

# Reflective clinical supervision in midwifery

## Abstract

Reflective clinical supervision (RCS) is frequently recommended as a strategy to sustain the well-being of midwives, and to support quality midwifery care. RCS is however not offered routinely to midwives in Australia. Current RCS models used in midwifery vary, and their application is inconsistent. Evidence of best practice is scarce, particularly for models that name cultural safety and trauma informed practice as key principles. To map the extent of literature on models and frameworks of RCS for midwives that embed concepts of cultural safety and trauma informed practice, identifying key characteristics and knowledge gaps to guide future research. A scoping review of the literature was conducted on models and frameworks of RCS for midwives in accordance with the JBI methodological guidance and reported in line with the PRISMA-ScR. Sources of gray literature were included in the search. Results will inform a mixed methods research project aiming to explore the elements required to establish and sustain a RCS model for midwives providing midwifery continuity of carer for First Nations women. This scoping review identified six key characteristics of midwifery models of RCS: trusting alliance, safe reflective environment, session structure, supervisor characteristics, functions and guided reflection. There are no models of RCS specific to the Australian midwifery context, nor do any embed concepts of cultural safety or trauma informed practice. Addressing institutional racism and the establishment of a culturally safe midwifery workforce are national priorities, as unsafe care leads to poorer outcomes for First Nations mothers and babies.