

# Birth Matters

Vol 14/4 ISSN1443-7570

December 2010

**“Collaborative arrangements”**  
What they really mean



## **This issue:**

An update on the *Go Girl Australia* campaign

## **PLUS:**

Body art at its most beautiful



Our vision: Every woman can choose how, where and with whom she births

*Birth Matters* is a quarterly journal published by Maternity Coalition. Opinions expressed in *Birth Matters* are those of the authors and not necessarily those of Maternity Coalition. All articles are copyright of the authors unless specifically commissioned for *Birth Matters* and stated otherwise.

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**Contribution closing date for the March issue of *Birth Matters* is 1 February 2011.**

Advertising bookings must be received by the 1st of the month prior to publication and ads must be received by the 15th of the month prior to publication.

### Would you like to write for *Birth Matters*?

Members of Maternity Coalition and writers for *Birth Matters* come from diverse backgrounds, ranging from seasoned birth activists, to others who have only recently started thinking about maternity, perhaps with the birth of their first child. Some are midwives, some doctors, some have academic positions unrelated to health, some are in business, and others have no professional qualification but all have something important to say about maternity care in Australia.

All material submitted for publication is considered by the editing team in relation to its contribution to maternity reform. Birth stories are always welcome as first-person accounts of contemporary Australian birth experiences.

Submissions should be no more than 2500 words in length as a general rule and photos accompanying birth stories must be high resolution (300dpi or higher).

*Birth Matters* offers a personal voice that is not commonly heard in maternity, and other health-related discussions. If you believe you have something to say or an experience to share, please contact us by email, post or telephone.

The *Birth Matters* Editorial Team  
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**Main Cover Photo:** Renee Drury's Mermaid Belly Art



# From the Editor



Saffy enjoying a swim with Mum

A friend of mine, let's call her 'Jen', is currently four months pregnant with her second child. Her first son, now aged two, was born by elective caesarean after he was found to be breech at around 37 weeks gestation. Jen is a healthy, active woman in her early 30's who experienced no complications during her first pregnancy apart from her baby's breech presentation. She originally considered a vaginal birth this time round, but her private obstetrician is talking repeat caesarean which, Jen has now decided, is fine with her. "I'm not one of those women who *has* to have a natural birth," she tells me over a cuppa and catch up. "I just want to go home with a healthy baby when it's over." Jen is not the first woman to speak these words to me. In fact, she's not even the first this month. By "those women", Jen means women who would risk their own lives and sacrifice their baby's safety to achieve the all-important natural birth experience, though she admits to never having actually met one of them.

Where, then, are these women? Possibly off somewhere with the mythical 'rogue midwife', egging her on as she thumbs her nose at collaboration (the genuine kind as opposed to that defined in the regulation enabled in July this year), best practice and common sense, threatening the lives of women and babies everywhere. More likely they are figments, breathed into being by elements of the obstetric fraternity, the media and (so very sadly) women who do not understand that safety and choice are not mutually exclusive and that it is truly possible to achieve both.

I ask Jen if she feels she's been properly informed about the risks and potential complications of both repeat caesarean and vaginal birth after caesarean (VBAC), and weighed up the pros and cons of each. But the concept of 'informed consent and refusal' is lost on her. In Jen's eyes the framed credentials on her obstetrician's

office wall are all the information she needs. I cannot force her, and nor will I try, to seek out additional information about her birth choice. I offer to email her some links, give her some reading material, put her in touch with women who've had a positive VBAC experience. "Thanks, Kyles," she says, "but you know I'm not one of your mob."

*One of those women. One of your mob.*

I almost let it go. Jen and I have been mates for a while and this is not the first time we've talked birth. She already knows my views on researching all of your birthing options, so I almost manage not to go there this time. Almost. But I am genuinely curious, largely because I know that Jen loves to shop and is a deadset champion when it comes to getting the best deal. She will scour the Internet for hours comparing prices and is yet to meet a retailer she can't talk down. She shops around for everything from white goods to socks and undies, and never gets less than three quotes for trade work or odd jobs around the house. Yet when it comes to her body and her baby, the word of one doctor is gospel. She does not need to seek a second opinion or consider other models of care; her obstetrician is her one-stop shop. She trusts him—a man she has met maybe 10 times in her life and never spent more than 40 minutes with in one go—implicitly to tell her everything she needs to know and act only in the best interests of her and her baby.

I don't presume to judge Jen or women like her—once I was one of them. And I understand that just as it is my right to say "no thanks" to the medicalised model of birth it is Jen's to decline my advice, no matter how evidence-based it may be. It saddens me that the choice she's making is not a genuinely informed one, but again, this is her prerogative. I do wonder though, how women who surrender their bodies and their unborn babies so easily (just as I once did) are popularly

applauded as the sensible, responsible ones, while those of us who insist on being properly informed are considered to be the opposite.

It would be awesome to not be still banging on about the lack of informed choice in maternity care in my final editorial for the year. Certainly when I started thinking about what I would write a few months back, I hoped I'd be singing the praises of a government that followed through with its promises and delivered a system in which accessible and affordable continuity of midwifery care was more than a pipe dream. Usually optimistic beyond all reason, I've just about run out of puff.

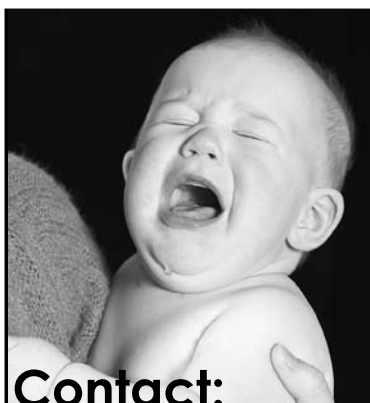
Still, I thought it was important to end the year on a positive note, hence the inclusion of Renee Drury's piece on belly art and the update on Marg Phelan's progress as she continues her *Go Girl* campaign. It's encouraging to know that even with our birth choices still under threat and the future of independent midwifery no less uncertain than it was this time last year, there will always be people celebrating the undeniable magic of pregnancy and spreading the word about the need for improved information, access and choice.

This edition ends my first year in the Editor's chair and I hope you've enjoyed reading *Birth Matters* as much as Sonia, Mara and I have enjoyed putting it together for you. My thanks, as always, to my fellow Management Committee members for their ongoing mentoring, encouragement and support, and to our fabulous distribution team for getting the mag out there despite some tight timelines and logistical challenges.

The team and I wish you all a happy and peace-filled holiday season and look forward to a brighter 2011.

Stay safe.

Kylie



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# From the President



Sarah with (L to R) Darcy, Finley, Harper and Eben

As the year of Medicare for Midwives draws to a close and we reflect on the marathon, which seemed to halt abruptly once 1 November rolled around, the advent of public funding seems an anticlimax. Midwives are gaining Medicare-eligible status but what they can do with this is anyone's guess. No hospital in Australia has given any private midwife visiting access, nor has any obstetrician entered into a collaborative agreement with a midwife.

Somewhere on the outer sphere are the women. Women who from the 2009 budget night had been promised access to Medicare-funded one to one midwifery care. Women, who are now being served faux continuity midwifery care. Women who can have antenatal and postnatal care from their chosen midwife, but if they are birthing in a hospital their midwife may only be there in a support role (even if she is appropriately insured and funding accredited). Thus, women will continue to be attended by care providers unknown to them as they birth their babies. The arrangement reflects the GP- shared (fragmented) care model. Once again we have been offered crumbs and we are expected to look grateful.

I believe that in this time of change Maternity Coalition can grow and meet the challenges thrown at us, not only by the Government, but also by RANZCOG and the AMA. No longer do we need to justify the safety of our preferred model, but rather we need to demand informed choice and that right of refusal be enshrined into any further amendments.

I hope MC will continue to be a united force that continues to provide support to women still suffering the impacts of bad birth experiences; and a constant presence in the lives of women who can trust us to

represent them and their babies.

It is with the deepest thanks I farewell those outgoing committee members and assume the role of National President. I have been an office bearer within the organisation for some time, mostly in the role of National Secretary and, more recently,

as an Executive Member. My partner Mat and I have four sons: Eben aged 7, Darcy aged 5, Finley aged 3.5 and Harper aged 18 months. My birthing career has seen me birth in each of the eastern seaboard states. My journey to birth activism really began

about 12 months after the distressing birth of my second son. I knew from the outset that I was traumatised, but it was not until 12 months after the experience (when I was pregnant again) that I was forced to make some tough decisions.

I was too scarred to set foot inside a hospital again, and as there were no independent midwives where we were living, I accessed antenatal care from the hospital's community midwife and went on to have a planned unassisted homebirth with my third son (and again with my fourth son). It saddened me that women had to make desperate decisions because the system was failing them. It reminds me of Barbara Katz Rotham's quote: Birth is not only about making babies. Birth is about making mothers — strong, competent, capable mothers who trust themselves and know their inner strength.

Sarah Kerr



BaBs groups support pregnant women and new mothers to make choices that improve their health, parenting and life skills.

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Jenny

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BaBs Inc is not-for-profit.

Printing of this brochure was contributed to by the City of Whitehorse Community Grants Program.



# National President's Report, AGM:

## Saturday 23 October 2010



Reviewing the last twelve months of courageous work by MC has been very inspiring. Considerable effort has been made by dedicated and energetic people to make the unwieldy Midwives and Nurse Practitioners Bill 2009 meet the needs of women and their families. While there are still barriers placed in the way of women seeking midwifery care with a known midwife of choice, I want to acknowledge the effort that has gone into the creative, intelligent and well structured responses that have been put forward by MC to overcome these barriers.

MC needs to acknowledge the major achievement that Medicare rebates for private midwifery care were gained (on paper) in March of 2010. The working of the legislation and the regulations relating to it affect the result of these progressive reforms. Women still struggle to make an informed choice for private midwifery care as the requirement for Medical approval for such care (either by referral or signed collaborative agreement) undermines women's self determination and their right to control decisions relating to their reproductive health.

MC continues to strive to represent the needs of Australian women and to push for changes that will make the Midwives and Nurse Practitioners legislation an agent for choice and change in maternity care. The committed and continuing engagement and action at numerous forums — providing submissions into inquiries, commenting on discussion papers and participating at key political and bureaucratic meetings — highlights the diversity of input from Maternity Coalition members. Below is a summary of the extraordinary effort that has been



made on behalf of all women through submissions and representations. These activities are listed in roughly chronological order from September 2009 to the present; the key issues are highlighted in bold and achievements are noted.

### Summary of advocacy and lobbying activities.

September 2009 to the present: a joint application with other groups was made to **The Public Interest Law Clearing House (PILCH)** to provide pro bono legal services on the issues surrounding the Midwives and Nurse Practitioners legislation and its impact on women's rights. Specifically, the protection of the right to make informed choice relating to maternity care and the possible contravention of The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), adopted in 1979 by the UN General Assembly, described as an international bill of rights for women. The PILCH application is ongoing. During the Federal election campaign in August, MC was told that the advice was nearly complete. MC will continue to seek advice and follow up on this issue in the coming months.

November 2009: submission to **Australian Nursing and Midwifery Council's draft Midwives Guide to Professional Relationships**. The participation in the review of the document resulted in substantial revision and a much improved guide.

November 2009 to the present: National Health and Medical Research Council (NHMRC) hosted a workshop with midwives, obstetricians and consumers to discuss the development of **National Guidance on Collaborative Maternity Care**. MC participated with other consumer groups. MC submitted comments on early drafts of this

document in January. The draft for public consultation National Guidance on Collaborative Maternity Care was released in March 2010. MC made final submissions to NHMRC in July and has had ongoing dialogue to ensure that *women* remain at the centre of the document rather than the *practitioners*. The final document has been provided to MC in confidence in electronic and hard copy. The most recent advice is from NHMRC is that the launch of this document is imminent.

December 7 2009 to the present (see Federal Election campaign below): The second **Senate inquiry into the Nurse Practitioner and Midwives Bill** was held. MC made written submissions and direct representation at the Senate hearing. Thank you to all the branches and individuals who made the effort to respond to this inquiry at this very busy time of year. Special thanks to Ann Catchlove, Bruce Teakle and Makayla MacIntosh for attending the inquiry and putting the case so strongly to the senate committee. Makayla read an incredible number of personal submissions so that she was well prepared to present the case from the perspective of women. The report released in February 2010 recommended that the legislation be passed despite strong indications that collaboration would hamper its implementation. Senator Siewert made a minority report recommending the removal of the need for collaboration within the legislation.

January 2010 to the present: National Health and Medical Research Council (NHMRC) were requested by the Department of Health and Ageing to scope a **multidisciplinary manual on consultation and referral for collaborative maternity care**. The basis for this document was the merging of the Australian College of Midwives Consultation and Referral Guidelines and the Royal Australian and New Zealand College of Obstetricians and Gynaecologist's Statement on Consultation and Referral. MC has made representations to NHMRC, ACM and RANZCOG to ensure informed consent and right of refusal underpin the principles of consultation and referral. MC believes consumers have been sidelined in the development of this manual. In July 2010 MC wrote to NHMRC requesting they suspend development of the merged document as, in its existing form, right of refusal and informed consent are absent from the document. In the current form

the document will only further undermine women's rights to autonomy over their bodies and the right to make choices regarding their reproductive health. The draft manual is yet to be released.

January and February 2010 to the present: MC, along with many other consumer groups and midwifery advocates, made representation to the Victorian Dept of Health committee responsible for overseeing the development of the **Safety and Quality Framework guiding Midwifery Care provided by Privately Practising Midwives attending homebirths** (Q&S Framework). Thank you to the MC members who participated in the national stakeholder consultations in every State and Territory. A second draft of the Q&S Framework was released in July. No formal response has been received from Nursing and Midwifery Board of Australia (NMBA), who will be the regulatory authority for this framework, despite submissions and requests for discussion from Maternity Coalition. In July 2010 a formal letter of request was sent to NMBA for consideration as a stakeholder in the development of this and other documents relating to midwifery care. No response has been received. A request for the final S&Q framework was sent prior to the July 1 deadline. The final document is yet to be released. The NMBA will have the final say on the implementation of the framework and it appears midwives will not be legally required to use the S&Q framework until the NMBA officially adopts it as a guideline.

18 February 2010: MC made representations and asked excellent questions at the *Ballarat Community Cabinet* with Prime Minister Kevin Rudd. This kept the issue of maternity reform at the centre of political debate. Congratulations to the MC members, Homebirth Australia and the Ballarat community for posing some difficult questions at community cabinet and keeping political pressure on the Prime Minister and the Health Minister at that time.

May 2010: **International Day of the Midwife** was celebrated in many MC Branches in a variety of creative ways. The aim was to highlight the significance of midwives in maternity care. Good local publicity was gained, which kept maternity issues on the agenda socially and politically.

May 2010: CHF hosted two workshops on the **Quality Use of Diagnostic Imaging and MBS Quality Framework** in Canberra. MC attended the workshop and made a submission to CHF for incorporation into consumer input to Department of Health and Ageing.

29 June 2010: MC was requested to

endorse Clinical Practice Guideline for the management of women who report **Decreased Fetal Movements. Australian and New Zealand Stillbirth Alliance** (ANZSA). A response was sent on 7 September 2010.

July 2010: MC received a request from the **Australian Institute of Health and Welfare National Perinatal Statistics Unit** for input into the development of new national data element(s) to collect information about alcohol use. A response to this request is pending.

17 July 2010: the **determination** of the **secondary regulations** or the legislative instruments to define collaborative arrangements was listed on the Commonwealth of Australia Law site ([www.comlaw.gov.au](http://www.comlaw.gov.au)). These regulations will dictate how the Midwife Professional Indemnity (Commonwealth Contribution) Scheme Act 2010 and the Midwives and Nurse Practitioners Act 2010 work. The detail in this document alerted MC to the problematic definition of collaborative arrangements, with the need for medical referral, signed agreements and a process that did not respect women's right to select a private midwife without medical consent. Subsequently the Federal election was called and this led to a need to campaign during election time on this issue. The Health Minister Nicola Roxon tabled these secondary regulations in Parliament on 28 September 2010 and a separate process was begun to address this. See more below.

21 August 2010: the **determination** was signed into law just before the Federal election was called. The election campaign provided an opportunity for MC and other groups to try to draw attention to the problems with the determination. MC members worked hard preparing briefs on the medical veto issue and pro forma letters for members to send to their local candidates. MC formally wrote to Nicola Roxon and Julia Gillard expressing extreme disappointment with the determination.

Across the country women wrote to and met with local candidates (some even became local candidates!) and did their best to raise the issues at the electorate level. In the electorate of Corangamite, MC women formed a Corangamite Votes for Birth Choices group, which contacted all the candidates and also held a candidate forum to discuss the issues. Four independent candidates ran: Amy Bell Lindsay (Blue Mountains, NSW), Sally-Ann Brown Corangamite (Otways, VIC), Michelle Mears Robertson (Central Coast, NSW) and Bec Telfer (Ferny Grove, QLD).

MC, together with Homebirth Australia, APMA and many enthusiastic individuals were able to ensure that Julia Gillard

came face to face with women affected by the issue on several occasions during the election campaign. MC coordinated a phone-tree of women and, through this and our Facebook page, was able to alert women to when the PM would be in their neighbourhood. This was a challenge as the PM's plans were a closely guarded secret. Often there was only 15 minutes notice that she was appearing in a particular place, but somehow busy mums with kids in tow managed miraculous logistical feats in tracking her down and asking her questions. It kicked off in Brisbane where a group of women managed to converge on the Exhibition Centre in a very short space of time to protest at the determination. Although Julia Gillard and Nicola Roxon escaped out the back door, the mini-protest received media coverage. Many of the same women rallied again later in the campaign when Nicola Roxon was visiting a Brisbane hospital.

ACT women also did a sensational job in holding not one but two rallies outside the Press Gallery in Canberra for appearances by both Nicola Roxon (debating Peter Dutton) and Julia Gillard (debating Tony Abbott). They were joined by some women who travelled from NSW.

On a number of occasions individual women across Australia also managed to speak directly to Julia Gillard, culminating with independent midwife Robyn Thompson's breakfast chat with the PM on the morning after Election Day.

Thank you to everyone who contributed during the election campaign. It was an enormous effort and there are too many individuals to name you all. Unfortunately our efforts did not secure any concessions from the Minister and the battle continues.

### **Consumer advocacy and representation**

MC has continued to provide high quality, informed, consumer input to numerous committees at the local, State and Federal level. Our consumer resources are often stretched. The National Committee thanks sincerely those consumers who continue to represent women's voices. MC maintains representation on the following committees:

#### **Federal**

Maternity Service Advisory Group (formed as the key stakeholder group for the implementation of Midwives and Nurse Practitioners Bill 2009), meetings held in March and July 2010, and representation on Technical Working Groups examining the definition of eligible midwife, implementation of Medicare Benefits Schedule and Pharmaceutical Benefits Scheme,

meetings held in November and February. External Advisory Committee Executive for National Antenatal Care Guidelines ongoing, Steering Committee for Educational Framework Core Competencies and Educational Framework for Maternity Services in Australia Project (completed in May 2010) and the NHMRC Expert Panel on Collaborative Arrangements in Maternity Care Project.

#### State

**Victoria:** Faye Kricak is the consumer representative Maternity and Newborn Clinical Network.

**Northern Territory:** Kylie Sheffield is the consumer representative on the Maternity Services Clinical Reference Group (CRG) — formed to address 53 recommendations of the 2008 NT Maternity Services Review and on the Pregnancy, Childbirth and Parenting Education and Homebirth sub-groups of the CRG. Kylie is also a consumer representative for meetings relating to forming a working group for improvements to the Darwin Birth Centre.

**Queensland:** Bruce Teakle is consumer representative, Qld health Statewide Maternity and Neonatal Services and Clinical Network, Midwifery Advisory Committee Qld, and working groups Midwifery Models of Care Guide and Collaborative Arrangements for Eligible Midwives.

**New South Wales:** Lisa Metcalfe and Julia Cook are members of the Clinical Excellence Commission's expert reference group on the Women's experience of early pregnancy care study.

This does not include the many representatives on local maternity service committees. Thank you to all those people who actively participate as consumer voices at the local level. Often this is where significant improvements can be gained for women and babies. Please see the State and Territory reports relating to the grass-roots participation of MC striving for excellence in maternity care in all settings.

#### Progress on organisational matters

In maintaining our basic functions, the renewal public liability insurance occurred in July and the domain name for Maternity Coalition and Choices for Childbirth has been renewed and paid for until 2012.

To maintain our networks with other consumer groups, MC has renewed membership to Consumer Health Forum (CHF) and Australian Health Care Reform Alliance (AHCRA).

A privacy policy has been adopted and forms part of the standard operating procedures for the MC management manual.

Victorian members participated in a training session with the National Coordinator from EMILY's list. This was very beneficial for political lobbying and provided good ideas on how community organisations can get maximum effect for their effort.

In line with our management plan, an effort will be made to review our memorandum of understanding with Australian Breastfeeding Association before the close of 2010.

The MC webpage is under review and we would welcome support or assistance in this area to improve our communication with members and the broader community.

#### Acknowledgment of the Executive Committee

Sincere thanks to the members of the MC executive for their outstanding contribution over the last twelve months. The workload has been immense and the pace breathtakingly rapid. The committee members for 2009/2010 were President Lisa Metcalfe, replaced by Ann Catchlove August 2010, Vice President Makayla MacIntosh, Secretary Georgia Hodges, Treasurer Nicole Carver, Assistant Treasurer Naomi Campanale, General Committee Members Sarah Kerr, Melissa McFarlane and Bruce Teakle.

A huge thank you to Nicole Carver our outgoing Treasurer for her persistent work in getting financial procedures in order. This has enabled more local branches to operate effectively with clear guidelines. Our financial accountability enables MC to maintain its incorporation and work effectively as a voice for midwifery care and consumer advocacy around all aspects of maternity care. Assistant Treasurer,

Naomi Campanale has supported Nicole and taken on the additional responsibility for mail collection and distribution. Due to their diligent work MC is up to date with our audits. MC is also on track to finalise 09/10 audit in time for the AGM. Profit and Loss statement and audit report for the financial year will be printed in the December edition of *Birth Matters*.

Well done and thank you to our *Birth Matters* editor Kylie Sheffield who continues to work so hard for MC with her family and newborn daughter Saffy and of course thanks to Mara Dower and Sonia Bartoluzzi. They do a fantastic job getting the journal out and are very flexible and reliable. This amazing production team work so hard to produce the high quality and beautiful journal for our organisation every quarter. Thank you to Bec Telfer the *Birth Matters* distribution coordinator and Ali Gaffney and team in Stanthorpe who manage to get the journal to people's homes despite some amazing challenges!

Many thanks to the Membership Secretary, Angela Wallace who has provided invaluable support in her role over a period of two years. Angela persisted with the job until a new person could fill this role. Thanks for your thorough work and all your efforts to keep our memberships up-to-date. Congratulations Bec Telfer to on the arrival of her son Thomas earlier this year and for generously taking on the role of Membership Secretary in addition to her existing responsibility as *Birth Matters* distribution coordinator.

All members of the committee have worked hard over the last year. A special note of thanks to Sarah Kerr for four years or more of hard work in the National

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Committee in the capacity of Secretary and general committee member. Even during the momentous move, via road, with the four little boys from Townsville to Adelaide, Sarah continued in her role with enthusiasm and courage. Thank you so much for all your work for MC and the effort you put into maternity reform while bringing new little ones into and up in the world. Georgia Hodges has competently taken on the role of Secretary and is generously continuing in this role as she prepares for the arrival of her third baby.

Webwoman Melissa McFarlane has done a great job to keep up with the demands of updates and current analysis available to members and the community on the website. Melissa dealt efficiently with the many technical issues that surround the website. She has encouraged a critical examination of our web interface and has stimulated a review and revival of our presence on the internet. Thank you for your dedicated work and all the best for your endeavours in the coming New Year.

Thank you to Suzi Anderson who has been brochure distribution coordinator for MC for a number of years and congratulations on the arrival of a new member to your household in August. Thanks to Katina Heaps who volunteered with enthusiasm to take up this role.

#### Choices for Childbirth:

Thanks to Felicity Occleshaw for her valuable work over many years and for providing MC with a significant source of funds via Northcote Choices for Childbirth. New coordinators Joanne

Askham and Jess Permezel are doing a marvelous job continuing this childbirth information program.

#### Relationships

MC has nurtured many relationships and will continue to engage with other consumer groups such as Homebirth Australia, Childbirth Australia, Homebirth Access, Australian Breastfeeding Association, Home Midwifery Association Qld and others to maximise our effectiveness in consumer advocacy. MC maintains relationships with the Australian Private Midwives Association and the Australian College of Midwives to ensure the consumer perspective is well understood at all levels, including at the professional midwifery level. MC will build on these relationships and tap into other key alliances to continue to promote maternity issues across a range of organisations interested in women's issues and rights.

Proactive work with the media has been a successful and useful aspect of all the lobbying efforts this year. MC has generated media releases that have successfully engaged the media and brought our cause to the forefront of the consciousness of the community.

The much needed updates to the management manual have been slowed down as ongoing campaign deadlines reduced capacity to work in this area. This will be a priority in early 2011.

As we develop our Executive and build on the terrific team it comprises, I extend a big thank you Ann Catchlove for so

generously and competently stepping up to the National President's role at such short notice.

The political pressure brought to bear on our elected representatives has been achieved through the numerous representations, letters, and meetings made by the executive, but also our committed members. MC acknowledges that the demands of travelling and organising family life around these interactions is very great. Thank you to every person who has made the effort to speak to their local elected representatives or made the journey to Canberra to speak to Senators and other key politicians. Well done and thank you to your family and others who support you to do this work.

There is much work to be done over the coming year. We must continue to push for maternity care that respects women's autonomy and their legal and human rights. We must continue to hold the Federal Government to account in relation to its midwifery reforms and to monitor the impact that they are having on women. We must lobby state governments to make changes that facilitate women's greater access to care from a known midwife. We must ensure that we remain a strong and vibrant organisation and that we continue to draw in new members and volunteers. Once again thank you to everyone working together to achieve successful birth reform in 2011.

Ann Catchlove and Lisa Metcalfe

## Annual General Meeting

Maternity Coalition's Annual General Meeting was held by Skype teleconference on Saturday 23 October, 2010 from 5.00 pm Eastern Standard Time (EST), chaired by National President Ann Catchlove.

Present were Lisa Metcalfe, Nicole Carver, Ann Catchlove, Sarah Kerr, Naomi Campanale, Kylie Sheffield, Joy Johnston, Emma Davidson, Kylie Nicholson, Melissa McFarlane, Sally Cusack, Ali Gaffney, Bruce Teakle.

Apologies were received from Makayla McIntosh Michelle McRitchie, Cherrie Nixon, Joanne Smethurst and Melissa McFarlane.

Minutes of the previous AGM were accepted as read. Annual reports were tabled and accepted and are published in

this edition of *Birth Matters*. The audit for 2009-2010 is currently underway and will be published in a future edition.

All Management Committee positions were declared vacant and members were elected unopposed as follows:

President – Sarah Kerr  
Vice President – Makayla McIntosh  
Treasurer – Naomi Campanale  
Secretary – Georgia Hodges  
Membership Secretary – Bec Telfer  
*Birth Matters* Editor – Kylie Sheffield  
Committee Members – Bruce Teakle, Ann Catchlove, Kylie Nicholson.

The positions of Assistant Treasurer and Assistant Secretary remain vacant.

Ann Catchlove closed the meeting at 5.40 pm EST.

**Is your membership up to date? Renew today. See page 32**





# Annual Reports

## Maternity Coalition Victoria

By Ann Catchlove

The Victorian branch of Maternity Coalition has focused this year on revitalising our branch and improving our communication with Victorian MC members. With the help of some old MC hands, our new committee has had a busy and productive year. All of our committee members and other volunteers have brought enormous enthusiasm and commitment to their roles. I would particularly like to thank Michelle McRitchie who has worked extremely hard, both as Vice President of the Victorian branch and also as President of the Ballarat branch. Thanks also to Erin Horsley (Secretary), Jess Permezel, Jo Askham and Susan Reddrop for the vital roles that they have each played.

I would also like to acknowledge the amazing contribution made by members who have stepped back from more active roles within MC during the course of this year. Janie Nottingham, Melissa McFarlane and Faye Kricak have all been tireless campaigners for women's rights. They have kept MC going in Victoria during difficult times and continue to provide support to new members as they step up to roles within the organisation. We wish them all the best as they focus on other aspects of their lives, although we know they will continue to fly the flag for maternity reform and a better deal for birthing women.

### Sharing information with women

Maternity Coalition Victoria had a stand at the Baby Show in March and The Pregnancy Baby and Children's Expo in October. Thanks to our eager volunteers we were able to provide an independent source of information to women attending both events. Many great conversations were had over both weekends with a huge range of women, including those who were already MC supporters and many women who were just starting out on their birthing journey. Our information sheets on a range of birthing topics were enthusiastically taken and hopefully provided some interesting and thought-provoking reading amongst all the fliers on offer for the latest 'must-have' pregnancy and baby products. It became abundantly clear to those of us volunteering on the stand that women are crying out for information about the

options that are available to them during pregnancy and birth.

A big thank you to all those who volunteered to help set up and work at the stands — Jo Askham, Janie Nottingham, Erin Horsley, Michelle McRitchie, Gaye Demanuele, Jess Permezel, Susan Reddrop, Angela Broeren and Suzanne West.

After a brief hiatus early in the year, Choices for Childbirth sessions are now back up and running. Felicity Occleshaw stepped down from coordinating the program this year and we thank her for all her hard work. The new coordinators are Jo Askham and Jess Permezel. The Choices for Childbirth sessions could not run without the contribution of a number of fabulous presenters including (in 2010) Cindy Scott, Victoria Marshall-Cerins, Rhea Dempsey, Jennie Tesky, Helen Brown and Jen Hocking.

Jo Askham has done a fantastic job of bringing together a great range of movies and amazing guest speakers for our monthly movie nights. The movies have included *A breech in the system*, *Water baby*, *Doula* and *The big stretch*. Thanks to our guest speakers Vicki Chan, Lynne Staff, Jenny Blyth, Helen Barrington, Rhea Dempsey, Kusum Lapeyre, Dr Harriet Tampiyappa, Anne Leahy, Aristea Porfiri, Nicolla Dutton, Belinda Henkel and Kylie Shaw-Wallace. The movie nights not only give women an opportunity to see great birth films and hear from inspiring speakers, but also to share stories and insights with each other.

We have also tried to keep Victorian members informed about what is happening around the political situation and MC activities through a semi-regular newsletter that is emailed to all members and others who have expressed an interest in receiving information. We hope that next year this will become more regular.

### Policy work

MC Victoria has been active on the policy front. We made a number of submissions regarding the midwifery reforms and also the safety and quality framework for midwives accessing the insurance exemption for homebirth.

Melissa McFarlane, Michelle McRitchie, Jess Permezel and Ann Catchlove represented MC Victoria at the Quality and Safety Framework consultation on 18 February. In May Michelle McRitchie and Ann Catchlove met with Daniel Andrews, the Victorian Health Minister. We discussed a number of issues, focusing

on the importance of continuity of care for women and some of the current opportunities and barriers to giving women access to this.

In early April five of our committee members attended a training session on lobbying run for us by EMILY's List. EMILY's List Australia is a financial, political and personal support network for progressive Labor women candidates. The session was incredibly informative and inspired us to look at how we can be most effective in getting politicians to listen to us.

### Consumer representation

Members participated in a range of committees at a local and state level as consumer representatives. Faye Kricak continued in her role as a consumer representative on the Victorian Maternal and Newborn Clinical Network.

### Working together with midwives and midwifery students

In May MC branches hosted the International Day of the Midwife celebrations around the state. In Melbourne we celebrated with a morning tea picnic in the Botanic Gardens. Events were also held in Geelong and Ballarat.

Maternity Coalition members have spoken to midwifery students at Monash University, Australian Catholic University and RMIT about consumer issues and where things are at on the political stage. MC has also participated in the Midwifery Courses Advisory Committee at La Trobe University.

### The year ahead

There is a lot planned for MC Victoria in the year ahead as we try to build on what we have done this year and continue to look at how we can best serve the needs of our members and the birthing women of Victoria. We are excited about new branches that should be starting up next year. A couple of other projects are also in the pipeline, including one about birth trauma. There are many challenges ahead as well, and we need to remain ever vigilant in continuing to push for all birthing women to have real choices in their maternity care.

# Geelong Branch

By Cherie Nixon

Looking back over the last year, it has been a very busy period for the Geelong branch of MC. Firstly, we made some changes to our BaBs (birthing and babies support) group. BaBs numbers began to fall over the year as the babies attending grew and started napping during our normal morning time. So we changed the time and started earlier in the morning, which worked for a while. However, as the babies became older, more active and more vocal, our normal venue at Virginia Todd hall became unsuitable — there was nowhere to keep walking children occupied and noise echoed around the room. So, for the last four BaBs sessions, we decided to try meeting in people's houses. This seems to be working well and numbers are back on the way up, with the children kept amused by the presence of toys, etc.

Choices for Childbirth classes have also seen a reduction in attendees this year, with very few bookings. Although the first two cycles did run, the last two cycles were actually cancelled because of lack of numbers. We are currently trying to assess next year's classes and brainstorm ways to get our numbers back up.

We ran a number of fun social advents this year. Two wonderful film nights attracted a large number of attendances. We were also very fortunate to be able to have Gloria Lemay come and give a birth wisdom evening talk. This was a wonderful evening, with a great number of people coming to hear Gloria's insightful perspective.

In May we celebrated the International Day of the Midwife, which was a fantastic day! There was an amazing turnout by the mothers of Geelong, and also from 12 midwives from the Geelong area. It was so lovely to be able to eat yummy chocolate cake and celebrate our wonderful midwives!

In August we ran a successful Rhea Dempsey Childbirth preparation weekend. A 2010 Federal electoral forum was somewhat disappointing after certain Geelong electoral candidates promised to attend and speak but, at the 11th hour, failed to show up, instead emailing written statements.

We also had Pinky McKay run two sessions of her Seminar and Pilates Benefit Classes.

With notice From Melissa McFarlane that she will be studying in 2011, we went about trying to fill all her current roles so that she could hand them over during 2010. We have had a change of management in all areas and it has been a struggle trying to fill all these roles, but as

we look down the barrel of 2011 almost all of them have been filled.

We were able to farewell Melissa with a surprise morning tea earlier this year. It was lovely to properly thank her for all the amazing work she has done for Geelong MC over many years.

## Illawarra Birth Choices (IBC)

By Sonia Gregson

At our last official meeting of 2010 we looked back and celebrated our achievements as a group. It's been a fantastic year for IBC and I'd like to say a huge thank you to each of our members for the commitment and participation that makes this such a vibrant, productive and supportive network.

Some of our accomplishments include our successful screening of *A breech in the system*, meetings with Sharon Bird, our local MP, involvement with the South East Sydney Illawarra Heath Service (SESIHS) Wollongong Hospital Home Birthing Reference Group committee, successful and ongoing hiring of our birth pool, the donation by two of our long-standing members of a second pool for hire, finding our new meeting space, working bees to create our hand painted IBC banner, screen printing 'I was born at home' t-shirts,



rewarding fund raising and research and application for grants to assist with the start of MC Choices for Childbirth classes in 2011.

We are very proud of our website and the amazing guest speakers and topics we enjoyed during 2010, including *Postnatal depression*, *Nutrition during pregnancy and lactation*, *Dru yoga*, *Building respectful relationships*, *Belly dancing and music*, *Vaginal birth after Caesarean (VBAC)*, *Brain development and interpersonal neurobiology*, *Birthing, parenting etc.* book reviews and

*benefits of using a chiropractor during pregnancy.*

In December our families will meet for an evening Christmas picnic at Coledale Twilight Christmas Markets, and in January we will gather again for an early evening beachside family barbecue and play.

## Hunter Home and Natural Birth Support (HHNBS)

By Chrissy Grainger

2010 brought a few changes within the Hunter and Newcastle maternity system, including the implementation of the Midwifery Group Practice, with the combining of Belmont Birth Services (BBS) and John Hunter Hospital (JHH) midwives. This allows all midwives to attend births at home, at the Belmont and JHH birth centres and at the JHH delivery suite. Many of our group members have benefitted from the extension of the publicly funded homebirth regional boundaries, and many more 'low-risk' women are being offered the option of homebirth.

Local women were sad to see the resignation of Dr Andrew Bisits from JHH in August. Dr Bisits supported and assisted in the implementation of the publicly funded homebirth program within Newcastle and the Hunter; he is also recognised as Australia's expert in vaginal birth of breech babies. HHNBS wishes Andrew well in his new position at Royal Hospital for Women at Randwick.

A few events were organised in 2010 with a strong political theme. In February the National Day of Action Rally saw over 30 women, with many more babies and children, rallying through the streets to the office of Federal Member for Newcastle, Sharon Grierson. Ms Grierson chose to not make an appearance, but we are positive that we made our presence heard loud and clear. In August HHNBS hosted a pre-election screening of *Throwing out the lies with the birth water*, which saw the gathering of many birth enthusiasts and birth professionals. HHNBS raised \$160 for The Australian Private Midwives fund for legal fees from the sale of raffle tickets, a great result. Profits made from tickets sold for this event have assisted in funding a webpage, it is hoped this will be 'live' by January 2011.

The AGM in July 2010 saw the HHNBS secretary and librarian step down to focus on their upcoming births; congratulations to Amanda Hinds on the wonderful birth of Caleb and to Amanda Kalldin on the beautiful birth of Sven. Chrissy Grainger

continues in the role of coordinator, with pivotal members of the group assisting in the various roles and duties that are required for a volunteer group to operate smoothly, thank you.

At the beginning of 2011, HHNBS hopes to host a 'Positive birth day' where stories and discussion will be shared with the new intake of first-year midwives attending the University of Newcastle. A screening of the birth movie *The big stretch* is also in the pipeline, as well as all the usual interesting topics and demonstrations. With August and October 2011 already full with events, expos and conferences, HHNBS members will be busy planning stand displays and information for the public. We are eagerly waiting to hear more about the 27th Annual Homebirth Australia Conference, which is to be held in Newcastle; we look forward to meeting more Maternity Coalition members at this event.

HHNBS meets on the second Wednesday of every month at 10 am at Carrington Community Centre, 1 Hargraves St, Carrington. For further information please contact Chrissy 0418 237 938 or email [hnhbgroup@gmail.com](mailto:hnhbgroup@gmail.com)

## Northern Rivers Branch

By Sally Cusack

### New branch president

I stepped into the role as new branch president on 31 July in place of our branch's founding president, Vicki McAllister. At the beginning of this year Vicki started a Bachelor of Midwifery at Southern Cross University and, having three children as well, she needed to step aside from her MC role. Vicki is still involved, but she certainly leaves big shoes to fill. Thank you, Vicki, for the incredible work you have done for the women of our region and their maternity services.

I have two young children, 2 and 5, and became involved with Maternity Coalition after I decided to have my second child at home and it turned out to be one of the best decisions of my life. I am very fortunate to be supported by two wonderful key women who continue in their roles: Bec Clark as our Secretary and Kate Rankin as Treasurer.

### Throwing out the lies with the birth water: film screening and Q&A session

On 19 August, the night before the last Federal election, our branch presented a screening of Rani O'Keeffe's new film *Throwing out the lies with the birth water* in Mullumbimby. After the screening we also hosted a Q&A session on the impact

of the Medicare for midwives legislation on homebirth. We mounted this project in a very short time but managed to rally considerable interest in the issue from the local community, local press and radio. We invited all of our local election candidates and two of them attended — Joe Ebono from The Greens and Joan van Lieshout from the Liberal party. Justine Elliot, our Labor MP, who remains in office, did not attend or answer our invitation. Approximately 60 people turned up to our screening and they participated enthusiastically in the discussion afterwards. It was a great opportunity to build relationships with local women and our politicians.

The night before the film screening, on 18 August, I attended a 'Meet the candidates' session at Byron Bay Community Centre. This was an opportunity for all residents to meet all candidates and to hear about their policies. We also got to ask questions in the second half of the evening. I managed to ask Justine Elliot how the new legislation would be providing better outcomes for women in their maternity care, particularly for homebirth. I also asked the other candidates to comment. Justine reiterated the Labor Party's position on the benefits that giving midwives access Medicare would bring to the system generally, but would not comment on homebirth. Nic Faulkner, Independent, said his children were all born at home and spoke of the enormous benefits it brought to his family. He said that our society should support homebirth. Joe Ebono from the Greens also spoke in support of homebirth and referred to Rachel Siewert's homebirth policy. Joan van Lieshout said that she did not know much about the issue, but that her daughter is a midwife, that she was going to our film screening the next night and that she was keen to find out more. At the film screening the next night she certainly seemed affected by what she saw and heard and pledged that, if she were voted in, she would do what she could to help.

### Local press and radio

On the strength of the local interest we had generated in the campaign supporting homebirth, we approached our local newspaper, *The Echo*, and they published an article on the new legislation and future access to homebirth on 17 September. The article featured a pregnant woman expecting her first child and wanting a homebirth, local independent midwife, Sue Cookson, another local mother of three children, Gaylee Kuchel (who wrote an article for the July issue on her HBAC) and me. As a result of this article local women who are concerned about future access to homebirth are now in contact with our branch.

On 13 September our community radio

station, BayFM, interviewed Sue Cookson and me about homebirth generally as well as about the current political issues surrounding it.

### Radio show

Last month, at very short notice, we put together a submission for a weekly radio program on BayFM for the upcoming summer season. Fortunately BayFM were very enthusiastic about our proposal and, on 20 November, we went to air with our first one hour program: *Pregnancy, birth and beyond*. Nicole Foder and Anna Aranci are our wonderful presenters and are doing a great job of learning the ropes and bringing content not often heard on air. They are backed up by a fantastic group of women who support them by developing the content and organising this exciting project.

### Bangalow Markets babies' feeding space

A couple of months ago we lodged a submission with the Bangalow Park Trust for assistance with running a space for families to rest and feed their babies at the Bangalow monthly market. Fortunately the Trust committee thought it was a great idea and they have given us access to one of their pavilions with a lovely wrap around verandah and a kitchen. Our supporters provide a wonderful network of women to staff the space and we also have an information table on local pregnancy and birth services. We set up the Babies' feeding space for the first time last month and it worked perfectly, so we look forward to many enjoyable Sundays there catching up with each other and chatting with visiting women.

## Northern Territory

By Kylie Sheffield

Considering we are operating with a skeleton crew—read: me plus a consumer rep from Darwin Homebirth Group (and the ever-wise and experienced Sam Phelan just a phone call away)—MC NT has not had a bad year.

### Lobbying and advocacy

The great turnout at February's 'Our bodies, our babies, our right to decide' rally was a springboard to talks with local and federal politicians, including the NT Health Minister. Our most recent chat would suggest that things are finally happening, albeit slowly, in terms of addressing the recommendations of the 2008 Review of NT Maternity Services.

This year I advocated for a number of women who were denied their right to make an informed choice about their carer and place of birth, with largely positive outcomes. I believe MC has developed a positive relationship with the Midwifery



and Obstetric Co-Directors Integrated Maternity Services and feel confident that our concerns and feedback are well received and promptly followed up.

#### Consumer representation

I continue to hold consumer representations on the Clinical Reference Group Maternity Services as well as its Pregnancy, Childbirth and Parenting Education, and Homebirth sub-groups. I have also attended preliminary discussions around forming a working group to improve the services provided by our existing birth centre.

#### Membership

With active members in Alice Springs and Gove departing earlier this year, membership throughout the Territory has dwindled. While there are definitely women in all major centres (Darwin, Katherine, Alice, Gove and Tennant Creek) who support MC in theory, this does not translate to memberships, largely due to my inability to get out there and conduct an effective information campaign/membership drive. This is the first priority for 2011, with a focus on reaching more 'mainstreamers' and a broader cross-section of women from remote NT.

Darwin Homebirth Group (DHBG) and CEA Darwin continue to support MC through spreading the word of our

philosophy, linking to the MC website and attending gatherings organised to coincide with national MC events. The members of these groups continue to provide the 'muscle' behind the MC NT banner when it comes to rallying and speaking out.

My thanks to Kate Roseth of DHBG who has been my fellow consumer rep and 'partner-in-crime' for the past 18 months; Sarah Thomson, President DHBG, who never fails to support anything I want to do; Lauren Kaiserman, fellow MC-er for her ongoing positive feedback and support; Sam Phelan for being a willing ear and great mentor; and, of course, the wonderful midwives of our publicly funded homebirth service, who continue to provide exceptional care to the women of Darwin.

## Treasurer's Report, AGM, 23 October 2010

By Nicole Carver



Nicole Carver

This is my final Treasurer's Report as I will be standing down today. I have learnt so much and gained many friends in my time with Maternity Coalition, and I am extremely grateful to you all for your support and cooperation when I needed to get things done.

I will support the incoming Treasurer while she is learning the role and will stay on as Public Officer with Victorian Consumer Affairs, through whom we are incorporated.

#### Financial position

Our financial position is relatively stable compared to the previous financial year. We have approximately \$2000 less in the bank than last year, which is quite good considering that in that year we had some funds remaining from a grant from the Office for Women.

We have not used any of the funds in the Bankwest account, and that has continued to accrue interest. The Commonwealth Bank account fluctuates considerably, with our major expense being the printing of

*Birth Matters*. This expense is of course very worthwhile, as *Birth Matters* is our main vehicle for communicating with our members and hopefully recruiting new ones. Our other main expenses are bookkeeping and insurance. Memberships and funds from Choices for Childbirth, along with the 15% corporate costs charged to branches that are in profit, replenish the funds just as they appear to be dipping down below my comfort level.

#### Audit 2009–2010

The audit is currently underway and will be published shortly in *Birth Matters*.

#### Grants

We used the remainder of the Women's Leadership and Development Program grant from the Federal Government to hold a database workshop in Canberra.

Several local branches have also obtained grants for local events and programs or to attend conferences.

We did attempt to recruit a Grants Officer this year, but this did not happen. We were very fortunate to recruit Naomi Campanale as Assistant Treasurer and this was to be part of her role. She has been busy learning the role of Treasurer and has also been collecting the mail for the National branch. After this meeting if Naomi is elected as Treasurer we will again need an Assistant Treasurer who can hopefully progress the Grants Officer role in identifying possible sources of funding.

The important work of MC will continue more rapidly if its people can focus on advocacy and lobbying rather than administrative matters. Therefore I still believe a paid Administration Officer

position needs to be created and, if possible, funded by grant money.

#### Insurance costs

Insurance costs have reduced this year, as we have removed professional liability for the committee from our cover. We had previously been required to do this as a condition of one of our grants.

#### Police checks

The Assistant Treasurer Naomi Campanale and I have had police checks. For risk management purposes it is desirable that anyone handling money on behalf of MC should have a police check, at MC's expense, and should be a financial member. I encourage state and branch presidents to follow up this matter.

#### Corporate costs

There was agreement at the meeting at the Brisbane workshop to levy an amount equivalent to 15% of the profits of any branch event to cover the corporate costs of the national body. This is now being charged to the relevant cost centres. Branches with their own bank accounts will be invoiced shortly.

#### New branches

I have supported several new branches and new Treasurers of existing branches in learning our financial procedures. Naomi Campanale and I have also met with the new co-ordinators of Choices for Childbirth Northcote, Jo Askham and Jess Permezel, as they manage a significant amount of money in their program. Please continue to direct new branches and office bearers to contact the National Treasurer at [treasurer@maternitycoalition.org.au](mailto:treasurer@maternitycoalition.org.au) so that this can continue.

# Feature: Perspectives on homebirth in Australia

These two essays were written by students. Jessica Holmes is the mother of three birth centre and home born children, Jack, Max and Sasha, and is currently studying behavioural science and public policy and Flinders University. Kalita Donnellan-Fernandez, a 15-year-old school student, read Jessica's essay and decided to write an English paper on the same topic. With students of policy and young women of Kalita's age willing to engage in the issue, it's clear that the fight for the right to choose where and with whom we birth is in good hands.

## Is homebirth the best choice for low-risk Australian women?

By Jessica Holmes

Is homebirth the best choice for low-risk Australian women?

By Jessica Holmes

Why would you choose a homebirth? Surely it's dangerous, irresponsible and selfish to even contemplate the notion? This is the popular view of homebirth in Australia today. This article challenges this view by reviewing evidence that suggests that, for low-risk women, homebirth with an experienced midwife is a valid option in the 21st century and one that could provide a *better* birthing experience than that currently available in hospital. The movement of births from home to hospital has taken place within the historical context of social change since the start of the 1900s. I argue that meeting the physiological needs of birthing women requires a re-evaluation of the merits of home- and hospital-based births. This article also considers the issues of maternity services funding, the safety of birthing at home and the importance of an experienced homebirth midwife.

Homebirths were the norm within all societies and cultures until the beginning of the 20th century. An 'industrialisation' of childbirth then began as (male) doctors took increasing control of the birthing process in developing countries. Britain introduced the Midwives Act in 1902 and 'institutionalised a subservient role of the midwife to the physician' (Odent, 2002, p.24). This reduction in status of the role of midwife played an unfortunate part in the industrialisation of birth: obstetricians increased their grip on the birthing process, managing the deliveries of wealthier women and causing poorer women to aspire to follow their lead (Odent, 2002, p.24). Hospitalisation for birth was a godsend to those women who, in the past, would have died without obstetric and surgical assistance, and obstetric physicians became seen as the safest option for a healthy live baby. Nonetheless, some argue that birthing

women should primarily be nurtured by women, and that the private arena of birth should not be dominated by the gender whose body does not experience birth. Traditional patriarchal views and the feminist response are still evident in today's conflict of power between obstetricians and midwives.

The history of hospital birth intervention began around the early 20th century. In the 1920s Dr Joseph DeLee recommended that the use of forceps and an episiotomy should be routine procedures at every birth; by the 1930s 'prophylactic obstetrics' had become the norm (Odent, 2002, p.25). Anaesthesia for childbirth was also gaining popularity. At around the time of the First World War, 'Dämmerschlaf', or 'twilight sleep' was developed in Freiberg, Germany — a semi-narcotic state in which the woman was conscious but did not experience pain. Dämmerschlaf was greeted by women as an extraordinary breakthrough in freeing them from a painful labour; wealthy American women travelled to Germany especially to gain access to it. Twilight sleep was achieved by the administration of a concoction of drugs: morphine for the first stage and the amnesiac drug scopolamine and ether or chloroform for the second stage. The women treated in this manner became 'managed' patients rather than active birthing women. As these women were managed and drugged, the hospital staff became less involved with them. There was a tendency for staff to ignore the patient (who would remember nothing of the experience anyway). This resulted in a more impersonal experience of care for the woman.

The history of medicalised birth continued with an increase in the use of the Caesarean section. Before the 1960s this was an absolute last resort; but from this time onwards, newly surgically trained obstetricians were able to perform the procedure themselves, rather than

relying on a surgeon. Now hospitals were regarded as the safest place to birth because of the proximity of the operating room (Odent, 2002, p.27).

Intervention in the physiological process of birth continued with the development of the epidural, which was delivered to the labouring woman by a specialist practitioner. By the 1990s these practitioners were available in every hospital and the anaesthetic was refined to allow the 'patient' to walk pain free, awaiting for the arrival of her baby (Odent, 2002, p.28). The story of birthing in hospitals today, with its associated routines and protocols, is more often than not a far cry from the intimate experience of birthing at home.

The physiological needs of women to progress through the first stage of labour have tended to be overlooked in deference to procedures and routines focused on achieving a safe delivery. Michel Odent, obstetrician and founder of *The Primal Research Centre*, argues that, for the natural progression of labour to occur, a woman requires surroundings and her emotional state to simulate the time of conception and going to sleep. Odent claims this state reduces the activity of her neocortex, which slows down the thinking processes. Odent argues that a labouring woman's environment should be quiet, dim, private and warm (Odent, 2002, p.89). During labour a woman experiences a change in her consciousness (Balaskas, 1989, p.91) — a 'turning inwards'. Time takes on a different quality and the woman surrenders to the natural birth process involuntarily, without conscious control. For the birthing woman's body to progress, she must be uninhibited and herself, so that the necessary hormones, which are directly linked with emotions, are released (Balaskas, 1989, p.93). Pain in labour is invaluable: it is the way in which nature helps the birthing woman to find her own way through the journey of labour to delivery using endorphins,

'nature's narcotic'. This 'feedback' system is disrupted when pain is artificially removed, and this can slow down progress (Lothian, 2000, p.45).

The World Health Organisation (WHO) is concerned with the dehumanisation and medicalisation of birth. Wagner (2001) in his revolutionary article inserts a summary by the WHO:

'Separating a woman from her own environment and surrounding her with strange people using strange machines to do strange things to her in an effort to assist her, the woman's state of mind and body is so altered that her way of carrying through this intimate act must also be altered and the state of the baby born must equally be altered' (Wagner, 2001, p.1).

Most Australian women receive 'depersonalised' care in hospital from both midwives and doctors (Donellan-Fernandez et al., 2008, p.8). 'Volumes have been written about how liberating and empowering it is for a woman to give birth when she is in control of what happens' (Wagner, 2001, p.9). To surrender one's body in a public situation with unknown birth attendants is a great deal harder than to do so in the privacy of one's home with a trusted midwife. For low-risk women, home is a place that supports the requirements for a good physiological birth.

An experienced, independent professional midwife offers absolute 'gold standard' care throughout the pregnancy of a planned homebirth (Marsden, 2001, p.5). The essence of good midwifery care is the closeness and sharing of one-to-one intimacy. A bond forms early as the midwife visits the pregnant woman in her home during her pregnancy; she offers expert advice during her hourly visits (Vernon, 2005, p.16). By the time labour and birth are imminent, trust has developed between the mother-to-be and her midwife; they have become a team. A midwife is an expert in normal birth; she guides and assists the woman and her chosen support team through the steps of pregnancy, birth and breastfeeding (Vernon, 2005, p.16).

Obstetrician Marsden Wagner, who was the Director of Women and Family Health for the World Health Organisation (WHO), clearly states that low-risk women in OECD countries are safest and more satisfied with midwifery care than with physician-led care. Midwifery care is also associated with a drastic reduction in the rates of unnecessary invasive interventions (Wagner, 2001, p.11). The Netherlands, where normal births are required to be midwife attended in the home, has (along with Sweden) the lowest maternal and infant mortality rate in the world

(Baker, 2005, p.4). Midwives promote childbirth as a natural act that should not be medicalised, whilst many obstetricians believe that delivering babies should be confined to specialists (Baker, 2005, p.40). The Australian Government Maternity Services Review team heard that nearly all primary midwifery models are very popular with women and unable to meet demand (Dept of Health and Ageing 2009, p.19). Therefore access to midwives should become commonplace for low-risk women and, in turn, those women seeking a homebirth with a midwife should have access to that choice and, indeed, be encouraged in that direction.

There are also economic reasons for increasing the accessibility of midwifery-led homebirth primary care within Australia. The dysfunction of the current maternity care system in Australia clearly needs to be changed (Donellan-Fernandez et al., 2008, p.1). Ongoing subsidisation of public, as well as private, obstetricians by Commonwealth Government is of concern. A change to the MBS (Medical Benefits Scheme) funding occurred in 2004 and the Extended Medicare Safety Net (EMSN) was brought in. By 2007 obstetric service claims had risen significantly: from \$77 million to \$211 million (Dept of Health and Ageing, 2009, p.47). The 2009 Maternity Services Review refers to the concern of the 'cascade of intervention' reported by numerous consumers and some health professionals. Women with normal pregnancies reported unnecessary interventions that they believed were of no benefit to them (Dept of Health and Ageing, 2009, p. 13). With Caesarean rates presently as high as 48% in South Australia, and costing three times as much as vaginal births, one of the most contentious questions now is: why is the rate of Caesareans so high (Baker, 2005, p.31)?

Many studies have shown that midwifery-led models of care have lower obstetric intervention rates than care led by a doctor (Wagner, 2001, p.7). The World Health Organisation suggests that the optimum rate of Caesareans should be between 5 and 15% of all births (Baker, 2005, p.31). In Australia there are approximately 1241 obstetricians and in 2005 there were 18,297 registered midwives (Dept of Health and Ageing, 2009, p.41). Most midwives receive one third of the income of medical practitioners through the hospital funding system (Tracy, 2002, p.168). As the government subsidises large incomes for obstetricians, it would be logical to encourage low-risk women to opt for midwifery-led rather than obstetric-led care. While the growing use of medical interventions increases public healthcare costs (Baker, 2005, p.28),

'lower intervention with midwives means major cost savings' (Wagner, 2001, p.11). Births attended by a midwife, whether they are in a hospital or a home, would have a direct affect on the pocket of every Australian.

This paper does not claim that all midwives are ideally suited to their profession and are of 'gold standard', but homebirth midwives are extremely experienced, compassionate, calm, nurturing and devoted to women birthing as naturally as their bodies can. Additionally, and importantly, they are also predominantly mothers. In 2006, 9368 Australian women intended to deliver their babies in birth centres, but only 5460 women actually managed to do so (Dept of Health and Ageing, 2009, p.15). The demand for birthing centres greatly outweighs their availability (Dept of Health and Ageing, 2009, p.20). This indicates that there is a desire for women to birth in a home-like environment with a midwife. If the hospital system is unable to provide enough facilities to meet demand, women should be encouraged to birth at home with an experienced midwife.

For women who live within 30 minutes of a major hospital, homebirth is clearly an option, as the time from 'decision to incision' (in case of the need for surgical intervention) remains within the recommended time criteria for hospital births. In addition, the likelihood of surgery for low-risk women is minimal (Wagner, 2001, p.5). The largest and most recent homebirth study was published in the *British Medical Journal*. A Dutch cohort study of 529,688 women found that there was no significant difference in child and maternal morbidity or mortality between low-risk women birthing at home or in a hospital. The women opting for homebirth had a higher socio-economic status and were aged more than 25; presently 30% of births in the Netherlands are planned homebirths (de Jonge et al., 2009, pp.2-3). The National Childbirth Trust in the UK agreed that the study 'makes a significant contribution to the growing body of reassuring evidence that suggests offering women a choice of place of birth is entirely appropriate' (Macdonald, 2009, p.338). It is understood that the maternity system in the Netherlands is tailored to homebirths (de Jonge et al., 2009, p.6). As animosity between midwives and obstetricians in Australian cities lessens, and they begin to work in tandem for the greater good of pregnant women, then Australia's maternity system should be able to offer the same safe assurances to low-risk women choosing to birth at home: there is no evidence otherwise.

The majority of healthy women should be able to give birth without intervention,



as has been the case since time began. But there is concern that women's belief in their ability to birth unassisted has diminished. Reference has already been made to the emotional state of a woman and the importance of her feeling in control, safe and able to deliver her baby. Unfortunately it is all too easy for staff running hospital-based antenatal classes, whose intention is to inform couples about the birth process, to inadvertently instil fear of, and an undue emphasis on, what may go wrong during the birth. As yet we are unable to analyse the effect that fear has on the birthing process, either prior to or during labour. However, 'A trained midwife can anticipate trouble and usually prevent it from happening in the first place as she is providing constant one on one care to the birthing woman' (Wagner, 2001, p.5).

Midwife-led care also appears to have a cost-effective protective effect on a new mother's mental health. Jennifer Gamble, from Griffith University, has done extensive research into Post Traumatic Stress Disorder (PTSD) relating to birth, which seems to be on the rise; obstetric intervention and a perception of deprived care during labour have been associated with the disorder (Gamble, 2003, abstract). Women who feel unsupported, have no influence on the decisions made and who feel ill informed are at risk of developing PTSD after the birth. The stressors associated with PTSD are usually intensity, terror and helplessness (Gamble, 2003, p.5). The study also suggests that women's mental health benefits from the opportunity to talk about their birth experience (Gamble, 2003, abstract), especially after a traumatic birth; this is intrinsic to the role of the homebirth midwife. The time and extensive information given to the family by a homebirth midwife will leave the woman

in no doubt of her ability to birth and what actions will be undertaken should a problem arise. United Nation data show that, when medicalised treatment during birth does not meet women's social and emotional needs, they may subsequently choose to birth at home without a midwife (Newman, 2008, p.451). Educating women about the alternative of birthing safely at home with a midwife is of paramount importance.

In conclusion, there is absolutely no doubt that obstetricians are invaluable in the world of maternity care. But the proper place for obstetricians is with complicated births, usually associated with high-risk pregnant women. Most women are of low-risk and have no need of the specialised services of an obstetrician. Rather than offering an 'extra-safe' level of care, this paper suggests that, in fact, obstetric-led care for low-risk women often proves to be more interventionist and costly than midwifery-led care. Homebirth with an experienced midwife should be available to all women living in urban Australia; there is no longer any doubt that midwives provide the safest outcomes for low-risk birthing women (Wagner, 2001, p.11). Educating young women about the benefits and safety of homebirth is essential to change the social culture surrounding homebirth. The ideal initiation process for a woman into motherhood is to birth her child as naturally as possible. Such a birth is life changing, empowering and should be the choice of all well-informed Australian women.

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# Is planned homebirth the best choice for low-risk Australian women?

By Kalita Donnellan-Fernandez



Kalita Donnellan-Fernandez

Homebirth has been a highly debated topic within Australia for many reasons. The evidence suggests that the popular belief about homebirth is that it is a dangerous, selfish and irresponsible choice. A contrasting belief is that banning homebirth takes away the basic human right of freedom of choice. However, there is evidence that, if a pregnancy has been non-complicated and if assistance by a qualified registered midwife is sought, homebirthing is, in fact, just as, if not safer, than hospital birth (Hall, 2009).

Freedom of choice is one of the main causes of conflict regarding the issue of homebirth. General Practitioner Dr Booth says that the UN statement on the basic human rights of women states that 'women have the right to have control over, and decide freely and responsibly, on all matters related to their sexual and reproductive health' (Barret, 2009). This is stating that every woman has the right to decide where she will have her baby, whether that is in a hospital, a birthing centre or at home, and who will be present at the time. An opposing argument about this right comes from Dr Jeff Taylor, the chairman of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, who states that women have rights, but they also have responsibilities. 'At the end of the day they have a responsibility to weigh up their birth experience versus an increased risk to [their] baby' (Barret, 2009). What he is referring to is that women should consider the right of the unborn child to avoid harm.

Evidence about the safety of both the mother and her child has also been the topic of heated discussion. Some doctors and obstetricians suggest that the potential for death is significantly increased when birthing at home; some report that there

can be a doubling in the perinatal death rate (Kron, 2009) as a result of a lack of assistance and guidance from medical professionals. Dr Taylor supports this hypothesis and states that his clinical experience reinforces this, 'Many times have I been present during labour where everything seems fine, but suddenly a complication occurs, requiring immediate instrumental or operative delivery' (Barret, 2009).

It is widely accepted that occasionally complications arise during delivery without any warning; however, stating that the death rate for home births is higher than that of hospital births appears inaccurate. A recent study in the Netherlands of 530,000 low-risk births taken over seven years, where one third of the births were at home, concluded that there was no difference in death or serious illness if women gave birth at home rather than in hospital (Dillon, 2009). Other studies report outcomes in line with the Netherlands findings. Of the 821 perinatal deaths occurring in NSW in 2006, approximately 93% were in hospital and only 0.2% of them were in planned homebirths (Dillon, 2009).

A recent concern in Australia is the availability of insurance for practising private midwives. It is illegal to practise midwifery and offer services without national registration; the offence carries a jail penalty (Dillon, 2009). It is not illegal, however, for midwives to practise without indemnity insurance, although this is about to change. An email distributed by the Maternity Coalition states that, as of July 2010, private midwives will be required to have indemnity insurance. Since 2001 this insurance has not been on offer to independent practices and recent legislation has made indemnity insurance mandatory in the field of birthing (Caines, 2010; Johnston, 2006). The Maternity Coalition is concerned that 'serious social, professional and health implications will result if midwives are denied the ability to work' (Johnston, 2006). Since this email was released, indemnity insurance has become available to privately practicing midwives, but the cost will still prevent most from offering their services.

In response to the new legislation, there is emerging public support for 'DIY birthing' or 'freebirthing', as it is commonly called. This is when a woman births at home unassisted by professional

help. It may be cost effective to most, but it is also incredibly dangerous for both mother and child. Most of the women who chose this sort of birth have previously had a traumatising experience with a birth in hospital, or have known a close peer to have such an experience. It is not these women's first choice to birth alone, but they are effectively forced into it by the limited birthing choices available (Shepherd, 2009).

There will always be conflicting arguments about whether homebirth is a safe option or not, but issues regarding choice and experience need to be taken into account for the future. No doubt the services offered by midwives, including homebirth, are not suitable for some women; but women who do have the opportunity to have a homebirth should not be denied their right of choice. There are currently campaigns running to support women's choice and also various treatises against homebirth. Governments and politicians are currently weighing up the issues. Hopefully, soon they will come up with an appropriate and well-balanced outcome for the most important party in this discussion, the women.

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# Birth story: Temma's Entrance

By Jo Askham



Welcome beautiful Temma

It started with a smile. It was 6 am and I had been awake for an hour. I had actually had a good night's sleep. The first contraction was like a little flame being set alight, that just warmed the bottom of my belly...

I lay there for a couple of hours contemplating what the day would bring, interrupted occasionally (every 5 to 10 minutes) with the re-ignition and the constant warming of the flame. By 8 am I really had to concentrate to blow through it, to blow the flame out.

When Michael woke up I told him it was happening, but he should probably go to work anyway, at least just for the morning. After he had gotten himself and Kian ready to go, I changed my mind and decided I would keep him at home to run errands for me. Little did I know what a good decision that was. Before Michael took Kian to crèche I explained to Kian that the baby might be coming today and he was ecstatic. It has been a long wait for him.

My idea of what I wanted my early labour to be like was just to be by myself, without feeling pressure from any onlookers and maybe getting a few things finished around the house. It was, of course, where I intended to give birth.

After Michael left to take Kian to school, I hopped out of bed and started sorting out and cleaning the bedroom. The contractions seemed to stop for about half an hour and then they came back. By the time I was cleaning the bathroom they seemed to be coming every few minutes and I had to stop and concentrate and breathe through them. (My Pot-belly stove was starting to cook).

Michael got back about the time I had almost finished cleaning upstairs and I decided it was time to chill out and start keeping track of these contractions. Over the course of the next hour, Michael really had a hard time. He was trying to organise stuff between 30 to 40 second contractions that were a little over two minutes apart. I had no idea they were so concentrated, but still quite short. I tried to lie down and rest a while, but that was no good, so uncomfortable and extremely painful. I had to pretty much stay standing the whole time and leaning on the wall or sofa for support during the contractions. I needed Michael there for every one of them, which surprised me. I didn't want anyone touching me for Kian's labour.

Michael rubbed my lower back and relaxed my shoulders. During this hour I also 'chatted' with Charlotte, my sister in the US, but realised that after I had to put the phone down for a dozen contractions, that it might prove to be a very expensive phone call for her. I also tried to eat some toast, but I could not seem to finish a mouthful before the next fire was upon me. I found some comfort for my legs by sitting on the yoga ball and leaning against the back of the sofa, but the smell of the new sheepskin I had bought and was leaning on soon turned my stomach and I threw up the banana I had just managed to get down.

After the hour we called my student midwife, to give her some time to organise

her family before having to come over. We also rang Annie, my primary midwife. She was just about to go into a meeting, so she said she would call back. We thought it was still early.

In the hour to follow, things got more and more intense. By the time Annie rang back I was urgent to have her there. When Annie arrived I was kneeling on the floor over the sofa, sweating hot and unable to move from that spot. I sat back with each contraction and leaned against Michael. I started needing some counter pressure on my lower back and tail bone. Up until then I was, with much effort, dealing with the contractions by going 'inside myself' and pushing the pain down and away. It was no longer a little flame to blow out, but a huge fireball not wanting smothering.

I was having trouble (time for the fireman)... Annie asked me if I wanted to push, which made me actually evaluated what I was feeling and I was feeling a lot of pressure. In a very short space of time my waters broke with what sounded like a pop and felt like a crack, and I was hobbled to the half filled, semi-cold pool. Oh, what a relief! (What better way to control a fire than with water). I really went into my own world in the pool. I groaned through each contraction and involuntarily pushed every now and then.

During this time Aimee, Kristy-Rae and my second midwife arrived. They were all roped into helping fill and warm the pool

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Jo and Temma share a moment of mutual awe

while they took turns to rub my back and occasionally give me a drink.

The involuntarily pushes were coming more frequently and for much longer. I still did not feel comfortable pushing with them. I tried my hardest to breath through them. Once Annie told me to relax my bum a little, that I would not rip apart and helped me try a few positions, I started helping it along. She (Temma) seemed happier with me squatting or kneeling, leaning backwards.

Before I knew it she was crowning. As I put my hand between my legs, I could feel the softest flowing silky hair, and it was not mine. I imagined seaweed waving in the water. It was the best feeling and brought a big smile to my face. It gave me the incentive to go on and to help push her out to finally see her.

With a little bit of extra encouragement from Annie and a lot of yelling and groaning and (more) yelling, this beautiful round head emerged.

I could not stop touching that wonderful hair and then the small bumps of her face and those tiny ears. It seemed an eternity until my next contraction, but with another BIG push and Annie performing some fancy finger flip work, my gorgeous baby girl was born.

She came out of the water and into my arms and we looked at each other in awe.

She did not breathe straight away, but I felt her cord still pulsing and I held her low. There was no hurry. In her time she took her first breath.

Welcome to the world baby Temma Joyce.

#### **Postnatal Notes:**

*After having such a wanted and wonderful birth experience at home I was amazed to realise that a home birth is not just about the birth. My recovery after birth was just priceless. I was so relaxed, comfortable and 'at-home'. Family and friends were invaluable (especially the ones that cleaned out the pool) and I had nowhere to move, except where I wanted to go.*

*I also found out that the intense feeling on my tail bone when my waters broke, did some damage that needed some recovery.*

*After worrying so much and having a previous episiotomy I was happy that my perineum remained intact even after a biggish (9lbs 8) baby, and it gave me little postnatal discomfort.*

*The 'fancy finger flipwork' Annie performed was to unravel the cord from around her neck and arm. She said Temma came out with a "handbag and necklace".*

## Update from Sheana Guthrie

Many of you will remember Sheana from this year's HBA conference and have read the news of Coralie's arrival in the last edition of *Birth Matters*. Sheana has provided this update on how she and Coralie are travelling.



Sheana and her 'old soul' Coralie at 4.5 months

The time has flown! At the time of writing this Coralie is 4.5 months old. She is a beautiful 'old' soul. I get so many comments about her having 'been around before' and I'd have to agree. So alert and yet so peaceful. I'd like to think that her entry to this world had something to do with it. I'm still amazed at how different, beautiful and yet normal her birth was compared to my other experiences. It's made me even more passionate about a woman's right to choose with whom and where she births.

I'd like to thank again all of the people in the birthing community who offered support and encouragement during my pregnancy. It meant more to me than I can ever adequately put into words.

With thanks,  
Sheana

# You and your baby are a work of art

By Renee Drury



Renee Drury

Renee Drury is a Byron Shire artist specialising in 'belly art' in her new business: Circle of Love Body Art. Here Renee tells of how pregnancy became the focus of her art career and how today's women celebrate pregnancy through art.

Gone are the days when pregnant women hid their bodies under baggy tunics from neck to knees, as if all sexiness and body pride vanished with pregnancy. Society's attitude to pregnancy has changed greatly in the last few decades, influenced by, among other factors, the style choices of high profile celebrities.

There was outrage in 1982 when Princess Diana was covertly photographed by paparazzi baring her bump in a bikini while on vacation in the Bahamas. Demi Moore caused a global scandal in 1991 by posing naked for the cover of *Vanity Fair* when pregnant with her second child, wearing only a pair of diamond earrings. For another pregnancy Moore was photographed as Venus in a shell,

complete with flowers painted all over her torso. Elle Macpherson has since also modelled as a pregnant nude, decorated with bright splashy colours and gold leaf. Claudia Schiffer bared her pregnant belly on the cover of German *Vogue* wearing only her ageless smile. Christina Aguilera and Britney Spears followed the trend of exposing their naked pregnant bellies on the cover of magazines. The red carpet is now alive with skintight sparkling ball gowns stretched across the proud bodies of pregnant Hollywood stars. And so, no longer frumpy and frilly, we are voluptuous goddesses.

Now women worldwide are displaying their pregnancy as a masterpiece in a growing trend called 'belly art'. Pregnant belly art turns the pregnant mother's likeness into a high quality artwork, to be treasured for generations as a unique keepsake of pregnancy and an impressive showpiece. There are belly masks, belly casts, belly painting, henna bellies, temporary tummy tattoos, 'blessingways' and photo portraits, to name a few. These many wonderful ways to celebrate pregnancy are finding resonance with the desire for modern Australian culture to embrace experiences that create rites of passage and bring deeper meaning to our lives. And why not? We are each a unique, one-off original — a true work of art. Why shouldn't the art you own be made from the most profound moments of your life, such as the giving of life to another?

How did I find myself in the unusual career of belly artist? As I paint a pregnant belly, I sometimes ask myself the same question and smile. I have spent much of my life painting large-scale public murals and body painting at places such as the Sydney Opera House and the Museum of Contemporary Art. Yet the birth of my first child changed the course of my career. I understood unconditional love for the

first time and experienced my own rebirth. I was profoundly inspired. My life path would now always orbit around that of this tiny being in my arms. I had joined a link in a chain that echoed unbroken since the beginning of time. I had a new understanding, compassion and respect for families and people of all ages. Geez, I even cried in family themed insurance ads! I was now thick in the web of life. Such a profound shift deserves celebration; I now focus my creativity on the most beautiful canvas of all, the pregnant belly.

I started out by doing pregnant belly painting, which turns the mother into a living artwork by painting a design directly onto her skin. Whenever a girlfriend swelled with life and nervous expectation, I would whisk her away into a day of relaxation and indulgent creative fun. We would begin with the body paint and then I would decorate her like an art installation and treat her like a goddess. Finally, I would take photographs of her for a unique keepsake. Some friends became so comfortable and relaxed they fell asleep while being painted. The babies seemed to like it too. I often wonder if the light play and the gentle massage of the brushes is a curious game for an unborn baby. I love to see them kicking. Magic.

These days I feel honoured to meet women through belly painting, at that time of unknown future, preparing for birth, dreaming of their baby. Each artwork expresses the deeper personal story of the mother and baby. The process aims to inspire a mother's love for her own unique beauty and give an opportunity for her to connect deeply with her unborn child. Examples of designs include the world globe belly surrounded by stars for the global traveller, the completely green mum as a hilly landscape, unlocking the doorway to life with an ornate key, and a rhinestone

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and shell adorned mermaid with long sparkling tail and mermaid-baby. There is just so much you can do with that big, beautiful round shape. New ideas keep piling up like excited people waiting to get into a party.

Because I've created body art for corporate and circus shows, I love to design a completely themed scene, with costume pieces, headdresses and stick-on decorations. I feel a bit like a mad professor at times with my airbrush, paintbrushes, stencils, latex additions and buckets of beautiful decorations such as rhinestones, glitter, sequins, beads and trails of yummy material to create with.

The photo shoots are really fun. They're like a glamorous girly game: dressing up, paint from head to toe, a pregnant goddess posing and meditating on her baby. Sometimes partners or children join in too, which gives the experience a whole other depth. Photo shoots can be taken anywhere: privately indoors or outside in nature. One of my favourite shoots was at a deserted beach. We basked on the sunny dunes and splashed about in the sea shallows. I am often amazed by the adventurousness of the mums. I am especially in awe of one incredible woman. She had an earthy ohm on her belly and a butterfly across her breast as she climbed up a tree with the sun sparkling about her. She laughed at my surprise and put her chin out proud for that magic shot.

I love the feeling of community joy when I paint at a baby shower or blessingway. Everyone gets to share in the interesting experience and can be painted too. While face painters can offer this service, it's important to note that the paint for belly painting should be water-based, completely non-toxic, FDA approved make-up. Non-toxic artist acrylic paint is not okay for covering skin.

To really bring the photos to life, I like to print them on canvas. Then extra layers of paint and detail can be added on top of the image. When doing this, I always use a good quality printer that uses 'archival standard' inks and canvas, so the print lasts 75 to 80 years, rather than the three to five years of a cheaper printer. Photographs can also be turned into framed prints, albums, silk wall hangings, albums and cards.

Observing the extraordinary public response to body art photo shoots and the growing trend of women making plaster casts of their own pregnant torsos, I recognised the opportunity to expand my

art and *Circle of Love Belly Art* was born. As a curious artist, I wanted to explore what else I could create. Off I went to the source of all knowledge — Google. I typed 'belly art' into the search engine and was amazed by countless pregnant belly creations from all over the world. Some are tacky, some macabre and some comical. Some are true masterpieces and some just downright weird: the sexy high-heeled pregnant bikini competitions; the Halloween pregnant belly contest with painted spider web and curled up cat belly designs; the Beijing pregnant belly painting competition with cutesy pastel-coloured cartoon characters and sweet-faced women crowned with red roses. There were aliens climbing out of bellies



and delicately drawn on zippers, countless sports balls, fishbowls, pumpkins, ladybirds, clocks, mirror balls and, my personal favourite, the bronze musical belly bowl — each belly has its own unique ring.

The United States is experiencing huge popularity for this art form, with many businesses similar to mine flourishing in the prenatal market place. The UK is also in love with casts and masks of bellies, with some truly fine work emerging. With pregnancy art on my brain, I suddenly see it everywhere: in the homes of most of my mum friends I find hidden somewhere a plaster pregnant belly mask. Extremely popular now, the masks can be found all

over the world, especially in the US, the UK and right here in Australia, with no less than 20 belly masking do-it-yourself kits on the market.

I really enjoy working with masks when a mum is 35 to 39 weeks pregnant and her shape is at its largest. To create a plaster pregnant belly mask, which is a three-dimensional mask of a woman's pregnant shape, I use plaster of Paris gauze. This is the same medical-grade material that hospitals use to cast a broken bone.

Masking can also be done periodically to remember and compare each phase of the pregnancy. A belly mask is a family keepsake, ideal to display in the baby's nursery. Belly masks are lightweight, enabling them to be hung on the wall or placed on a display shelf. One of the most valuable things to do with a belly mask is to show and share it with the child.

I love how simple and affordable plaster masks are to make. A father may nurture his partner with a personal belly masking session. Belly masking is also a great activity to do with the girls at a blessingway or baby shower. A family member's hands can be incorporated into the belly mask for that extra personal touch. It is fiddly yet rewarding work. I believe it sends a visual message to the child that they are cherished and supported by a community.

The difference between a do-it-yourself mask and a professional mask is that the latter is smoother, stronger, with more detail, and shaped to hang on the wall with special rope. It's a good idea to send DIY masks to be finished by a professional so that they become something that can be displayed with pride, strong enough to survive the test of time. I have seen a large number of half-completed masks sitting on top of cupboards or damaged by being

moved about. This is my one criticism of plaster masks: they are soft and easily damaged. I highly recommend having the finished piece fibreglassed prior to decoration so that it is waterproof, light and super strong. After all, it is impossible to redo once the baby's born.

It takes approximately one hour to create the initial mask. I seat the woman in a comfortable reclined position, apply skin barrier cream, and then layer her body and her baby's shape with warm plaster gauze. The mask takes approximately 20 minutes to set. Masks come in many shapes and sizes and can include the abdomen, breasts, shoulders, thighs and hands. I always advise mums to go to the





bathroom before they start because, once the process begins, they need to stay really still for the best outcome.

Once set, the mother gently wriggles out of the mask and, presto, she has a unique masterpiece to forever remind her of her pregnancy. I shape the mask, add extra layers of plaster, reinforce the edges, and leave it to dry for at least 48 hours. I then paint it in gesso to stop air moisture damaging it and to protect it from bumps.

The belly top is an excellent surface to express a story through a design. It looks fantastic in the nursery and can be finished in so many ways: it may be left white, painted in a range of colours or designs, decorated with ultrasound prints, or finished with a mosaic, metallic effect or decoupage. A pocket can be fashioned on the inside of the belly mask to store a letter, ultrasound or gift to the unborn child.

Pregnant lifecasting is a remarkable art form that I have completely fallen in love with. Lifecasting is a stone three-dimensional copy of a living human body. It's an absolute masterpiece. The level of realism takes my breath away, with details as small as fingerprints, pores and hairs. But nothing melts my heart more than seeing the precious bumps of the unborn baby's kicks, which makes a lifecast a portrait of both the mum and the baby, a true time capsule with a story.

The lifecasting process is completely safe and non-toxic for the client. First, alginate is applied to the body for the initial mould. Alginate is a non-toxic medical grade substance, made from seaweed. This is the same material that dentists use to create moulds of their clients' mouths. The application of the moulding materials can feel like a soft massage or a facial. I reinforce the mould with plaster bandages, which quickly dry; then, with a wriggle, the model is free of the mould. The process takes about an hour for the model and is relaxing and interesting. I take photos throughout the casting so the woman has a record of the whole experience.

The cast finishing is done in my studio. I

fill the mould with liquid stone (gypsum) material in layers and set the cast with a hanging rope. The gypsum may take between four and eight weeks to dry, sand, shape and finish depending on weather conditions. My favourite part of the whole process is peeling back the alginate and plaster layers to reveal the woman's perfect shape. It's like unwrapping a Christmas present.

The sculpture can be finished in any colour, stone effect, metallic finish or personal design and hung on the wall or placed in the garden as a statue. I've even seen them used as plant holders with flowing ferns cascading over the top of a pregnant belly.

There are many other ways to celebrate pregnancy through art. Henna tattoos involve the ancient Indian art of applying beautiful patterned designs on pregnant bellies to bring safety in childbirth and a happy baby. The design lasts for around two weeks. Temporary tummy tattoos and stick on bhangis are a subtle way to decorate your belly for fun. Blessingways

or mother blessings ceremonies are growing in popularity, with activities such as the bead ceremony, where each woman brings a bead for a blessing necklace that the mother wears during the birth. Binding of the wrists involves a fine thread being bound around each woman's left wrist as a bracelet of connection. Other traditions include rubbing the belly with milk and honey, poetry reading, blessings and wishes, a treasure box for the baby, flowers, candles, feasting, massage and indulgence.

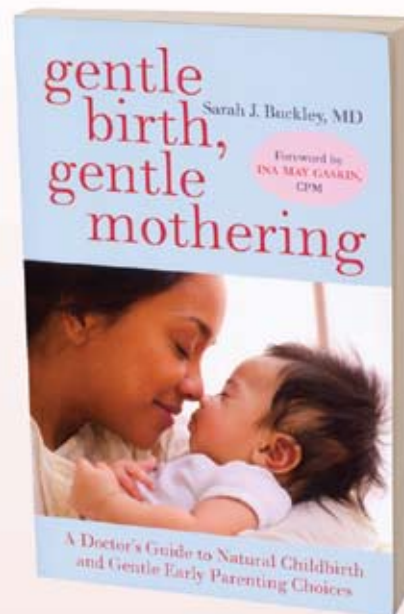
Currently, *Circle of Love Body Art* provides customised and artistic pregnancy keepsakes including: belly painting and decoration for portrait photography and baby showers; plaster and fiberglass belly masks; belly mask repairs and decoration, belly masking kits and pregnancy life casting.

For more info please contact Renee [renee@reneemonique.com](mailto:renee@reneemonique.com) or visit [www.circleofloveart.com.au](http://www.circleofloveart.com.au)

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# Midwifery practice, education and artistry

University of Technology Sydney, 2 June 2010

## Midwives as artisanal workers

Professor Barbara Katz Rothman

By Carol Chapman



Barbara Katz Rothman's talk paralleling 'artisan' bread making and midwifery provided the answer to a question that I had frequently asked myself: "Why have I worked so hard and long with Maternity Coalition to achieve broader access to one-to-one midwifery care?" After all, I'm not a midwife, don't want to be one and my birthing days are done.

The answer is this: Midwives have a robust and unique body of knowledge and skills that is essential and beneficial for all birthing women.

I now understand that my work for MC has been motivated by an implicit understanding of the importance of midwives' knowledge and skills. Obstetric surgical and medical skills are theoretically important to us all but, in practise, relevant only to a minority of birthing women. Midwifery done well benefits every mother and baby.

In our attempts to change perceptions of birth from dangerous to safe and medical to natural, have we unwittingly made midwifery invisible, seemingly unnecessary? If birth is natural and safe, the woman's body knows innately what to do and the woman does all of the work, so what does the midwife do? How do you 'market' waiting? And importantly, the strategy of framing birth as 'a natural, not a medical event', although used for at least 250 years (as I discovered when I came across excerpts from 1760 midwifery treatise), has not worked.

Barbara also pointed out that surgeons are beginning to view the scalpel as primitive and barbaric in comparison to laser. But for obstetricians, the scalpel remains the only option. How harsh and primitive does medical management with needles and

blades seem in comparison to the elegance of good midwifery that guides and shapes, supports and enables, and works with women's strength and innate ability?

Given an equitable and rational maternity system, women will grow to value midwifery through experience. Until then, we need to consider how to market midwifery as a body of sophisticated knowledge and skills that benefits every mother and baby "without" as Barbara Katz Rothman writes "taking away from the 'naturalness' of birth... and the power of the birthing woman."

### Simulation based learning for midwives: It's not about the toys

Professor Holliday Tyson

Professor Holliday Tyson presented a session on simulation learning for midwives. By simulation learning she does not mean expensive computer labs, but accessible and inexpensive simulations like chicken breasts for suturing practice and the use of actors as 'patients' to practise scenarios that include clinical and emotional components.

Evaluation of the program in which the simulation learning is used in Ontario, Canada has shown that the graduates are more competent and better prepared for the realities of practice. This is an obvious benefit to consumers who receive safer care and avoid becoming 'training material'.

The significance of clinical training for birthing women became more apparent to

me when I heard the following story from a credible and respected source:

*Midwifery students have reported that labouring women in a hospital/s in a low socioeconomic area of an Australian city are being asked by medical staff if they would mind being 'examined' by them and their medical students. The women are agreeing and then having multiple vaginal examinations performed. It is not explained that the examination will be a vaginal examination. A student reported that the women were shocked and declined when this student began explaining that a vaginal examination was intended (they were expecting abdominal palpation). The students pointed out that the same team of teachers and medical students did not do the same thing at the tertiary hospital. They suggested that it might be that women in a low socioeconomic demographic were less likely to ask questions or refuse the examination.*

I began to wonder how much student training and the need to perform a requisite number of vaginal examinations, episiotomies, forceps or caesarean surgeries influences decision making around these procedures? I can see another good reason to have consumer input into the development of clinician training and a role for consumers in the development and conduct of simulations.

Simulation learning may offer the dual benefits of enhanced graduate competence while preventing training needs impacting negatively on the significant and intimate event of birth.

### Author Bio

Carol Chapman is a long time active member of Maternity Coalition and past NSW president. She has represented maternity consumers on numerous committees and working parties and was heavily involved in the initiation and development of the Midwifery Group Practice and publicly funded homebirth in Belmont NSW. She continues to be involved in her local MC group and is a consumer reviewer for Midwifery Practice Review. Carol's husband and 'birth activist by association' is Dean. They have three children, Jacqueline, Sam and Dominic.



# Go Girl Australia: The journey so far

By Sue Howell



*On 25 April 2010 Marg Phelan set off around the country on an epic cycling tour promoting midwifery, normal birth, breastfeeding and informed choice in pregnancy, childbirth and early parenting. Averaging 100 km per day, she's made it from Darwin to Broome, down the West Coast, across the Nullarbor, over to Tassie... and she's only half done. We share part of the journey so far through these journal excerpts and photos by Marg's number one support crew member and fellow cyclist Sue Howell. May Marg's courage and determination inspire us all to continue our fight for information, access and choice in 2011.*

## Day 1 – Saturday 25 April, Depart Darwin

Marg and Bernie woke first — 4:30 am was their official start time. They made final preparations and were out the gate by about 5 to ride into the city to meet the send-off crew. The rest of the riders and support crew followed up the rear in Muriel the support van at about 6 am and got to the Esplanade just as Bernie and Marg were cycling in. We were greeted by a wall of fluorescent painted children's hand prints and names [a tribute to Marg from all the mothers, babies and children whose lives she's touched], the sweet smell of coffee brewing and the enticing aroma of BBQ sausages, bacon and eggs. As we followed our noses and stumbled through the semi-darkness it was

apparent that Mo, Robin and the send-off crew had been on the job for some time.

Over the next couple of hours people followed the rising sun to the send off. There was all manner of bikes, lycra, babes and baby bellies to wish the expedition well. Some tears. Lots of laughs, photos and memories. As the ravenous recreational bootcampers jogged past our goodbye bacon one last time, the crew lined up. At final count there were around 30 wheels at the ready, at least four of which were of the training variety...

"On your bikes!" was the call, and the gang slowly made its way out of the park, dodging the morning walkers coming their way. Riders Marg, Sue and Bernie headed off to the chorus of cheers and well wishes. Following in their wake were Mia and Jodie with training wheels supported by their mum Naomi. Also along for the departure were Jack and his dad Mark,



Theresa, Anne and Hiliary. The first stop was at the BP Berrimah...

## Day 7 – April 30, Victoria River to Timber Creek

Muriel [the wonder van] decided she liked Victoria River so much that she refused to start the next morning. Unknown to the riders who had an early start, Sue was left behind to learn how to bleed the fuel line, helped by a lovely man in his lime green work shirt. People are truly wonderful in your time of need! With Muriel resuscitated we roared off down the road in pursuit of riders and hopefully in time to make the much desired first morning coffee. The ride was truly spectacular and even though now there were more and more hills to climb, nobody seemed to complain much.

Timber Creek was bustling with activity as they had the long weekend fishing competition on. We still had no trouble securing a shaded camp spot at the back of the caravan park. John wandered around the camp chatting to the fisherman about Marg's journey and came back with pockets rattling from donations. Marg spoke at the competition briefing for the fisherman that evening about what she was doing on her journey. We wandered around the gathering afterwards with our donation bucket and all were very generous. We raised \$168.

## Day 14/15 – 7 and 8 May, Wurman rest days

As the rest of the gang roared off for an overnight stay at the Bungles, Sue and Marg decided to decorate Muriel. The sun was fierce in the afternoon so we festooned Muriel with the banners from the Darwin Homebirth group. These not only provided shade but were a talking piece amongst fellow campers, who were drawn to us like bees to a honey pot! People were very interested and many were generous in making a donation. As our numbers were decreased we decided to take ourselves out for dinner at the local roadhouse. Not expecting much more than the usual burger fare, we were very pleased with the nights special of Barra, chips and salad. The following mid morning we were sipping a homemade latte when another cyclist rode into our camp. He was doing it tough as he had bright orange panniers – two for the front and two for the back. All he owned was on his bike. This





Not far to Broome...

was Rico, a lovely young German who is cycling around Australia. Anne and John had met him previously on their travels to meet us in Katherine. Rico had left Perth on 22 January and had ridden 11,500 km so far on his own. When the others returned from the Bungles we had a celebratory meal with Rico and long discussions of his travels. He found life quite lonely on the road and he was keen to join us for a while. We all agreed... the

more the merrier. Now we are seven.

#### Day 27 – 20 May, Willare to Broome (172 km)

Everybody was up and eager to go as we had a long day ahead. The reward at the end would be BROOME. Today was the most punishing day of all, more so than the days of riding in the wet weather, as the riders had a head wind all the way. The first half of the day was a slow gradual climb and the riders were wondering when there would be some downhill! It did come, finally, but it didn't seem reward enough. At one of our rest stops Anne and Sue spied another cyclist heading in the opposite direction. We called out to stop and come in out of the rain (which had just begun to fall again)... We met Tom, who was cycling from Perth to Darwin. He'd had a good morning's ride as he had the tail wind! Our cyclists rolled in and had a long chat

about the road ahead down the west coast. We waved goodbye to Tom and headed off to Roebuck Roadhouse, our second last stop, 33 km from Broome.

The riders are tired now and 33 km seems a long way, but they head off cheering each other on — not long to go now. We had our last stop for the day on the side of the road, John and Sue sitting on chairs with binoculars to the hills behind waiting to spy our team. It was the last watering hole. The last ride was 20 km and John and Sue headed off to Broome. We had planned to find the Broome sign and stop there to have a photo of us all together. We discovered that someone had stolen the Broome sign and before you knew it, we were in Broome. Sue headed off to the Roebuck Bay Caravan Park to book us in while John directed the riders. We all met outside the caravan park when the riders arrived to have our photo shoot but the heavens broke again and down came the rain. We never did manage that photo of us all in our green shirts. It wasn't meant to be.

## A Word from Robyn

This is "hello" from Marg Phelan, Sue Howell and me. What an exciting time I have had since joining these wonderful women. My words in this piece will only partially describe just how Marg is a CHAMPION of women and midwives. Marg has ridden from Darwin to Albany (over 6000 km and by the time we reach Adelaide it will be 10,000) and Sue has cycled a good part of that with her.

If every midwife had the sole dedication and energy of Marg Phelan in her passion to create awareness that every woman should have the right to access one (the same) midwife for the whole of her maternity journey, wherever she chooses to birth, midwives would be truly leading the way in Australian maternity services.

Even in the most difficult times she never complains — she just rides on, in winds that almost blow her off her bike, up mountains, over the top and down again, in varying degrees of cold (sometimes freezing), rain and at times sunshine. At the end of the day, she maintains the bicycles and makes sure everything is in working order and checks Muriel (our trusty crew van) before we leave in the morning. She never stops, nothing deters her.

As Marg cycles around Australia for our 'one-woman-one-midwife' cause, those who ride with her experience the

same consistent endurance for shorter distances. I am in a very privileged position to be her 'roadie' from Perth to Adelaide (and, if I can arrange it with my Supervisors, I will do another segment later).

Every morning we are woken by the aroma of **Marg's Kitchen**, she never fails to rise early even with our groans and moans, not wanting to wake one more morning at 5.30 and still she provides Sue and me with 'porridge with extras' and coffee in bed. On our day off it's eggs plus extras on toast. **Rob's Roadhouse** opens during the day, 'Rob the Roadie' drives on ahead between 18 to 22 km, finds a suitable stop at a siding to prepare seating for rests, food and drinks or whatever the need, until we reach our destination for that day. Once we unpack and settle into camp, the riders shower and when we are all cosy and warm inside the mobile coaster Muriel, **Sue's Diner** opens for the evening meal. I do the dishes and when we have a two-night stopover I do the washing and folding of our accumulated clothes.

This is midwifery to me — real complimentary team work, compatible, warm, caring, considerate, sharing imprinted, communication, with fun and laughter impregnated each day as we contemplate the day's ride, the people

we have met and the activities of various camp sites and roadside stops. We have been privy to some amazing wildlife and wildflowers. And Mary Murphy, you will be pleased to know that those 'black boys' you taught me about have followed me all the way through the beautiful forests of Western Australia.

If anyone out there wants to help, there are many ways to do so. WA ACM provided some very valuable fuel vouchers, people provide gold coins along the way, but what we really need is some bigger sponsorship to the ACM Rodanthe Lipsett Trust Fund. Some widespread media would be great. If anyone out there knows of big business who would like to participate in sponsorship and media to promote the cause, please set the wheels in motion. We look forward to seeing many more women and midwives along the way and hope that you will make Marg's arrival in your state or regional area very special.

GO THE WEBSITE, FOLLOW THE PROGRESS, SEE THE PHOTOS OF THIS AMAZING MIDWIFE AND HER JOURNEY FOR CHOICE! [www.gogirlaustralia.net.au](http://www.gogirlaustralia.net.au)

Robyn Thompson



Spreading the word with our 'baby banner'

*On 10 June, Marg returned to Darwin to care for Kylie in her final weeks of pregnancy. Saffron aka 'Saffy' was born at home at 10.30 pm on Monday 5 July. Marg then stayed on to provide a week of postnatal care before heading back to Broome to regroup with the team and continue the journey.*

### **Geraldton to Fremantle – 29 August to 3 September (581 km)**

We had three lovely rest days in Geraldton, catching up with Marg's family and seeing the sights... Chris is to leave us here and head back to Melbourne to prepare for her trip to China. We took her out to a lovely restaurant overlooking the ocean to say thankyou for being such a great roadie, and we were sorry to see her go when we waved her off on the Greyhound bus to Perth. Sue will now take over roadie duties and drive Muriel to Perth.

Marg visited the Aboriginal Medical Service, invited by Rhonda, a midwife in the practice, and spoke of her journey and shared information on models of care. It was a great afternoon with a sumptuous afternoon tea and Marg was very impressed with what the service was achieving and offering. Muriel had a check up and service and Sue bought a new bike seat and before we knew it, we were on the road to Perth.

The weather was not kind to us in Geraldton and it was a grey and drizzly morning when the riders headed south to Dongara, a ride of 67 km. We had heard so much about this leg of the journey and how windy it could be. The trees certainly supported this as they all had a definite lean. We were blessed on this day as there was barely a breeze and a lovely ride was enjoyed through flat green countryside passing historic settlements and tourist destinations. We stayed in a caravan park on the coast and having heard that the local bakery had excellent pies, we partook of those.

Today we turn away from the coast and head inland, a ride of 142 km, to Carnamah. We are to follow the Midlands

Rd, the old route, which is famous for wildflowers, to Perth. We weren't disappointed, but perhaps a bit early as the locals informed us. We arrived late afternoon as the weather began to change and the grey clouds gathered. The long awaited rains seemed to have arrived as we had heavy rain during the night.

We woke in the morning to find Muriel completely surrounded by water and our fellow riders in tents completely soaked. The rain was still falling as we packed for the days ride to Moora, 120 km away. The ride was wet and cold through some hilly country. It was still raining on our arrival in Moora, so the tent bikers took a cabin for the night, as everything was still soaked. We dined out at the local pub but the meal was a lot like the day: dismal. We all retired early hoping for an improvement the following day!!

Our wish for a good day was not granted as we woke to further rain and very strong, nearly gale force winds. Lucky it is only a short ride to New Norcia today, 59 km. Our first stop was 22 km, where we were to join again the Great Northern Highway and head south. Luckily there was a roadhouse there which was very warm and served real coffee. The roadies waited anxiously as the wind was so strong it blew the cars around the road and we feared for the riders. We were happy to see them ride down the hill towards us and had an extra long break at the roadhouse to warm them up. The day was tough as the wind persisted as a very strong headwind and the terrain became very hilly. We were all happy to arrive at New Norcia, away from the multitudes of trucks on this busy road and, amazingly, the sun was now poking its nose through the clouds. The day cleared in the afternoon enabling tents and sleeping gear to dry out.

After hot showers and a hot feed we headed off for a tour of the Benedictine Monastery, which is what New Norcia is — the monastery is the town and it had its beginnings only 15 years after Perth was first settled.

Today we head for Burns Beach, an outer suburb north of Perth. The day was fine as the riders headed off, the first 40 km very demanding as they had to ride over the Darling Range. On reaching the top of the range they had a fabulous downhill ride of 5 km to the turnoff heading to Gin Gin and onwards to the coast. The top speed downhill was recorded at 58 km per hour. Yahoo!! It was along day's ride as what we thought would be a 119 km ride ended up being 146 km. The last 30 were difficult as the road was extremely busy — we were now on the edge of Perth. We are to lose another member of our group here as Bernie will leave us and travel back to

Melbourne... Bernie rode with us from Darwin to Perth and it was sad to say goodbye.

Now there were just two riders left to ride to Freemantle. Marg and Rhea headed off to follow the bike path along the beach all the way. It was a beautiful morning and the roadies drove ahead hugging the coast too, and finding lovely cafes at 20 km to wave in the riders and enjoy the day. We rolled into the caravan park at 12.15 pm. 3170 km from Broome and 5206 km from Darwin. Well done Marg and her fellow riders! What a fabulous journey.

Marg was welcomed at the park by fellow midwives, mothers and children with banners flying and lots of cheering. Among the well wishers was our good friend Robyn Thompson, a fellow midwife, who had flown in from Melbourne to be our roadie to Adelaide.

### **Adelaide – 1 to 6 November**

We had timed our arrival [in Adelaide] to be in time for the Melbourne Cup and found the Royal Hotel in the city where we joined fellow punters for a great day. Not much won on the horses though. Adelaide is a fabulous city for cycling and we found we could ride all the way into the city following the Torrens River.

Marg had another welcome from midwives, this time from the Adelaide branch of the ACM. A fund raising night of a barbecue and raffles had been organised at our caravan park and we all had great night. What a great bunch of women — special thanks to Patrice who had baked green and yellow biscuits and homemade fruit cake for the road. Delicious... readers of this blog will note that we are always talking about food, especially sweet. Eating lots is our reward for all those cycling hours and kilometres.

*At time of writing Marg and the crew were continuing on to Melbourne and then Tasmania. In the New Year they will continue the journey into NSW, where they will wait out the cyclone season before heading north. We congratulate all those who have contributed to the adventure so far and wish them clear skies and tail winds for the remainder of the journey.*



Leaving Widgie on the Kalgoorlie to Adelaide leg

# Go Girl: Recognition from the Prime Minister





# Maternity Coalition News

## Central Coast MC

By Kylie Corrigan and Lisa Kim

September was a quiet month for activities as we prepared for a very busy month in October.

### Empowering Birth Stories — 16 October

The Central Coast Maternity Coalition kicked off our second *Empowering birth stories* event for the year with a magnificent slide show produced by our local member and photographer, Jane McCrae. Five mothers shared their birth journeys with around 40 attendees. Selena spoke passionately about her vaginal breech birth. Kristy gave an insight into the changes she experienced as she welcomed her four baby girls over the years at Wyong Hospital. Zoe not only shared her experience with others as she told the story of the arrival of her little boy in a VBAC, but was also able to raise awareness in a few mums that a vaginal birth is a very safe option for many women who have required a previous Caesarean section. Melissa brought tears to many eyes as she bravely shared her story about a birth that needed more support than first thought, requiring a transfer from our low-risk birthing unit at Wyong Hospital to Gosford hospital. Although things didn't quite go to plan for Mel, she had the most incredible support from her midwife before, during and after her birth, which helped to empower her experience. The last speaker, Emma, shared her very intimate homebirth, not only inspiring the attendees but building confidence in a few couples who were attending a calmbirth® course in the next room, as they joined us during their break. Though her experiences as a doula and birth educator, our guest speaker, Anna Russell, beautifully summarised

each speaker's journey and shared her experiences so others were able to take away the tools needed to create their own empowered births.

### Real people doing real things — 28 October

The efforts of Central Coast MC in 2010 were recognised by our nomination for the *Real people doing real things* 2010 awards, hosted by the Central Coast Community Congress. It is the Central Coast Community Congress's belief that 'Community building is a process that occurs when people from the community (including individuals, groups, government organisations and businesses) take steps to find solutions to issues within their own communities using their strengths and assets'.

Although our team didn't win an award this year, we were delighted to see so many young people recognised for their contributions within our local community, and the event gave us a unique opportunity to meet with community leaders and residents.

### Wyong Hospital Birthing Unit — November

The Central Coast MC has offered to work closely with the midwives at Wyong Hospital Birthing Unit to help create a 'sense of home' in one of the birthing rooms. The idea is to create an environment that feels more like a normal home bedroom for the woman and less like a hospital room. Over the coming months we will plan some ideas to help raise funds for this project.

### Central Coast Baby Expo — November

The Central Coast MC has managed to secure a stall at the Central Coast Baby Expo being hosted by the Central Coast Community Women's Health Centre. Our aim at this free expo is to engage with new and expectant parents, providing them with information that will assist them in their journeys.

### Christmas party — December

The most exciting thing on our agenda for 2010 is, of course, our Christmas party, at which our families will gather together to celebrate our

achievements during the past year. This gathering gives our partners and children the opportunity to mingle in a relaxed atmosphere, with no pressure except to enjoy the delicious food we all contribute.

December also brings our last meeting for the year. We will then take a break until February 2011 to spend time with our families recharging our batteries in readiness for an exciting 2011.

We hope everyone has a wonderful Christmas and look forward to sharing more great things happening on the Central Coast in 2011.

## Hunter Home and Natural Birth Support (HHNBS)

By Chrissy Grainger

HHNBS has continued to meet on the second Wednesday of every month at the new venue of Carrington Community Centre, which is wet-weather friendly and a wonderful environment for the many babies and children who attend. Monthly meetings consist of varying topics that inform and engage our members. Popular topics this year have included: *Third stage of labour; Support people; Boob, bottoms and babywearing; and Birthing philosophies*. A number of guest speakers have attended recently, including local doulas and childbirth educators. At the December meeting, *Making the most of unexpected outcomes*, we heard from local midwife Nicole Wyborn. Nicole recently released the book *A Mother's Tears: a story of stillbirth and life*. The women attending were deeply moved by Nicole's honest account following two miscarriages and the neonatal loss of her second child.

In October, HHNBS, Newcastle Attachment Parenting (NAP) and local members of the Australian Breastfeeding Association (ABA), gathered together to celebrate International Babywearing Week with a combined group picnic, which included babywearing demonstrations and information on wearing your baby, toddler and child safely. Thanks to Babes in Arms and ERGObaby for providing discounts and pamphlets to all who attended, as well as funding the \$1000 community group grant that was won by Hunter Home and Natural Birth Support and Newcastle Attachment Parenting. A special planning meeting was held in December to discuss the distribution of the grant, as well as to organise activities and topics for 2011. With the huge success of



Anna Russell shares her empowering birth story at Central Coast MC's EBS event



Mums and babies from HHNBS support International Babywearing Week

the October babywearing picnic, HHNBS hopes to make this an annual event.

The HHNBS library has also grown throughout the year, with new books and DVDs, including copies of *Well adjusted babies*, *Birthwork*, *Doula!*, *Unhindered birth*, *Healing our children*, *Birth day*, *Attending birth*, *The labyrinth of birth* and many more. Members will greatly benefit from these excellent resources and donations are appreciated.

## Maternity Coalition Queensland

### MC Queensland consumer representation and political advocacy training day

By Belinda Costello

My invitation to participate in the consumer representation day couldn't have come at a better time. I was sick of hearing about maternity reform on the Sunshine Coast with nothing more solid behind it than wishes and prayers that *somehow something* would be done. I'd realised that someone needed to start the ball rolling, so I had decided to send out a letter to all the people I could think of to hold a meeting to start the 'Friends of the Birth Centre on the Sunshine Coast (FBCSC)'. The invitation to the training day arrived the day after I had decided to send this letter: some may call it synchronicity, but for me this timely invitation was a gift, because I really didn't know where to start and how to begin to effect change once we got started.

The next day I phoned the Friends of the Birth Centre (FBC) Brisbane and contacted Bruce Teakle. Throughout all my conversations that day I kept being asked. "Have you heard about the consumer rep. day?" To which I replied, "Yes. I was going to go". Not really knowing what to expect, I went along and dragged along a friend who is working with me on the FBC Sunshine Coast — Cherine Mathews-Lawor.

It was fantastic to sit in a room with so many motivated people learning how to go about changing things in our own regions and communities. As a great ice breaker, we watched a very funny group of participants, including Bruce Teakle and Hazel Brittan amongst others, role play the kind of meetings we might find ourselves in. We soon felt more relaxed about the sometimes daunting task we all found ourselves

wanting to undertake. (Although in my case I still felt fairly clueless.)

Towards the end of the day, we heard from Di Farmer MP about how to set about talking with MPs and do it well. Di reminded us that MPs are real people who really want to help their communities. When she showed us a breakdown of her average day as an example it was really obvious that they are very busy people, and our ability to get our point across was going to be very much determined by how clear and concise we could be in the 30 minutes that was probably all most of us could expect to have of their time. I soon realised that waffling on about lots of different information would waste a lot of time and probably get us nowhere. My notebook became filled with boldly written statements such as 'build relationships', 'repeat the message', 'the three Cs: Continuity, Control and Choice'.

A simple thing to remember was just to say thank you to MPs and let them know that their help is appreciated. Di told us about the people she always remembers because they send her the odd card here and there, not to ask for something but just to update her on what they are doing. There are many groups and causes vying for MPs' attention; the ones that make them feel good are obviously going to get more time, just because they are nicer to be involved with. Nonetheless, I think we all understood that being a consumer rep. won't necessarily help you 'win friends and influence people' most days. But when the arguments (um... I think I mean discussions) have died down, you should try to finish on a good note and then follow up with a thank you note to remind the MPs that we are thoughtful as well as determined and tenacious.

I left the consumer rep day armed with plenty of knowledge that was to come in handy far quicker than I ever thought possible. Less than a week later I received

a call from a local midwife who had made an appointment with my local MP Mark McArdle. She had made it to discuss another matter that had since been resolved, but decided to keep the appointment and discuss something entirely different. Having called Bruce Teakle to ask the best way to broach maternity reform issues with Mark, she had been advised to give me a call. So, not two hours later, I was in Mark's office telling him how we wanted to see maternity reform and asking what he was going to do about it. Not to let a good opportunity go by, I let him know all about the Friends of the Birth Centre and told him we wanted one on the Sunshine Coast. I told him how it would cost less and deliver better outcomes for women and, very mindful of how Di had told us to keep to a central message for all MC reps, I kept reiterating the 'three Cs'.

I think Mark was somewhat amused by my forthright assertion that he would be hearing more from us in the coming months and years, and how we intended to keep the women on the coast at the forefront of any and everyone's mind who was making policy for maternity services in our community. He was probably also slightly amused by my 15-month-old trying to steal his pen! We left him with a slightly messier office (the inevitable result of trying to keep my daughter Jemima entertained) and the clear message in his mind that women needed Choice, Continuity and Control.

For any of you thinking about becoming a more active member of MC, or just making a difference in your community, get along to the next consumer rep. day. I made heaps of contacts and really enjoyed the day talking with like-minded people. I also came away feeling really supported in my new role on the Sunshine Coast, with plenty of phone numbers of people to call when I need support or advice. If I can do it, you can do it; and you will really enjoy it if you do.



Participants practise the 'three C's – Continuity, Control and Choice' at MC Qld's consumer representation and political advocacy training day



## Blue Mountains

By Amy Bell

The Blue Mountains have been active on the birth front this last three months, although not directly under the MC banner. Amy Bell, the branch convenor, ran as an independent in the federal seat of Macquarie to highlight the issues surrounding the birth reforms, in particular, collaborative arrangements.

As a result of a Labor campaign promise by Susan Templeman, Amy and three other independent candidates (Michelle Meares of Robertson, Sally-Ann Brown of Corangamite, Victoria and Rebecca Jenkinson of Dickson, Qld) met with Nicola Roxon, who continued in the role of Health Minister. The meeting brought a promise of a thorough review process.

Blue Mountains local film maker Rani O'Keefe, released her documentary which follows the campaign for birth choices, *Throwing the lies out with the birth water*, which screened around the country. Amy also presented Nicola Roxon with a copy of the DVD along with the CD *Handing Down the Knowledge: songs for homebirth*.



## Wishing You A Wonderful Festive Season

On behalf of the Maternity Coalition and the *Birth Matters* Team, we wish you all a very happy, and safe Festive Season.

We wish you good spirits, new beginnings and adventures with loved ones in 2011.



## We Can Hear You

Dear Members

As this is your publication, feedback is important to us. We would love to hear what you think about *Birth Matters*, what changes you would like to see for future editions, and what stories you're interested in.

Please send all feedback to:

**[birthmatters@maternitycoalition.org.au](mailto:birthmatters@maternitycoalition.org.au)**

and stay posted for future *Birth Matters* that YOU want.

## BIRTH MATTERS: MARCH THEME

Revisiting rural and remote birthing... it's been almost two years since we last featured our sisters in the bush, the outback and our most outer reaches. In the first edition of 2011 we'll be looking at what, if anything, has changed.

We want to present the current realities of 'birthing in the bush', so if you live in rural or remote Australia, we'd love to hear your birth story.

Please email your submission to [birthmatters@maternitycoalition.org.au](mailto:birthmatters@maternitycoalition.org.au) **on or before the deadline of 1 February 2011**. Stories should be a maximum of 3000 words.



## BIRTH AFTER CAESAREAN SUPPORT: ONE ORGANISATION'S OFFERING

It can be hard to find evidence-based information and caring support when beginning the journey towards another birth after caesarean. One organisation working to change that is Brisbane-based BirthtalkTM, co-founders of the Caesarean Awareness Network Australia (CANA).

Women birthing after a previous caesarean often have special needs and considerations. There may be issues surrounding whether to have a repeat caesarean, or a vaginal birth after caesarean (VBAC). There may be relevant emotional issues surrounding 'what happened' last time that need to be addressed. And it can, at times, be difficult to access evidence-based information and support that would help in decision making and processing of options. Brisbane's Birthtalk runs Australia's only eight-session VBAC Course, which includes information about both VBAC and empowered birth after caesarean (EBAC). Birthtalk also offers support and understanding in issues surrounding healing from a previous birth.

### Knowledge Not Fear

Birthtalk acknowledges that women and couples planning a subsequent birth after caesarean do have some specific issues to consider. Birthtalk encourages attendees to approach these issues in the context of working towards an empowering birth, where you are making all your decisions based on knowledge, not fear. The course enables those preparing for a birth after caesarean to receive evidence-based information, and offers appropriate support so attendees can ask questions and have their fears addressed.

### Won't a VBAC Just Be Better?

Many women initially assume that having a VBAC will make their birth a positive event. At Birthtalk we are often asked, "Surely a vaginal birth will just be better anyway?" Unfortunately, many of the things that can make a caesarean such a traumatic way to meet your baby are not restricted to caesarean birth. These things include feeling out of control of your birth, feeling ignored or abandoned, feeling fear or confusion, or feeling unable to ask questions. While having a caesarean can increase the possibility of these feelings occurring (simply due to it being surgery, where you are immediately more vulnerable), having a vaginal birth in no way protects you or eliminates the possibility of feeling this way.

### Empowering and Safe

According to Birthtalk, to make your birth a positive event, you need to focus on having an empowering experience. The above list of traumatic feelings is, in essence, the definition of a disempowered birth. All women want their VBAC to be an empowering and safe experience, so, it makes sense to focus on turning the above feelings on their head. This means learning tools and accessing information so you feel: in control of what happens to you, central to the experience, safe and nurtured, and able to obtain information through questioning your care-givers. This will increase the possibility of walking away from your birth feeling strong, confident, and positive about the parenting journey ahead. Birthtalk offers these tools and other ideas at their VBAC course. ©Birthtalk2009

One of the best ways you can support birth reform is to...



## ADVERTISE IN BIRTH MATTERS

Our readers are passionate about birth, babies and making informed choices. If you want to reach savvy, informed mums-to-be, midwives and doulas, have a business that fits with MC's philosophy and want to support the campaign for improved maternity services, contact:

[birthmatters@maternitycoalition.org.au](mailto:birthmatters@maternitycoalition.org.au)

Our advertising sponsorship packages start from as little as \$50 an issue for a business card size ad. We also offer full colour advertising on our inside and back covers. If you sponsor us for 12 months, we'll promote your business on the MC website, at Choices for Childbirth sessions and through our events, support group and branch meetings.

*Birth Matters* is distributed in hard copy to approximately 700 members (including approx. 20 organisations with their own membership bases) nation wide and is available online via the Maternity Coalition website as a PDF (online complete issue in full colour).

# Member notices

## Management committee meetings (National)

The committee meets monthly, or as required, via telephone conference call. Dates and times have been set to optimise the involvement of members who are separated by great distances and time zones. All members are welcome at these meetings, and are advised to contact [secretary@maternitycoalition.org.au](mailto:secretary@maternitycoalition.org.au) for details. Communication between meetings is mainly by email.

## General meeting dates for 2011

This year's Annual General Meeting was held on Saturday 23 October and is reported on in this issue. Other general meetings will be called as required, and members given 14 days notice. The date for 2011's AGM will be published in the March edition of *Birth Matters*.

## Midwives in Private Practice (Victoria)

MIPP is a participating organisation of MC. To request a MIPP brochure, or for other information including membership inquiries please email [mipps@maternitycoalition.org.au](mailto:mipps@maternitycoalition.org.au). MIPP meetings are held monthly. Midwifery students who are members of MC are welcome at MIPP activities.

## Choices Victoria

For details and dates regarding Melbourne, Geelong and Ballarat Choices for Childbirth programs, please visit our website: [www.choicesforchildbirth.org.au](http://www.choicesforchildbirth.org.au).

## Donations

MC thanks you for your generosity to our organisation. Your donations fund our important work and help us to get one step closer to reform of Australia's maternity services.

MC's book keeper, Meredith, would like to request that any donations made by members be accompanied by an email to [accounts@maternitycoalition.org.au](mailto:accounts@maternitycoalition.org.au) to let Meredith know the amount that has been deposited into the bank account and the reference. This is so she can make sure funds are allocated to the appropriate sub-accounts.

## MC bank account details

Commonwealth Bank of Australia Branch: Ringwood Victoria

Account Name:

Maternity Coalition Inc.

BSB: 063 167

Account Number: 10108586

Postal Address:

PO Box 1190 Blackburn North  
Victoria, 3130, Australia

## Infosheets

The Maternity Information Initiative was established in 2006 to "develop a series of consumer information sheets on key maternity topics." Infosheets are designed to assist women to question and communicate with their care givers, and make informed decisions in their maternity care. This will help ensure that care offered is appropriate for the woman, her pregnancy, her goals and individual

circumstances. Infosheets are available on our website to download free of charge.

Topics include:

- A healthy pelvic floor after childbirth
- The third stage of labour
- Pre-labour rupture of the membranes
- Induction of labour
- Births after caesarean
- Labour in water
- Bearing down or directed pushing?
- "Who cares?" Choosing a model of care
- A baby's transition from the womb to the outside world
- Preparing your birth plan
- Breech birth

## Birth announcements note

It is our policy not to publish the names of homebirth midwives due to the current situation in which these midwives work. Homebirth midwives have no insurance and are often targeted by regulatory authorities despite providing excellent care.

As such we feel it is our duty to support those midwives that continue to provide care for women who want the opportunity to birth at home with a trained professional by respecting their need for privacy.

If you want to name your midwife in your birth announcement or birth story, you first need to seek their consent to have their name published. Once you provide written consent from your midwife, we will publish their name if you desire.

## MC online discussion lists and social networking groups

### Join an MC email group!

MC members are able to keep in touch with other members interested in the same issues via Yahoo! email discussion groups. Yahoo! Groups allows files to be stored and retrieved including documents, databases and the like, and messages archived. All discussion groups are governed by electronic communication guidelines established by the MC National Committee.

**Maternity Coalition on facebook.** There are several birth-related facebook groups. If you are a member of facebook you can join any of the following MC-related groups: The Maternity Coalition Inc., Caesarean Awareness Network Australia, and Birth Matters Journal. There are also several branch groups. Jump online and explore!

**OZBIRTHING.** An open group that can be joined (or unsubscribed to) via the [maternitycoalition.org.au](http://maternitycoalition.org.au) website. Just log on and follow the prompts!

**MCNSW.** For NSW members and other interested individuals. For an invitation to join, please contact Carol Chapman [dean50@ozemail.com.au](mailto:dean50@ozemail.com.au) or Lisa Metcalfe at [nsw@maternitycoalition.org.au](mailto:nsw@maternitycoalition.org.au).

**MCVIC.** For Victorian members. For an invitation to join, contact Janie Nottingham at [vic@maternitycoalition.org.au](mailto:vic@maternitycoalition.org.au).

**MatCoWA.** For members in WA. Contact Tracey Reibel at [wa@maternitycoalition.org.au](mailto:wa@maternitycoalition.org.au) if you'd like to join.

**MCmidwives.** For midwives, midwifery students and others who are members of MC who are committed to seeing woman-centred birthing in Australia become a reality for the majority of women. To join contact Joy Johnston at [joy@aitex.com.au](mailto:joy@aitex.com.au).

**BAClist.** A discussion and action group dedicated to issues, media and research about birth after caesarean and caesarean surgery. It is moderated by Caesarean Awareness Network Australia representatives. Contact [info@canaustralia.net](mailto:info@canaustralia.net) to join.

**Qldcore** list is for active members of Maternity Coalition in Queensland. Queensland also has two other lists if you don't want to join the core group but want to stay informed or receive a copy of the Birth Action News e-newsletter. Contact [qldpresident@maternitycoalition.org.au](mailto:qldpresident@maternitycoalition.org.au).



Find us on

# Maternity Coalition Contacts

## MC contacts (National)

### Office Bearers 2009

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### General committee members:

Bruce Teakle  
Ann Catchlove  
Kylie Nicholson

### Other really important people who support our National Management Committee

**Membership Secretary:** Bec Telfer  
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## Branch contacts

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[geelong@maternitycoalition.org.au](mailto:geelong@maternitycoalition.org.au)

**Ballarat President:** Michelle McRitchie  
[ballarat@maternitycoalition.org.au](mailto:ballarat@maternitycoalition.org.au)

## Branch Information

If you wish to become active in MC and there is no branch near you, contact the President or a member of the national Management Committee, who will assist you in setting up your local branch. Branches and participating organisations may be formed in any state and territory of Australia, or in any location that is identified by a group of at least five (5) members.

There may be more than one branch formed in each state or territory.

A branch may be formed upon the authority of the Management Committee. A branch of the organisation is independent of other branches in its activities and fundraising. For details of financial arrangements including reimbursement of costs upon presentation of receipts, contact the Treasurer.

Terms of Reference of each branch are to be consistent with those of the Maternity Coalition.

Find us on 

Do you tweet? Follow **birthchoices** or **CaesareanAU** on [twitter.com](https://twitter.com) for quick notification of media articles, interviews and behind-the-scenes info about the politics of childbirth.



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A **personal voice** rarely heard in discussions about maternity services, **Birth Matters** is a forum for debate and discussion about the issues that affect birthing women and care providers in Australia.

## Want Extras?

Extra single copies of *Birth Matters* are available for \$10 including postage and handling.

For bulk orders (500g or more), please contact the Editor for rates. [birthmatters@maternitycoalition.org.au](mailto:birthmatters@maternitycoalition.org.au).

Simply visit our website at:  
**[www.maternitycoalition.org.au](http://www.maternitycoalition.org.au)**  
and subscribe online to reduce carbon emissions

Or write to:  
PO Box 1190  
Blackburn North Vic 3130  
to request a brochure.



☐ Yes, I'd like \_\_\_\_ membership brochures for Maternity Coalition

Please send brochures to/contact me via:

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Organisation (if applicable): \_\_\_\_\_

Street/PO Box: \_\_\_\_\_ Suburb/City: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

A PDF of the brochure can be emailed upon request. Contact [secretary@maternitycoalition.org.au](mailto:secretary@maternitycoalition.org.au)



# THE PASSAGE TO MOTHERHOOD CONFERENCE

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- Christina Smillie *Breastfeeding in the Real World: Baby-led Approaches and Right-Brained Problem Solving.*

## **PLUS repeating Workshops around Australia & New Zealand in May 2011**

- Michel Odent & Sara Wickham: Melbourne (3 May), Brisbane (5 May), Sydney (9 May), Christchurch (11 May), Auckland (12 May);
- Christina Smillie: Melbourne (2 May), Brisbane (5 May), Sydney (10 May), Perth (13 May).

**TO REGISTER:** Go to either website, or Tel 03 93180151 or email [events@capersbookstore.com.au](mailto:events@capersbookstore.com.au) for more information or to request brochures. Register before **1 January for maximum discounts** (plus discounts for consumers, full time students and ABA/LLNZ volunteers not working as health professionals).

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[www.capersevents.com.au](http://www.capersevents.com.au)



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