Maternal and Child Health Service Guideline Update

Title: Inclusive collection and documentation of sex and gender

OFFICIAL

Description	Inclusive collection and documentation of sex and gender
This practice note applies to	All MCH Service Providers All Aboriginal MCH Service Providers
Status	Mandatory
Consultation process	MCH services, MAV and the CDIS reference group
Authorisation	Department of Health - Director, Maternal and Child Health and Early Parenting Safer Care Victoria – Principal Maternal and Child Health Nurse Advisor
Implementation date	1 October 2025
Review date	1 October 2026
Version	**1.0 September 2025**
Communication mechanism	Distributed via: MCH Newsletter and DH Website

Purpose

To outline the process for the inclusive collection and documentation of sex and gender. This advice is intended to be used when caring for parents, carers or children who identify as transgender or gender diverse. **This practice note supersedes the information outlined in the MCH Service Practice Guidelines 2009 (re-issued 2019)[1].**

Definitions

Gender

Gender is part of a person's personal and social identity. It refers to a way a person feels and sees themselves. It can be about differences in identity, expression and experience as a woman, man or gender diverse person.

Sex

Sex refers to a person's biological sex characteristics. This includes their sex chromosomes, hormones and reproductive organs.

Sex recorded at birth

Data collection often refers to sex recorded at birth. This is based upon a person's sex characteristics and reproductive organs observed at, or soon after, birth.

Gender diverse

Gender diverse is an umbrella term for a range of different genders. There are many terms gender diverse people may use to describe themselves. Language in this area is dynamic and always changing, particularly among young people. Some examples include genderfluid, genderqueer, gender non-conforming, agender, bi-gender and non-binary.

Trans or transgender

Transgender refers to someone whose gender does not exclusively align with their sex recorded at birth. Not all trans people will use this term to describe themselves.

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[1] Department of Education and Early Childhood Development. 2019, p.15. *Maternal and Child Health Service: Practice Guidelines 2009 (re-issued 2019).* Victorian Government. https://www.education.vic.gov.au/Documents/childhood/professionals/support/mchpracguidel.pdf

Create safe environments for disclosure

Collecting information about sex recorded at birth

Collection of information about sex recorded at birth can be particularly sensitive for some transgender and gender diverse people. It is critical that 'sex at birth' information is collected in a respectful and appropriate manner. Some transgender and gender diverse people will have experienced non-inclusive data collection and discrimination in the past and may see data collection as sites of trauma.[2]

Caregivers are more likely to provide sensitive, personal information in a physically, emotionally, and culturally safe environment.

Below are sample questions to guide respectful and inclusive conversations when gathering information from trans and gender diverse caregivers:

- What pronouns do you use for yourself? What pronouns do you use for your child?

- What information about your identity can be shared with your family?

- How would you like to be referred to when called in the waiting room?

- How would you like to be referred to in written correspondence?

- Is there anything else you'd like us to be aware of?

Inclusive collection and documentation of sex and gender in CDIS

When creating a birth record in CDIS, the field labelled "gender" is currently used to record biological sex, as stated on the Birth Notice. This is a requirement for health records and ensures alignment with clinical standards.

CDIS does not have a separate field to record gender identity. This limitation has been identified and will be addressed as part of the design considerations for the Maternal and Child Health (MCH) System Replacement Project.

If an option other than "male" or "female" is selected in CDIS, the growth charts default to the male growth chart. This may affect the accuracy of growth data display, particularly for children who are biologically female.

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[2] Victorian Department of Health, 2023, *Inclusive collection and reporting of sex and gender data*, Victorian Government, viewed 28 August 2025, https://www.health.vic.gov.au/publications/inclusive-collection-and-reporting-of-sex-and-gender-data.

It may be helpful to explain to families that recording sex at birth is necessary to ensure the correct growth chart is applied. This explanation can be offered respectfully, whilst acknowledging the importance of inclusive practices and the limitations of the current system.

Practice recommendation

The recommendation is to document gender identity in the notes and describe pronouns in the edit bar on the Client Summary Screen.
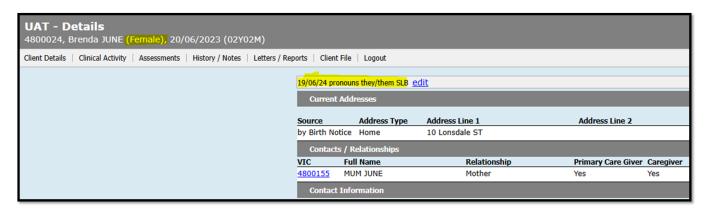

Image 1 – Maintaining gender will accurately reflect in growth charts. Adding pronouns in the edit bar supports respectful and inclusive service delivery