful person-centred care. This support facilitates greater client agency and confidence, improved physical and emotional safety, social connection and connection to broader health and social support services. Additionally, research shows doula support can facilitate better mental health and wellbeing outcomes, better birth outcomes and experiences, and ongoing improved maternal and child health outcomes.¹⁰

References:

- 1 MA Bohren, G Justus Hofmeyr, C Sakala, RK Fukuzawa, A Cuthbert (6 July 2017) Continuous support for women during childbirth. Cochrane Library. <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003766.pub6/full>
- 2 J Toohill, E Callander, H Fox, D Lindsay, J Gamble, D Creedy, J Fenwick (2019) Socioeconomic differences in access to care in Australia for women fearful of birth. *Aust Health Rev.* 2019 Jan;43(6):639-643. <https://pubmed.ncbi.nlm.nih.gov/30248280/>
- 3 Australian Institute of Health and Wellness. (2022). Maternity models of care in Australia. Australian Government. <https://www.aihw.gov.au/getmedia/38884edc-6fdd-4e21-ab50-10e10505ea83/Maternity-models-of-care-in-Australia-2022.pdf.aspx?inline=true>
- 4 SM-L Khaw, C Homer, R Dearnley, K O'Rourke, S Akter and MA Bohren (2023) A qualitative study on community-based doulas' roles in providing culturally-responsive care to migrant women in Australia. *Women and Birth*, 2023, ISSN 1871-5192. <https://www.sciencedirect.com/science/article/pii/S1871519223000690>
- 5 KB Kozhimannil, CA Vogelsang, RR Hardeman, S Prasad (2016) Disrupting the pathways of social determinants of health: Doula support during pregnancy and childbirth. *The Journal of the American Board of Family Medicine* May 2016, 29 (3) 308-317; <https://www.jabfm.org/content/29/3/308.full>
- 6 SM-L Khaw, RI Zahroh RI, K O'Rourke K, R Dearnley, C Homer (2022) Community-based doulas for migrant and refugee women: A mixed-method systematic review and narrative synthesis. *BMJ Global Health* 2022;7:e009098. <https://gh.bmj.com/content/bmjgh/7/7/e009098.full.pdf>
- 7 K O'Rourke, J Yelland, M Newton, T Shafiei (2022) Matching of woman and doula, and the generation of trust in an Australian volunteer doula program: Findings from a realist evaluation. *Health Soc Care Community*. 2022 Nov;30(6):e5423-e5433. doi: 10.1111/hsc.13965. Epub 2022 Aug 4. <https://pubmed.ncbi.nlm.nih.gov/35924682/>
- 8 SM-L Khaw, C Homer, R Dearnley, K O'Rourke, S Akter and MA Bohren (2023)
- 9 SM-L Khaw, C Homer, R Dearnley, K O'Rourke, S Akter and MA Bohren (2023)
- 10 K O'Rourke, J Yelland, M Newton and T Shafiei (30 Jun 2022) How and when doula support increases confidence in women experiencing socioeconomic adversity: Findings from a realist evaluation of an Australian volunteer doula program. *Plos One*. Available from: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0270755>

OUR PLAN

BUILD AND SUSTAIN OUR CAPACITY TO PROVIDE IMPACTFUL DOULA SUPPORT SERVICES.



AIMS	OUTCOMES	IMPACT
Apply a continuous improvement approach to refining our program, in response to our evolving evidence, practice and the external environment.	<ul style="list-style-type: none"> • Clients experience a high-quality, continually improving service. • Strengthened service delivery model and framework, that responds to learnings from our program. • Increased service capacity. 	<ul style="list-style-type: none"> • Improved client experiences and outcomes. • Improved effectiveness of our service model. • Embed a culture and planning process that responds to evidence and increases operational efficiency and effectiveness.
Grow our doula training portfolio and reach.	<ul style="list-style-type: none"> • Increased number of doulas trained and practicing trauma-informed, culturally sensitive care. • Increased number of doulas employed by, or volunteering for BFH. • Grow our untied income, through a fee-for-service model. 	<ul style="list-style-type: none"> • Improved client experiences and outcomes. • Improved staff and volunteer capacity. • Increased organisational flexibility and sustainability from untied funding.
Enhance and promote our non-clinical governance protocols.	<ul style="list-style-type: none"> • Greater transparency and complementarity in our quality and safety frameworks, with prospective partner's systems of quality governance. • Greater understanding of BFH's quality assurance procedures by prospective partners. 	<ul style="list-style-type: none"> • Increased capacity for partners to include BFH in their maternity response planning. • Increased confidence within all stakeholder groups of our quality and safety protocols.
Embed a revised Monitoring and Evaluation Framework that contributes to ongoing program enhancement and performance improvement.	<ul style="list-style-type: none"> • Clients experience a high-quality, continually improving service. • Enhanced service delivery metrics. • Improved data collection and analysis. • Increased transparency about our impact. 	<ul style="list-style-type: none"> • Improved client experiences and outcomes. • Increased confidence within all stakeholder groups in the organisational accountability.
Contribute to the evidence base for community-doula support, through regular, systematic analysis of our data and publishing of research findings.	<ul style="list-style-type: none"> • Our knowledge informs our program design and delivery and policy. • Our knowledge is translated and shared with range of public and community sector stakeholders. • Increased organisational ability to inform government policy and funding decisions, and influence systemic change. 	<ul style="list-style-type: none"> • Implementation of evidence-based funding and policy reforms. • Research, funding proposals and policy positions are improved by the availability of unique, quality evidence.

STRENGTHEN PUBLIC AND SECTOR RECOGNITION OF THE VALUE OF COMMUNITY-BASED DOULA SUPPORT.

AIMS	OUTCOMES	IMPACT
Increase our participation in policy dialogue.	<ul style="list-style-type: none"> • Our unique sector expertise is clearly communicated to, and valued by key stakeholders. • Increased sector understanding of our policy positions and organisational purpose. 	<ul style="list-style-type: none"> • Increased public sector awareness of how to improve maternity experiences and outcomes. • Increased organisational capacity and ability to influence systemic change.
Strengthen our public reputation and knowledge of our purpose, by increasingly communicating our evidence and story.	<ul style="list-style-type: none"> • Develop campaigns and public awareness raising tools that prioritise sharing BFH program evidence, advocacy positions and client voices. • A strong reputation and public recognition, built on our evidence-based approach. • Supporters, staff, board members and volunteers advocate and raise awareness on our behalf. • Increased articulation of our story by staff, board members, volunteers and stakeholders with ease and confidence. 	<ul style="list-style-type: none"> • Increased public awareness and action in support of our work. • Increased sector recognition, understanding and capacity to support our work. • Increased legitimacy and acceptance as an evidence-based organisation.
Grow our capacity, reach and reputation by working in collaborative partnerships on joint projects and advocacy.	<ul style="list-style-type: none"> • Increased reputation for collaborative partnerships and knowledge sharing with the aligned sectors. • Increased collaborative action to influence systemic change, including but not limited to government policy submissions and program design. • Increased organisational capacity to influence systemic change. 	<ul style="list-style-type: none"> • Increased understanding of the maternity sector and BFH's work, and capacity to implement evidence-based responses. • Increased number, and proven effectiveness of, partnered approaches to service delivery. • Increased political recognition, understanding and capacity to support our work.
Lead the integration of maternity issues within the wider women's health and sexual and reproductive health agenda.	<ul style="list-style-type: none"> • Maternity issues are better understood and represented by complementary service sectors. • Increased integration of maternity work, with broader sexual reproductive health, women's health and related social support issues. • Increased organisational capacity to influence systemic change. • Increased organisational reputation as a maternity support sector leader. 	<ul style="list-style-type: none"> • Improved continuity of support and service experience for clients using maternity services, women's health, sexual and reproductive health and other social support services. • Increased understanding of the maternity sector and BFH's work. • Increased capacity to implement evidence-based responses. • Increased political recognition, understanding and capacity to support our work.
Explore and expand a place-based partnerships approach to service delivery and onward service navigation.	<ul style="list-style-type: none"> • Place-based partnerships and local level knowledge inform and strengthen our service delivery model. • Improved relationships and partnerships with hospitals, local government and other social support organisations. • Increased sector understanding of BFH's work. • Increased staffing sustainability and volunteer capacity as result of place-based model. 	<ul style="list-style-type: none"> • Clients are better connected to ongoing, local social support organisations and their services. • Increased availability of wrap-around clinical and non-clinical pregnancy and early parenting support. • Improved client outcomes as a result of partnership-based service provision.

GROW OUR CAPABILITY, EXPERTISE AND RESOURCING.

AIMS	OUTCOMES	IMPACT
Staff and volunteers are trained, resourced and supported to succeed in their roles.	<ul style="list-style-type: none"> Increased staff and volunteer satisfaction, engagement and retention rates. Increased workforce capacity and expertise. Increased sector recognition of our organisational expertise. 	<ul style="list-style-type: none"> Improved client experiences. Improved staff and volunteer satisfaction and retention. Improved organisational knowledge retention and consistency in service delivery.
Implement strategies to centre client voice and lived experience representation, that reduce intersectional discriminatory barriers to participation.	<ul style="list-style-type: none"> Increased consumer and lived experience participation organisation wide. Improved outcomes for clients resulting from increased diversity of thought within the organisation. Demonstrated leadership in addressing intersectional discrimination and disadvantage. Increased staff, board and volunteer diversity. Increased opportunity for equitable participation and reduced risk of unintentional discriminatory barriers to participation in the workforce or service. 	<ul style="list-style-type: none"> Increased inclusion and equitable opportunities for people with intersecting experiences of disadvantage and discrimination within BFH. Improved client experiences.
Maintain a diverse income portfolio that adequately meets our sustainability targets.	<ul style="list-style-type: none"> Grow our core funding from diversified sources. Grow our untied funding and multi-year funding commitments. 	<ul style="list-style-type: none"> Sustained services, experiences and outcomes for clients. Increased capacity to sustain and grow our operations. Increased staff retention and sustainability.
Grow our business development and marketing capacity.	<ul style="list-style-type: none"> Increased delivery of our community doula training program and number of doulas trained and practicing trauma-informed, culturally appropriate care. Grow our untied income, through a fee-for-service model for training and service provision. Increase our capacity to respond to sector training requirements. 	<ul style="list-style-type: none"> Sustained services, experiences and outcomes for clients. Increased availability of qualified community doulas in Victoria practising trauma-informed, culturally appropriate care. Increased capacity to sustain and grow our operations.

OUR PART IN A GLOBAL COMMITMENT



Our work is contributing to the UN Sustainable Development Goals (SDGs), especially:

SDG 3 – GOOD HEALTH AND WELLBEING

Goal 3.1:	Reduce the global maternal mortality ratio to less than 70 per 100,000 live births.
Goal 3.7:	Ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

SDG 5 – GENDER EQUALITY

Goal 5.1:	End all forms of discrimination against all women and girls everywhere.
Goal 5.4:	Recognise and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies, and the promotion of shared responsibility within the household and the family as nationally appropriate.
Goal 5.6:	Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Program of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences.

SDG 10 – REDUCED INEQUALITIES

Goal 10.3:	Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard.
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PERFORMANCE AND MONITORING

In addition to our ongoing operational monitoring and evaluation, the BFH Board will review our performance against the Strategic Plan at least every six months. Our Performance Framework FY24-FY27 outlines the targets, metrics and methods used to monitor our success.



Birth for Humankind works on Aboriginal land and we pay our respects to Elders past and present. With our acknowledgment comes a commitment to using our work and our platforms to help end the injustices that First Nations People have experienced, and continue to experience.



We provide safe, personalised support to all people who are pregnant and birthing and support the LGBTQIA+ community to overcome the barriers they may face within the public maternity system.