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A systematic review of key principles relating to decolonising interventions in midwifery education

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ABSTRACT

Problem: Midwifery education is predominantly influenced by Eurocentric models, contributing to systemic health inequalities for marginalised groups.
Background: The health disparities for ethnically diverse maternity service users are well documented. There are various decolonising interventions such as cultural safety education, being implemented to address these disparities by challenging colonial legacies and power imbalances that perpetuate health inequity.
Research Question: What are the key principles of decolonising interventions in midwifery education, that can be applied to midwifery education on a global scale?
Methods: This study follows a systematic literature review based on the PRISMA guidelines. Data were sourced from six databases, evaluating peer-reviewed articles between February 2014 and February 2024. The PICO framework guided the research. A thematic synthesis approach was used for data analysis.
Findings: Four major themes emerged: (1) centring Indigenous knowledge, (2) cultural safety, (3) transformative learning, and (4) systemic institutional support. Workshops, yarning circles, and experiential placements were identified as effective mechanisms for promoting cultural safety and addressing discomfort. However, educators often lacked the skills and confidence to implement these changes.
Discussion: Decolonising midwifery education requires ongoing reflexivity, institutional support, and curricula co-design with Indigenous communities. Barriers such as discomfort from participants and inadequate institutional structures must be addressed to ensure long-term impact.
Conclusion: Decolonising interventions in midwifery education fosters culturally safe care. However, further research is needed to assess the long-term outcomes on health equity and the impact of such interventions on marginalised communities.

Statement of significance:

Problem or issue:	Decolonising interventions such as cultural safety education, are essential within midwifery education to reduce structural inequities for ethnically marginalised groups and to promote culturally safe care. There remain variations in how decolonising interventions are applied within midwifery education.
What is already known:	A number of reviews have outlined the need for cultural safety within midwifery education as a form of decolonising midwifery education.
What this paper adds:	This paper is the first that seeks to review evaluated decolonising interventions and establish key principles from efforts to decolonising midwifery education. This paper fills a gap in the literature by identifying key principles relating to decolonising interventions in midwifery education and makes recommendations that can be applied to midwifery education on a global scale.

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Introduction

Midwifery education is predominantly shaped by Eurocentric medical models, often marginalising non-Western approaches to childbearing, while overlooking Indigenous and ethnically diverse knowledge systems [1]. Reforming midwifery education is essential to combating systemic racism and enabling midwives to offer culturally safe care to women and birthing people from ethnically diverse and Indigenous backgrounds [2,3].

Global health disparities, particularly maternal mortality, are well-documented, with global majority and Indigenous populations experiencing significantly worse outcomes than their white counterparts [4–6]. The awareness of these inequities, often rooted in institutional racism, has prompted calls for improving care and reducing adverse health outcomes among marginalised groups [7,8]. To achieve respectful maternity care, a decolonial perspective is required to challenge the power imbalances and structural injustices that colonial influences have created in the medical field, particularly for ethnically marginalised groups [1].

Decolonising midwifery education is an opportunity to reshape curricula, practices, and frameworks, addressing racial and systemic inequities in the education and practice of midwifery [9]. This necessitates a shift from perceiving marginalised groups as "other", with the dominant group maintaining power and control, performatively incorporating diverse voices; to redressing power dynamics and moving towards shared responsibility to shape midwifery education together. By fostering collaboration, this approach seeks to ensure that midwifery education and practice are transformative and inclusive, embedding diverse perspectives into the delivery and application of maternity care [10]. Decolonisation does not imply the exclusion of Western knowledge but rather recentring Indigenous knowledge systems with Western approaches to achieve medical pluralism that incorporates midwifery knowledge, [11] while also considering how these intersect with race, class, gender, and social justice issues.

The concept Cultural Safety [12] addresses the power imbalances, colonisation, and racism inherent in Western-dominated worldviews. Initially, midwifery educators focused on interventions aimed at increasing cultural awareness and competence, which emphasised understanding cultural differences and developing cross-cultural care skills [13,14]. However, these approaches have been criticised for failing to address the deeper power dynamics and privilege that contribute to health inequities for Indigenous and ethnically diverse populations [15,16].

Cultural safety goes beyond cultural awareness and competence by critically examining how dominant cultural perspectives and colonial legacies affect marginalised groups. Some nursing and midwifery regulatory bodies have recognised colonisation and racism as central factors in Indigenous health disparities, leading to educational approaches that challenge personal biases, support Indigenous rights and dignity, and promote collaborative partnerships [17]. In some countries, cultural safety is mandated in nursing and midwifery programmes; [18,19] others focus more on cultural awareness and sensitivity in education standards [20]. The latter approach risks tokenism, as it may include the narratives of Indigenous or ethnically marginalised people superficially without restructuring knowledge acquisition or curriculum delivery [21,22].

Cultural safety education has long been seen as a mechanism for decolonisation [23–25]. However, many educators feel unequipped to implement decolonising strategies, as curricula often reflect the perspectives of those who design them [26,27]. Therefore, the understanding of decoloniality among academics is crucial for promoting genuine decolonisation in midwifery education [28]. Some midwifery educators have adopted strategies to address racism and colonial legacies in the curriculum, [29–31] therefore this review seeks to identify key features of decolonising interventions and lessons from existing practices. Rather than generalising these interventions for all populations, the goal is to adapt insights to midwifery education on a global scale. While these lessons may not be universally applicable, they provide a foundation for midwifery educators in both colonised and coloniser nations to apply decolonising approaches that are culturally relevant and contextually sensitive. Respectfully learning from these practices offers a way forward in reshaping midwifery education to better serve communities with histories of colonisation and exclusion.

Methods

This review was conducted in a systematic way in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) [32] reporting guidelines. The protocol for this review a priori and the research question was framed according to the PICO (Population, Intervention, Comparison, and Outcome) framework.

Review question

What are the key principles of decolonising interventions in midwifery education, that can be applied to midwifery education on a global scale?

Reflexivity statement

As researchers we acknowledge the diverse perspectives we bring. One of the team identifies as a person of colour with lived experiences of cultural marginalisation, another has mixed Black heritage but is white-appearing and the other two identify as white and recognise their position of privilege in a white dominated society. All authors have experience in work relating to health inequity but acknowledge our individual limitations as non-Indigenous people and approach this review as participant learners in developing our ongoing awareness of cultural safety. We recognise that our positionalities may influence the research process; to mitigate potential biases, we have engaged in continuous reflexive practice. Acknowledging our outsider status in Indigenous research, we approach this topic with humility, respect, and a commitment to amplifying Indigenous voices.

Search strategy

A systematic review was conducted to explore the decolonisation of midwifery education. This included a comprehensive search across electronic databases, including Ovid MEDLINE®, CINAHL (EBSCOhost), Cochrane Library, Maternity and Infant Care, Wiley Online and SCOPUS. The search targeted peer-reviewed, English-language articles published between February 2014, and February 2024.

The search strategy utilised Boolean operators to combine key terms related to the research focus to ensure comprehensive search, capturing relevant studies evaluating decolonising interventions in midwifery education globally - Table 1.

The full search strategy can be found in supplementary material. Citation searching was used to find additional studies by reviewing reference lists of key articles and tracking forward citations, uncovering relevant research connected to the primary sources.

Screening

Covidence [33] systematic review software was used to manage the

Table 1
Example search strategy.

Search strategy	
Population	"midwifery educators" OR "midwifery students,"
Intervention	"decolonising education" OR "cultural safety" OR "colonisation"
Context	"midwifery education" AND "global" OR "international,"
Outcome	"culturally safe care" OR "health equity"

review. A two-stage approach was used, stage one comprising title and abstract review, and stage two comprising of full paper review. Two authors independently screened titles and abstracts of the retrieved articles against an agreed criterion (Table 2). Studies not excluded at this stage were independently reviewed in full to assess eligibility. Furthermore, as part of the quality approval process two separate authors undertook a 10 % review of rejected papers (stage one and two). A modified PRISMA flow diagram [32] outlining the study selection process is presented in Fig. 1.

Inclusion/exclusion criteria

Table 2.

Study inclusion

A comprehensive database search revealed 1381 relevant articles. After removing duplicates, screening titles and abstracts, and subsequent full-text screening against the inclusion criteria and citation searching, 16 studies remained. Fig. 1 illustrates the search results, study selection and inclusion process.

Quality appraisal

The Mixed Methods Appraisal tool (MMAT) was used to assess the studies' methodological quality [34]. Each study's rating are in Table 3. and full details and descriptive response can be located in supplementary materials. No studies were excluded based on the quality assessment due to the small volume of relevant literature.

Data extraction

A data extraction table was designed this included context, participants, study design, intervention, aims, findings, themes, and Indigenous or ethnically diverse authorship stated. The full data extraction table is located in the supplementary materials, and summary of the data extraction table in Table 3.

Data synthesis

Data synthesis used Naeem and Ozuem's six-step iterative thematic synthesis method [51]. Initially, two researchers jointly analysed 10 % of the studies to ensure consistency, then independently analysed the remainder. Key data were extracted, transcribed, and coded to identify core themes. In the final stage, key concepts were conceptualised, and analytical themes developed to interpret the findings. All researchers reached consensus on the final themes.

Characteristics of studies

All were published between 2014 and 2023, from Australia. Nine studies used qualitative methods, four were mixed methods, and three employed quantitative approaches. Three studies focused on midwifery academics, eight on students, and four on both academics and students in healthcare disciplines, including midwifery. Notably, three studies examined the same cohort of undergraduate midwifery students, and two focused on non-Indigenous academics. Only one study explored the experiences of Indigenous women receiving care.

Results

Review findings

Four broad themes were constructed: Centring Indigenous Knowledge and Practices; Cultural Safety; Transformative Learning and Systemic Change and Institutional Support. Themes and subthemes are detailed in Fig. 2.

Centring indigenous knowledges and practices

Fourteen studies [37–50] identified the need to centre Indigenous knowledge, wisdom, and leadership within midwifery education and curricula design to foster culturally safe and inclusive educational environments.

Indigenous involvement in curricula design and delivery

Eight studies [38,42–45,47,49,50] demonstrated the importance of Indigenous-led curriculum development, achieved through co-creation with Indigenous academics and/or stakeholders. This collaboration ensures that curricula reflect Indigenous worldviews, values, and cultural practices, embedding cultural safety within learning materials and shifting the focus from Western-centric knowledge.

While all studies emphasise the importance of incorporating Indigenous health content to improve student knowledge and attitudes, only nine [37,38,40,42,43,45,47,49,50] explicitly detail how Indigenous perspectives and narratives were integrated into midwifery education. Methods include involving Indigenous speakers [37,42,43,45,47,50], designing cultural safety courses with Indigenous academics [37,40,42,43,45,47,49,50], and teaching content rooted in Indigenous perspectives [37,38,42,43,45,47,49]. Only one intervention [45,47] utilised online vodcasts, which enhanced cultural awareness and empathy among students while protecting the Indigenous community.

Table 2
Inclusion/ Exclusion Criteria.

	Studies included	Studies excluded
Population	Midwifery educators, midwifery students or service users involved in midwifery education.	Studies with healthcare professionals or qualified midwives Research involving populations not directly related to midwifery education or practice
Intervention/ Exposure	Implementation of decolonial concepts in midwifery education - cultural safety addressing colonisation, racism, power dynamics, privilege.	Studies that focus solely on cultural competence, humility, or sensitivity without addressing decolonial concepts, colonisation, racism, power dynamics, or privilege. Interventions that do not aim to embed decolonial principles within midwifery education
Context	Midwifery education programmes globally	Research on general healthcare education not focussed on midwifery education or educator professional development.
Outcome	Enhanced cultural safety of midwifery academics/ students and/or increased cultural safety within curricula design.	Research that does not assess the impact of decolonial interventions on midwifery education.
Study Characteristics	Studies published between February 2014−2024. Peer-reviewed English language publications, Primary research studies.	Non-peer-reviewed articles, editorials, opinion pieces, descriptive articles non - empirical research. Grey literature - conference abstracts, book chapters, or unpublished theses. Studies published prior to 1st February 2014.

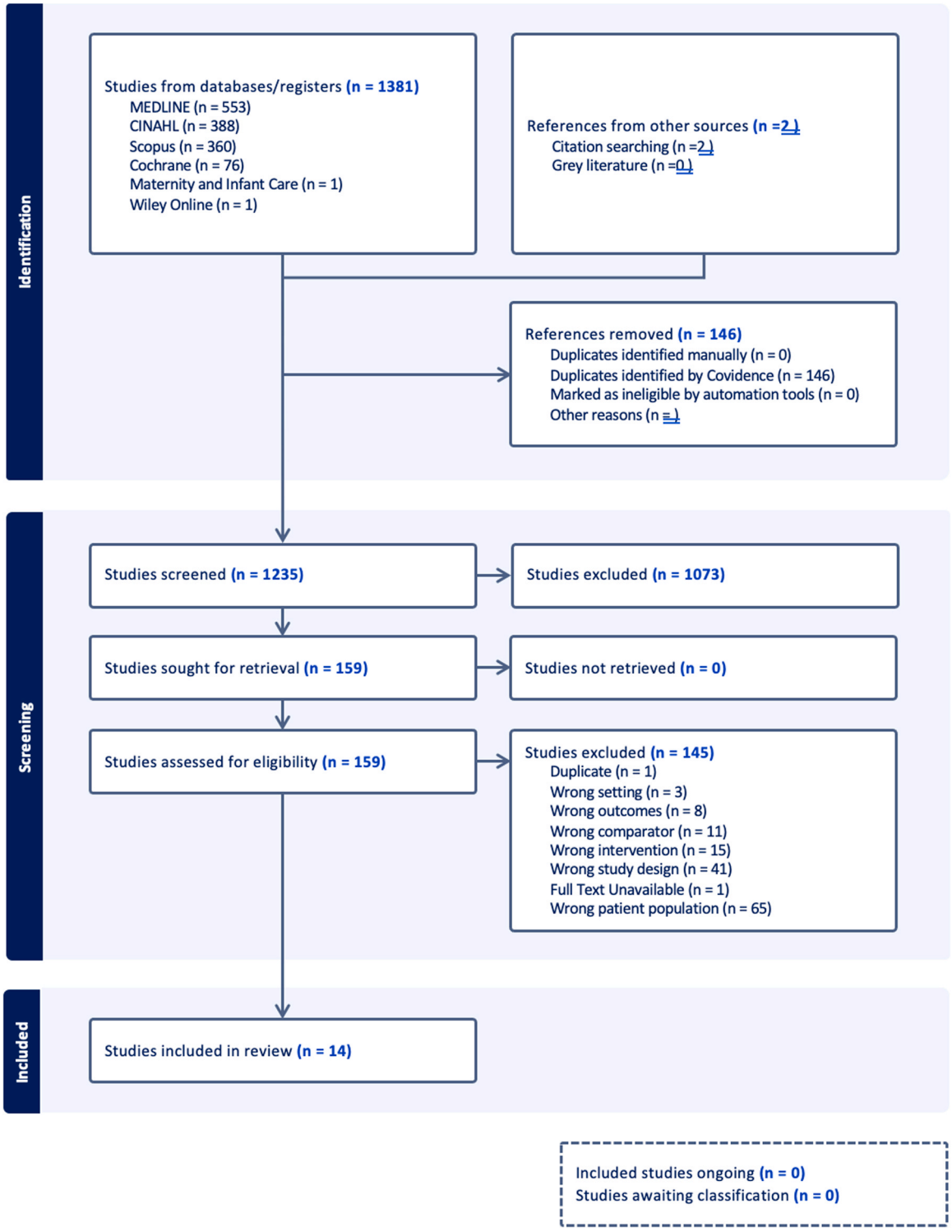

Fig. 1. PRISMA Flowchart.

Decolonial mechanisms

Yarning, an Indigenous conversational practice, emerged as a key decolonial mechanism in three studies [37,38,42]. Yarning fosters reciprocal dialogue, deep listening, and sharing of stories in an informal setting, creating safe and respectful spaces which educators rated highly and a positive mechanism [37,38]; however, the student experience of yarning was not evaluated [42]. Participants engaging in yarning gain a deeper understanding and awareness of cultural safety, and a desire to foster cultural safety in non-Indigenous students [37,38]. This raises awareness of broader issues such as racism, white privilege, and stereotyping [37,38].

Other decolonial mechanisms highlighted the deconstruction and reconstruction of existing knowledge using Indigenous perspectives [42,43], the use of story-telling[36,43,44,51]and non-linear methods of teaching delivery [42,43]. Where utilised, students had a positive shift in

Table 3
Data Extraction.

Author, year, country	Context	Methods	Aim	Intervention	Indigenous/ ethnically diverse authorship	MMAT
Best et al. 2022 [35] Australia	Nursing and Midwifery Academics, Technical Staff, School library staff	N = 50 Qualitative pre- and post-surveys distributed via email.	Investigate how nursing and midwifery academics perceive cultural safety and assess if professional development workshops can aid in integrating it into the curriculum.	3 workshops on cultural safety - fostering critical self-reflection to integrate cultural safety into teaching and practice.	Not stated.	**5** * ** **
Dube et al. 2020 [36] Australia/Bali	Undergraduate midwifery students	N = 17 Questionnaires and focus groups.	Examine the shared learning experiences of Australian and Balinese midwifery students and find ways to enhance learning between students from resource-advantaged and resource-constrained countries.	Two-week international placement	Y	**5** * ** **
Fleming et al. 2017 [37] Australia	Midwifery Academics	N = 13 Mixed Methods anonymous pre/post surveys and participant journals and researcher notes. Data collected through the Awareness of Cultural Safety Scale (ACSS), participant self-assessments, journal entries, and feedback from workshops and yarning circles.	Implement and evaluate a continuing professional development intervention to improve midwifery academics awareness of cultural safety	Two half-day midwifery-led workshops a week apart, and five yarning circles over a 12-week semester. Workshops covered First Peoples health education, cultural safety, racism, and midwifery practices. Yarning circles facilitated reflective discussions on cultural safety.	N	**3** * **
Fleming et al. 2020 [38] Australia	Midwifery Academics	N = 8 Semi-structured interviews upon completion of the professional development program	Investigate how yarning circles within professional development program impact midwifery academics' understanding of cultural safety.	6-month staff development program- two workshops and five yarning circles.	N	**5** * ** **
Francis-Cracknell et al. 2022 [39] Australia	Non-Indigenous Nursing, Midwifery, Physiotherapy and Occupational Therapy Educators	N = 20 Nursing N = 6 Midwifery Semi-structured interviews	To explore non-Indigenous educators' perspectives and experiences in teaching Indigenous health and cultural safety.	Exploring Academics understanding, perspectives and experiences of teaching Aboriginal and Torres Strait Islanders (TSI) health and cultural safety to identify challenges and inform recommendation for teaching.	Y	**5** * ** **
Francis-Cracknell et al. 2023 [40] Australia	Non-Indigenous Nursing, Midwifery, Physiotherapy and Occupational Therapy Educators	N = 20 nursing N = 6 Midwifery Semi-structured interviews	To explore non-Indigenous educators' perspectives and experiences in teaching Indigenous health and cultural safety.	Enhancing the professional development of non-Indigenous educators who teach Indigenous health	Y	**5** * ** **
Kelly et al. 2014 [41] Australia	Australian Aboriginal and Torres Strait Islander childbearing women receiving Continuity of Care (COC) from Aboriginal and Torres Strait Islander midwifery students.	N = 4 Semi-structured interviews informed by an Indigenous Research Methodology.	Investigate the experiences of Australian Aboriginal and TSI childbearing women who engaged in a Continuity of Care journey with an Aboriginal and/or TSI midwifery student.	Continuity of Care provided by Aboriginal and TSI midwifery students, involving a minimum of five antenatal visits, attendance at childbirth, and minimum three postnatal visits	Y	**5** * ** **
Mills et al. 2021 [42] Australia	Health Professional students	Nursing/Midwifery students N = 96 Online survey via email.	Develop and test a new measure of student emotion in cultural safety learning	Develop a tool to measure student emotions after completing the First Peoples cultural safety course, aiming to inform pedagogy and promote health equity and culturally safe practices.	Y	**2** * *
Mills et al. 2022 [43] Australia	Undergraduate non-Indigenous health professional students	N = 395 N = 102 completed pre/post surveys Pre-post mixed methods intervention design.	Evaluate the impact of a First Peoples-led, emotion-based pedagogical intervention on non-Indigenous students' emotional learning and development toward cultural safety.	A First Peoples-led, 12-week cultural safety course. Four workshops, focused on history, self-reflexivity, racism, and white privilege, using First Peoples teaching strategies (storytelling and critical reflection).	Y	**4** * *** *

(*continued on next page*)

Table 3 (*continued*)

Author, year, country	Context	Methods	Aim	Intervention	Indigenous/ ethnically diverse authorship	MMAT
Schulz et al. 2022 [44] Australia	Indigenous midwifery students	N = 10 Qualitative participatory action research. Focus groups exploring student experiences.	Evaluate impact of IALM and additional placement on student engagement retention and course progression.	Appointment of Indigenous Academic Liaison Midwife (IALM) for academic support and additional clinical placement.	Y	**5** * ** **
Thackrah & Thompson 2018 [45] Australia	Undergraduate direct-entry midwifery students	N = 44 Pre- and post-questionnaires, classroom observations, and semi-structured interviews	Assess how an Indigenous health unit and remote clinical placements contributes to midwifery students' cultural competence and knowledge, with implications for systemic change in health service delivery.	Two-week clinical placement aimed at enhancing cultural competence and knowledge.	Not stated.	**5** * ** **
Thackrah et al. 2015a [46] Australia	Undergraduate and postgraduate midwifery students	N = 7 Midwifery Undergraduate students N = 1 postgraduate student Semi-structured interviews	Investigate midwifery students' insights and learning experiences in promoting women's health in remote Aboriginal settings and providing culturally respectful care.	Two-week clinical placement aimed at enhancing cultural competence and knowledge.	Not stated.	**5** * ** **
Thackrah et al. 2015b [47] Australia	Undergraduate midwifery students	N = 44 Surveys	Investigate undergraduate midwifery students' knowledge and attitudes towards Aboriginal people and assess how the Aboriginal content in their program impacts their readiness to provide culturally secure care.	Compulsory 12-week Aboriginal health unit that covered Aboriginal history, culture, and health and other social determinants of health, aimed at enhancing cultural knowledge and attitudes.	Not stated.	**5** * ** **
West et al. 2016 [48] Australia	Indigenous bachelor of midwifery students	N = 3 Interviews	Explore Indigenous students' perceptions of providing continuity of midwifery care to Indigenous women during their Bachelor of Midwifery program.	Continuity of care placement to Indigenous women	Y	**5** * ** **
West et al. 2017 [49] Australia	Third year midwifery students	N = 38 pre course N = 15 post course Pre- and post-intervention cohort design. Surveys	Develop and validate a First Peoples-led tool for measuring the cultural capabilities of midwifery students in providing culturally safe care.	First Peoples-led two-day intensive course focusing on cultural capabilities, (respect, communication, safety, quality, reflection, and advocacy.)	Y	2 * *
Wilson, C., et al. 2020 [50] Australia	Undergraduate first year nursing and midwifery students across two campus sites	N = 1724 over the three-year cycle 2017 N = 546 2018 N = 581 2019 N = 597 Action research methodology was used over three iterative cycles (2017–2019). Student satisfaction surveys, self-perception surveys on knowledge, attitudes, confidence, commitment, and knowledge quizzes.	Understand how to apply an Indigenous health curriculum framework could be applied to iteratively improve learning and teaching practices in a Nursing and Midwifery Faculty	An Indigenous health curriculum framework was implemented into a first-year module, designed / delivered in a multi-disciplinary format with contributions from both Indigenous and non-Indigenous academics.	Y	**5** * ** **

knowledge [42,43,45,47,49,50]' however there was some resistance to recognising the issues identified and changing ideologies [43,45].

Cultural safety

The journey

All studies recognised cultural safety as an ongoing journey for students and educators, requiring continuous learning, self-reflection, and confronting colonial biases. The experiences and descriptions of this journey varied across studies.

Use of workshops

Eight studies utilised cultural safety workshops to enhance knowledge for students or academics [35,37,38,43,45–47,50] however implementation differed. Generally, students studied a module focused on Indigenous health [42,43,45,46,47,49,50] whereas educators attended shorter workshops [35,37,38], for example, three cultural safety workshops [35] or two half day sessions [37,38]. Seven of the eight studies [35,37,43,45–47,50] used validated tools to evaluate the effectiveness of the workshop and reported positive impact on learning and comprehension; however, variation in tools used between studies such as co-designed questionnaires [35,45,47,50], the two scale Student Emotional Learning in Cultural Safety Education Instrument (SELCSI)

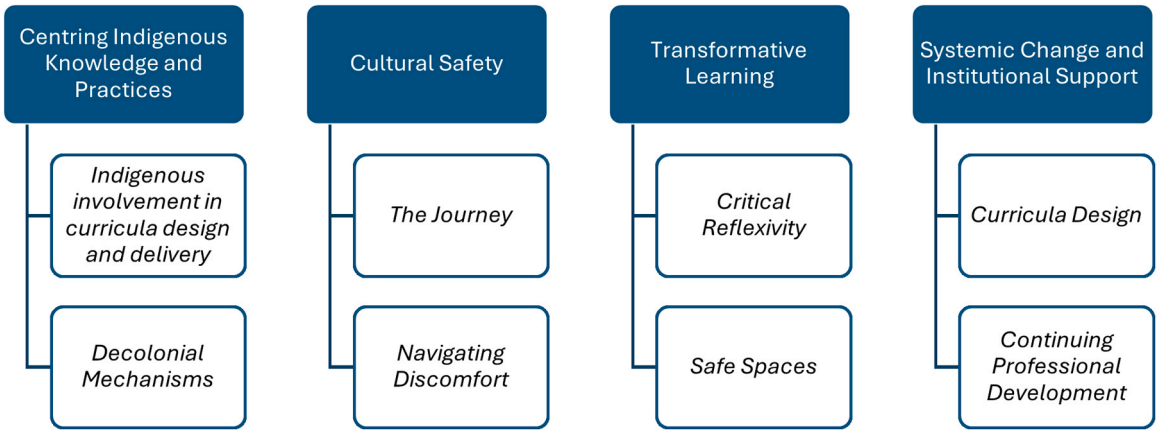

Fig. 2. Themes and Subthemes.

[42,43] or the Awareness of Cultural Safety Scale (ACSS) [37], limits the comparability and generalisability of the findings. Although tools were validated, they assessed different parameters, highlighting need for a standardised tool to measure effectiveness of cultural safety workshops consistently to increase reliability and validity of findings [52].

Placements

Experiential learning in the form of rural or international clinical placements for student midwives were used for exposure to culturally safe principles [36,41,44–47]. One used a continuity of care placement for Indigenous students and Indigenous women in rural areas [48], such placements appear to be rated highly by the women who receive the care [41] and served as a positive enabler for engagement with maternity services. Where students had preparatory cultural safety learning prior to their placement [48] positive effects were demonstrated on their understanding of cultural safety in comparison to when students attended international placement with no prior cultural safety education [36]. One study [44] highlighted the benefit of ongoing support from an Indigenous Academic Liaison Midwife (IALM) for students during an additional placement, students felt an increased sense of connection and support and highly valued the role of the IALM; however, no studies outlined in specific detail the support or debriefing processes offered following the placement.

The use of a two-week remote placement was valued [45–47], however there are concerns over the risk of 'cultural tourism' and one study [50] identified that classroom-based education can produce the same improvement in cultural safety knowledge without the burden of placements. No studies considered the feasibility of accommodating placements for the increasing number of midwifery students.

Navigating discomfort

"Navigating Discomfort" was a recurring theme [35,37–40,42,43,45], highlighting the personal difficulties encountered by both students and educators when engaging with cultural safety principles such as colonisation, racism, white privilege and health equity. The studies [35,37–40,42,43,45] highlighted that navigating discomfort is a critical component of the journey to cultural safety and was a necessary part of the learning process, although only one study [42] assessed this using a 'comfort measure scale' with students.

These findings identified varying levels of discomfort, reflecting the challenges students face when confronting these issues, highlighting the need for standardised tools and a consistent approach to evaluating and addressing discomfort.

Educators expressed discomfort when engaging with cultural safety topics or reported fear of saying the 'wrong thing' in cultural safety discussions or teaching [38,39]. One study [35] found that despite engaging in cultural safety workshops, some educators remained resistant to accepting cultural safety principles and lacked the critical introspection to consider their own positionality and privilege, highlighting a significant barrier to achieving cultural safety in educational settings.

At times, educators struggled to recognise unintentional acts of racism or power dynamics in their interactions with Indigenous students [35,37]. This discomfort was exacerbated by a lack of prior reflection on how their cultural backgrounds influenced their perceptions and behaviours [37].

Transformational learning

Most studies [35,37–40,42,43,45,47,49,50] identified that adopting culturally safe practice required transformational learning, where critical reflection and safe spaces are key.

Critical reflexivity

Critical reflexivity for fostering transformational learning in midwifery education was emphasised throughout the studies and resulted in a deeper commitment to cultural safety [35,37–40,42,43,45,47,49,50]. Studies highlighted that without critical reflexivity, teaching focused on cultural facts and failed to explore worldviews and challenge structure and power dynamics [35,44], risking perpetuating culturally unsafe knowledge.

Furthermore, both students and educators often have an inflated self-perception of their cultural knowledge before engaging in cultural safety learning, which is often re-evaluated post-course, after deeper reflection [37,47]. This indicates a significant gap between perceived and actual understanding, underscoring the necessity for continuous self-assessment and reflexivity to achieve genuine cultural safety.

Safe spaces

Five studies [37,38,40,45,49] highlighted the need to create "safe spaces" for self-reflection, allowing participants to undergo transformative learning, resulting in a deeper commitment to cultural safety. Five studies [37,38,42,43,49] specifically mentioned the use of safe spaces, including yarning, to facilitate open, honest discussions around sensitive cultural issues. These spaces support deeper engagement with cultural safety principles by allowing participants to explore difficult topics in a non-judgmental environment. Yarning was viewed positively by participants for its ability to increase safety and foster a sense of community when discussing sensitive topics [38].

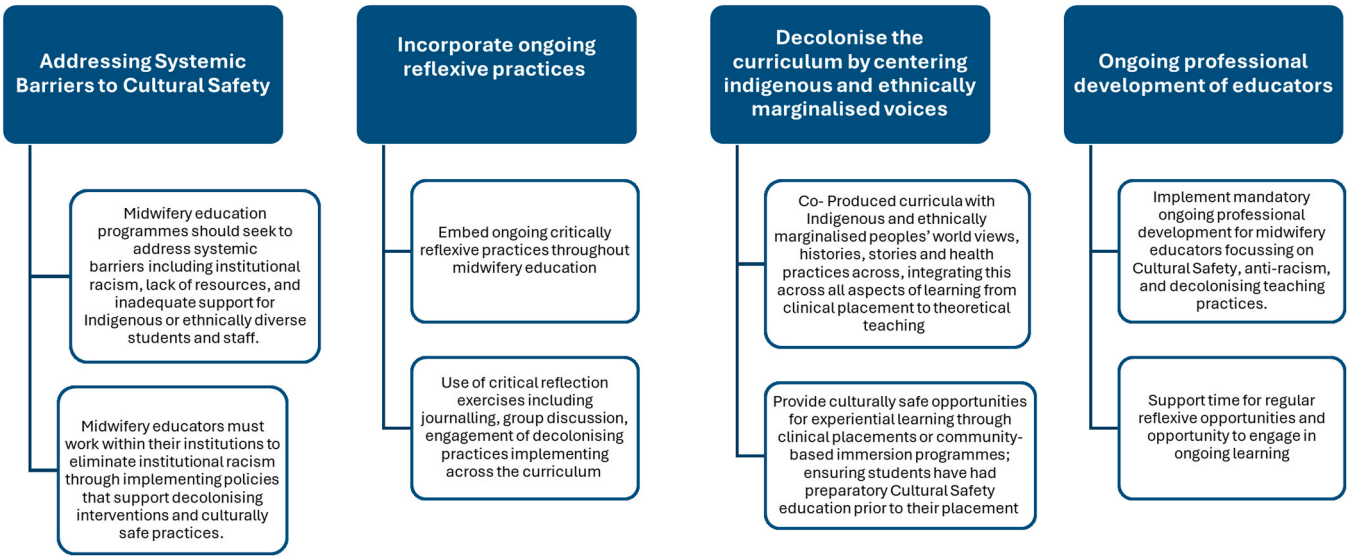

Fig. 3. Key Recommendations.

Systemic change and Institutional commitment

Fifteen studies [35–48,50] identified the importance of institutional commitment to facilitate effective learning and systemic change through curricula design and professional development.

Curricula design

The need for repeated learning throughout the undergraduate degree was identified [43,45,47], as whilst initial post-intervention results are positive [45,47] there was a decline in learning, motivation and positive attitudes over time [45,47]. No studies evaluated a vertically integrated culturally safe teaching intervention however most identify the need for ongoing student learning [35,42,43,45,47,49,50].

Three studies identified support for ongoing immersive placement opportunities for students [36,41,48]. However, their effectiveness depends heavily on institutional commitment, without which, these opportunities may fail to provide the intended benefits, underscoring sustained investment requirements in cultural safety initiatives. Culturally appropriate mentorship for students was highlighted as improving learning experiences for Indigenous student midwives [44] and emphasises the importance of tailored support systems to address the unique challenges of marginalised groups.

Continuing professional development

This theme identified the need to support educators to develop their own skills and knowledge base to effectively and sensitively deliver cultural safety education to students. Alongside this, an ongoing commitment to learning supported by organisational structures was highlighted [35,37–40,49,50].

The findings highlight the essential components of decolonising midwifery education: centring Indigenous knowledge and leadership, embedding cultural safety through workshops and experiential placements, navigating discomfort, promoting transformational learning through critical reflection and safe spaces, and strong institutional commitment. These components provide a framework for global midwifery education reform, ensuring curricula are culturally sensitive, reflective, and aligned with Indigenous and ethnically marginalised communities' perspectives and health needs.

Discussion

This review aimed to explore key principles relating to decolonising midwifery education, drawing recommendations for efforts to decolonise midwifery education globally. Whilst all included studies are from Australia, key principles can be applied to recommendations for midwifery education globally, such recommendations can be found in Fig. 3. The themes highlighted here reflect both the challenges and potential opportunities in reforming midwifery education to ensure more culturally safe and equitable care. The findings align with a growing body of literature that critiques Eurocentric educational models and colonial legacies, which exacerbate systemic inequities in healthcare [53,54].

This review confirms previous findings that co-production of curricula with Indigenous and ethnically marginalised communities plays a pivotal role in shaping midwifery care [55]. Indigenous-led curriculum development promotes an understanding of health that transcends the biomedical model, fostering respect for Indigenous epistemologies, which is crucial for advancing health equity [56].

Immersive experiences in culturally diverse settings are transformative for students in enhancing cultural awareness and motivating them to integrate cultural safety into their practice [44,47]. Exposure to culturally diverse clinical placements deepens students' understanding of maternity care for marginalised communities and allows observation of traditional practices, such as community-driven health initiatives and the role of family and community in health [41,45].

Students should have preparatory cultural safety education prior to rural placements [46], as this fosters a more transformative learning experience compared to those without preparation [36]. Without preparation, international placements may risk cultural voyeurism whereby students may objectify such communities as something to be studied and further perpetuate harmful stereotypes [57]. These dynamic risks cause harm by exposing marginalised groups to "outsiders" who objectify them [58]. As culturally safe practice is defined by those receiving care [12], further research is needed to assess community perceptions and ensure placements are acceptable and beneficial.

Whilst there are clinical and relational benefits of Continuity of Care Experience (CoCE) for women, including improved satisfaction, respect, and health outcomes [48], the specific benefits of Indigenous student CoCE for Indigenous women remain underexplored [41]. Research indicates that CoCE can reduce health disparities and enhance culturally safe care, yet the unique contributions of Indigenous students in delivering this care, particularly in strengthening cultural connections and

supporting community-based care, require further investigation. Future studies should explore these dynamics to better integrate Indigenous perspectives into CoCE frameworks, ensuring the approach aligns with the principles of decolonising education and Indigenous health equity.

Effective curriculum design should prioritise the voices of ethnically diverse stakeholders, including community leaders and elders, to ensure cultural relevance and safety in education [38,42–45,47,48–50]. A strengths-based approach is essential when addressing Indigenous health, emphasising the resilience, knowledge systems, and leadership of Indigenous communities rather than focusing on deficit-based frameworks that risk entrenching harm. Collaborative involvement of ethnically diverse mentors and Indigenous scholars can foster meaningful dialogue, role modelling, and cultural guidance while integrating Indigenous worldviews within the curriculum [59–61].

To avoid overburdening marginalised individuals with cultural labour, alternative methods such as multimedia formats like vodcasts can deliver culturally safe content effectively [37,47]. Midwifery programs should adopt a holistic approach to decolonising education, embedding Indigenous perspectives across all subjects, including clinical experiences [47], through co-production with Indigenous communities. Cultural safety education, led by Indigenous practitioners, should be reinforced throughout the curriculum to ensure lasting impact [62,63] and a learning environment that respects Indigenous rights and avoids retraumatisation [50]. This approach not only promotes sustained cultural safety but also creates a supportive and inclusive space for Indigenous students, fostering their participation and success without placing undue responsibility on them [37,44,46,47].

Cultural safety education has proven effective in raising awareness of the role of systemic racism and power imbalances in perpetuating health inequities for Indigenous communities [62,64]. The review confirms the growing recognition of cultural safety as essential in midwifery education, with workshops and experiential placements identified as key interventions for enhancing educators' and students' understanding [35,37,38,42,43,47,49,50]. The challenge of integrating culturally safe practices into curricula must be acknowledged, as many educators lack the confidence or guidance to effectively embed Indigenous perspectives [39,40]. Educators often overestimate their knowledge of cultural safety prior to engagement with education, but following reflexive discussions, may adjust self-perceived confidence scores [35]. This echoes' existing literature that faculty require ongoing opportunities to be reflexive and consider their own positionality in relation to inequity, before applying said principles to teaching and pedagogical approaches [65]. Reflexivity helps educators and students continually reassess their biases, ensuring cultural safety becomes a lifelong learning process [37,47]. Institutions should support both staff and students with allocated time and opportunities to further develop critical reflexivity as part of the curriculum and following cultural immersion placements, as this is essential in fostering cultural safety and preventing tokenistic action [66].

For transformational learning to be sustained, educators and students must be continuously supported to examine and reexamine their own worldviews within safe spaces where discomfort can be acknowledged and navigated [67]. Without recognising the discomfort arising from confronting one's privilege, learners cannot fully understand the systemic nature of oppression [68]. Confronting white privilege and systemic power dynamics remains one of the most challenging aspects of cultural safety education, often leading to cognitive dissonance for students and discomfort for educators [39,45,62]. Safe, inclusive spaces are crucial for preventing further marginalisation of students from diverse backgrounds, and decolonising practices, for instance, yarning, can offer effective interventions [58]. Decolonising methods such as yarning have been validated as effective interventions, but their cultural significance must not be underestimated or appropriated outside their intended context [58]. Indigenous pedagogies, such as story sharing and participatory learning support decoloniality and shift knowledge acquisition from an individualistic approach to one grounded in collective, community-based learning [61,69], transforming knowledge from a deficit-based model to one of empowerment and resilience [70,71].

In accordance with Audre Lorde's statement that "the master's tools will never dismantle the master's house" [72], the integration of decolonising mechanisms into higher education can seek to dismantle existing colonial structures. Colonial institutions must endeavour to avoid tokenising these interventions, as this risks appropriating and colonising cultural practices and perpetuating epistemic injustice [73,74].

The importance of systemic change and institutional support is emphasised throughout the review. Institutional commitment to longitudinal learning is essential, as there is evidence of a decline in cultural safety knowledge and motivation over time if not continuously reinforced [62]. Without sustained institutional commitment, efforts to decolonise midwifery education may be fragmented and ineffective. Systemic change requires more than curriculum reform; it necessitates a complete restructuring of the educational environment to support ongoing professional development, mentorship, and the integration of cultural safety principles [75]. Further research is required to understand how the academy, as a colonial structure within itself, can begin to decolonise the wider university structure in its approaches to teaching, learning, assessment and research [76].

There are gaps in the literature regarding the impact of decolonising midwifery education on health equity outcomes for service users. Further research is needed to explore the relationship between decolonising practices and outcomes for women and families. While many interventions were co-produced with Indigenous or ethnically marginalised individuals, few sought input from maternity service users. Future research should consider their perspectives to ensure decolonising practices meet community needs without imposing undue burdens or fostering cultural tourism.

Limitations

Several limitations are acknowledged. All studies were from Australia, limiting generalisability. Most focused on non-Indigenous participants, offering a narrow perspective of engaging with decolonising interventions. The mix of methods introduces variability, complicating consistent conclusions, and the overall quality of evidence varied, with a lack of long-term follow-up studies. Service user involvement was minimal, which may result in an incomplete understanding of decolonising interventions. These limitations highlight the need for more diverse, inclusive, and rigorous research.

Conclusion

In conclusion, this systematic review highlights some key principles associated with decolonising midwifery education. Decolonising efforts can be achieved through integration of Indigenous and ethnically marginalised perspectives into curricula, ongoing cultural safety education, reflexive practices, and the co-production of content with Indigenous communities to foster culturally safe and equitable healthcare. Educators must critically examine their own biases, and institutions should provide sustained support to embed these principles into teaching and clinical practice. Further research is needed to explore the impact of these interventions on service user outcomes and ensure that decolonising efforts do not perpetuate harm or cultural appropriation.

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Ethical Statement

Not applicable, as the article is a systematic review.

Consent for publication

Not applicable.

Author agreement

The undersigned author hereby confirm that the article is their original work, has not received prior publication, and is not under consideration for publication elsewhere. All authors have seen and approved the manuscript being submitted. The author(s) agree to abide by the copyright terms and conditions of Elsevier and the Australian College of Midwives.

CRediT authorship contribution statement

Thomas, S: conceptualisation, data curation, formal analysis, investigation, methodology, writing - original draft. **Allan, G:** conceptualisation, data curation, formal analysis, investigation, writing – original draft. **Heaslip, V:** conceptualisation, supervision, writing - review & editing. **Furber, C:** conceptualisation, supervision, writing - review & editing.

Declaration of Competing Interest

The authors declare that they have no competing interests.

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Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at doi:10.1016/j.wombi.2025.101869.

Data Availability

All data generated or analysed during this study are included in this published article.

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