

BirthMatters



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Summer 2012

Annual report issue

Bec Telfer
wraps "Hands
off the Breech"



This issue:

Introducing new editor Jyai Allen

PLUS:

Leonie MacDonald on *Birth Journeys*

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Contribution closing date for March/Autumn issue of *Birth Matters* is Friday 1 February.

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
 birthmatters@maternitycoalition.org.au.

Contents

Features

| | |
|---|----|
| Thank you, Ann and Bec by Kylie Sheffield | 4 |
| Treasurer's report to the Maternity Coalition Annual General Meeting by Jen Egan | 5 |
| Annual reports | 6 |
| MC National - Who's who in 2013 | 12 |
| Childbirth and the law by Ann Catchlove | 13 |
| The long road to Remy Ocean by Jyai Allen | 14 |
| Homebirth Australia Birth Rites Human Rights 2012 Conference | |
| by Vicki Drennan, Christine Leghorn and Veronica Pasfield | 17 |
| Conference report: Hands off the Breech by Bec Telfer | |
| My journey to Birth Journeys by Leonie MacDonald | 20 |
| Rural matters by Bec Telfer | 22 |
| Film review: Freedom For Birth by Leah Hardiman | 24 |
| Book review: Birth Journeys by Kylie Sheffield | 25 |
| Birth story: The birth of Oliver Byron Casey by Heidi Casey | 26 |

Regular Sections

| | |
|--------------------------------------|----|
| From the Editor | 2 |
| From the President | 3 |
| Member notices | 30 |
| Maternity Coalition contacts | 31 |
| Subscription/renew membership | 32 |



Main Cover Photo: Heidi Casey euphoric after son Oliver Byron's arrival.

From the Editor



of birth trauma and had no idea how routinely Australian women were (and still are) denied the basic human and legal right to decide what happens to their bodies and their babies. Working on *Birth Matters* has changed all that.

Over the past four years I've met and heard from hundreds of pregnant and birthing women. I've read and listened to birth stories—some empowering

and ecstatic, others traumatic and devastatingly sad. I've spoken with women who have given birth in hospital, at home (both assisted and unassisted), in birth centres, in cars, out bush and 'on country', and women who carried and fell in love with babies they would never hold. Thank you to those of you who've shared your unique and intimate experiences—they've made me more empathetic, less judgmental, more appreciative of the need for us to respect one another in our birthing choices and collectively

acknowledge that every woman has the right to feel safe and supported whatever those choices may be.

My time with *Birth Matters* has been fun, challenging, frustrating, exhausting, inspiring and rewarding. Deep thanks to the many who have supported me, especially Cas McCullough and Sam Phelan for your mentoring in the early days and your friendship ever since; Sonia Bartoluzzi, Mara Dower and Bec Telfer for your encouragement, professionalism and unbelievable flexibility; Ann Catchlove, for *never* failing to submit a promised article (sometimes even before deadline!); and past and present Management Committee members for your ongoing support and advice.

Our new editor is Jyai Allen, who has shared her own first birth story on page 14. I wish Jyai, Sonia and the rest of the team all the best and can't wait to read their first issue in March 2013.

A safe and happy festive season to all.
Thanks and love

Kylie

This is my last editorial for *Birth Matters*.

When I joined MC in 2008 I knew little about the politics of birth where I lived, let alone what was happening on a national or global scale. I had never heard of a 'VBAC' (vaginal birth after caesarean), 'TOL' (trial of labour), 'ECV' (external cephalic version) or of 'caseload midwifery'. The term 'cascade of intervention' was new to me, even though those three words perfectly describe my first labour and birth. I knew nothing about the immediate or long-term effects

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From the President



Ann Catchlove

It is with mixed feelings that I write my last President's report for Maternity Coalition. I have loved the opportunity to play a part in the important work that MC does and the amazing opportunities it has brought me to represent women in many different forums. However, I am also ready for a break, and looking forward to being able to spend less time in front of the computer and more time with my children.

There have been many great things about my time with MC: the opportunity to advocate for better choices for women, the thrill of the (occasional) policy win, and meeting an enormous range of people with an interest in improving maternity care for women. The absolute highlight for me though has been the friendships I have made. The joy of finding like-minded souls from miles away—sharing the ups and downs of maternity reform, parenting, volunteering and life in general via the telephone. The strangeness of meeting MC folk in person for the first time: the oh so familiar voices with faces often very different from the ones you pictured. The loveliness too of making friends closer to home through local MC activities—sharing the practicalities of childcare, watching pregnant bellies grow and new babies arrive, seeing big kids grow bigger, trying to find time to have a branch meeting! I know that these friendships will be an enduring legacy of my MC days and I am very grateful for them.

There have of course been frustrations. It is certainly a challenge to find time to work between the demands of caring for three preschool-aged children. Other women will relate to that moment when you realise that you have been working productively without interruption for far too long and then discover that is because your three-year-old and five-year-old are painting the one-year-old in the backyard! Or hanging up from a teleconference and walking into the kitchen to see that the price you have paid for your hour of talking is a kitchen floor covered with

bowls and saucepans full of 'dinner'—milk, sultanas and frozen peas all mixed together.

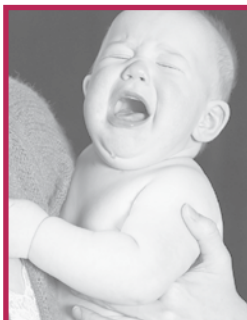
Another constant frustration is the feeling that you are pleasing no-one: "MC has sold out and become too mainstream", "MC is too extreme", "You focus too much on homebirth", "I was disappointed to see a *Birth Matters* devoted to caesareans", "MC is too close to midwives", "MC is not doing enough for midwives". I've heard it all! I tell myself that the criticism from all sides means that we get the balance about right, but some days it is hard not to feel like an abject failure!

The mother-blaming in maternity care also gets me down. Certain medical groups continue to pin all of the responsibility for our high caesarean rates on women being too fat, too old, or too posh. At the same time it always seems rather coincidental to me that every woman with risk factors who has an adverse outcome at a homebirth was apparently actively discouraged from making the choice but was determined to birth at home anyway. Women must, of course, take responsibility for the

choices they make, but care providers (of all stripes) must also take responsibility for the advice they give, the choices they encourage or discourage, and the context in which they are providing care. Things will never improve until we acknowledge that women don't make decisions in a vacuum.

Looking back across my term as President, the great things definitely outweigh the frustrations, and being part of something much bigger than the individual is really amazing. Thanks to all of the wonderful people that make MC what it is: as members, volunteers in branches, consumer representatives and committee members. I am far from the first to observe that maternity reform is a long, hard slog. Many have gone before me and many will come after me. I hope to stay involved with the issues and with MC and look forward to seeing our new committee forge their own path and add their chapter to the long story of creating a maternity system that truly meets the needs of mothers and babies.

Ann Catchlove



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Thank you, Ann and Bec

By Kylie Sheffield

Ann Catchlove and Bec Jenkinson recently left the National Management Committee after a year as our dynamic leadership duo. Here are just a few of the things they contributed and achieved during an eventful, confusing and often frustrating year.



Ann Catchlove with husband Rob and three children Isabelle, Dylan and Sally

Ann joined MC in July 2009 after the “life-changing” homebirth of her second child Dylan. She brought with her two disparate birthing experiences, a legal background and a keen interest in childbirth from the human rights perspective. As Victorian rep to the National Management Committee, Ann’s fresh perspective, rational approach and ability to make her point saw her quickly become an invaluable member of the management team.

In her first year with MC Ann attended community consultations for the *Safety and Quality Framework for Privately Practising Midwives attending homebirths* and contributed to both Victorian and national responses to the draft framework. She rallied outside the AMA’s Victorian offices to challenge the Association’s interpretation of the South Australian homebirth study and chased down Prime Minister Julia Gillard (with toddlers Isabelle and Dylan in tow) to voice her concerns about the restrictive nature of ‘collaborative arrangements’.

In September 2010 Ann was Acting President for a short time, and then served a year as a general committee member before taking on the national presidency in October 2011.

Ann’s contribution to MC over the past year has been huge. Her achievements include authoring MC’s articulate and powerful response to the draft ACM

Interim Position Statement on Homebirth; presenting papers at the *Breathing New Life* conference in May and the *Childbirth and the Law* forum in October; and representing maternity consumers on the Expert Advisory Committee on Evidence-Based Antenatal Care Guidelines.

In addition to being the face and voice of MC, Ann has been a regular and reliable contributor to *Birth Matters*, producing some excellent articles on the legalities of informed consent and refusal and childbirth as a human rights issue. She has, at all times, championed the right of all women to access continuity of care and carer, including those women identified as ‘high risk’, who often have the most to gain from one-to-one midwifery care.

Ann leaves the presidency to spend more time with her beautiful family, but assures us she will not be too far away. She is, as Bruce Teakle noted in her very early days with the Management Committee, a “national treasure” whose leadership and guidance we have greatly appreciated and



Bec Jenkinson with newborn son Vaughn and daughters Indiana and Saffron

will very much miss.

Bec became involved with MC Queensland in mid 2009, after organising a meeting with her Federal MP Peter Dutton about the homebirth insurance crisis. Branch members recognised her talent right from the start!

In early 2010 she joined the MC Queensland committee, taking on the role of President when Jo Smethurst stood down. Bec relinquished the president’s role later that year (but remained connected with MC) when she ran as an independent candidate in the federal seat of Dickson to raise awareness of maternity reform issues and promote women’s right to choose where, how and with whom they give

birth. Bec received over 3% of the primary vote in her electorate.

At state level, Bec has represented consumers on the ACM Qld Committee, Qld Maternal and Perinatal Quality Council and the Maternity and Neonatal Clinical Guidelines Steering Committee. She has also engaged with the Qld Centre for Mothers and Babies and been particularly involved with the consumer representative training program. When the Gold Coast Birth Centre closed without consultation in July 2010, Bec coordinated MC Qld’s swift and effective response, which led to the reopening of the centre.

In October 2011, Bec became National Vice President. Pregnant with son Vaughn, she road tested ‘collaborative arrangements’ by requesting a referral to the independent midwife of her choice from her GP and reported the disappointing (but not unexpected) result for *Birth Matters*.

In addition to her many behind-the-scenes tasks, Bec held the consumer rep position on the National Maternal Mortality Advisory Committee convened by Australian Institute of Health and Welfare; worked with Ann to develop and present a paper on *Providing woman-centred care when that care is outside guidelines or advice* to the ACM’s *Breathing New Life* conference in May; and, most recently, represented MC at the homebirth roundtable in June (where Federal Health Minister Tanya Plibersek famously changed Vaughn’s nappy). Bec also planned and organised the recent MC planning weekend—the Committee’s first ‘face to face’ since March 2009.

Other accomplishments include riding the heaviest bicycle in Queensland up the steepest driveway in Brisbane with three children on board!

Bec has been a dedicated campaigner and an effective leader. She has also been a great intellectual force in our team, analysing issues to their sources and using her well-honed academic skills. Bec’s recent focus has been on women’s legal rights in pregnancy and birth, and she is planning her next academic career researching this issue for a PhD. While it is sad not to have her super-powers in the Queensland and national MC committees any more, it’s good to know her mind is still being put towards women’s rights in birth.

Treasurer's report to the Maternity Coalition Annual General Meeting 27 October 2012

By Jen Egan

I would like to thank the Maternity Coalition (MC) for the opportunity to be part of the Management Committee. Thanks especially to Naomi Campanale for her unwavering support throughout the year. I would also like to also thank Nicole Carver for her help and guidance.

Financials

MC has two bank accounts: the Commonwealth Bank account which is used for daily banking, and a Bank West account which attracts a variable interest rate—currently at 3.25%. A \$20,000 withdrawal of the 2011 QLD Branch Gaming Grant has reduced the balance to \$20,183.88. Interest accrued from the Bank West account over the last financial year was \$1,844.43. The CBA account balance continually fluctuates, but as of *Birth Matters* printing, is currently at \$27,544.77

Birth Matters publication and Bookkeeping continue to be one of MC's largest expenses. An additional expenditure this year has been the facilitation of the National Planning Meeting held in Melbourne. Insurance for public liability was renewed from July 2011 to July 2012, with a minimal increase.

It is anticipated that the 2011/2012 audit will be completed by the end of the year, but is reliant on a number of branches providing additional information for the Book keeper. The Profit and Loss and Balance Sheets have subsequently not been finalised. For the majority of groups, the centralised cost centre has enabled the allocation of deposits and payments. Please continue to alert the treasurer via email to any deposits made on the behalf of your group.

PayPal Account

The PayPal account has been primarily set up for the Choices for Childbirth (Northcote). Jo Askham has finalised this, and it has proven to be a successful addition to their payment options. We welcome enquiries to facilitate the inclusion of other MC groups within the linked PayPal account.

Grants

Congratulations to the Northern Rivers Branch which secured a grant from the Department of Families, Housing, Community Services and Indigenous Affairs.

Numerous screening nights of *The Face of Birth* across Australia have generated interest in the movie, a modest increase in MC membership, and additional income for groups.

Northern Rivers Red Tent Festival

Held on 31 March, the Red Tent Festival was both a financial and community success, with over 400 women attending on the day.

Police checks

We recommend that anyone handling money on behalf of MC should be a financial member, and have a police check. This will be at MC's expense.

Bookkeeper

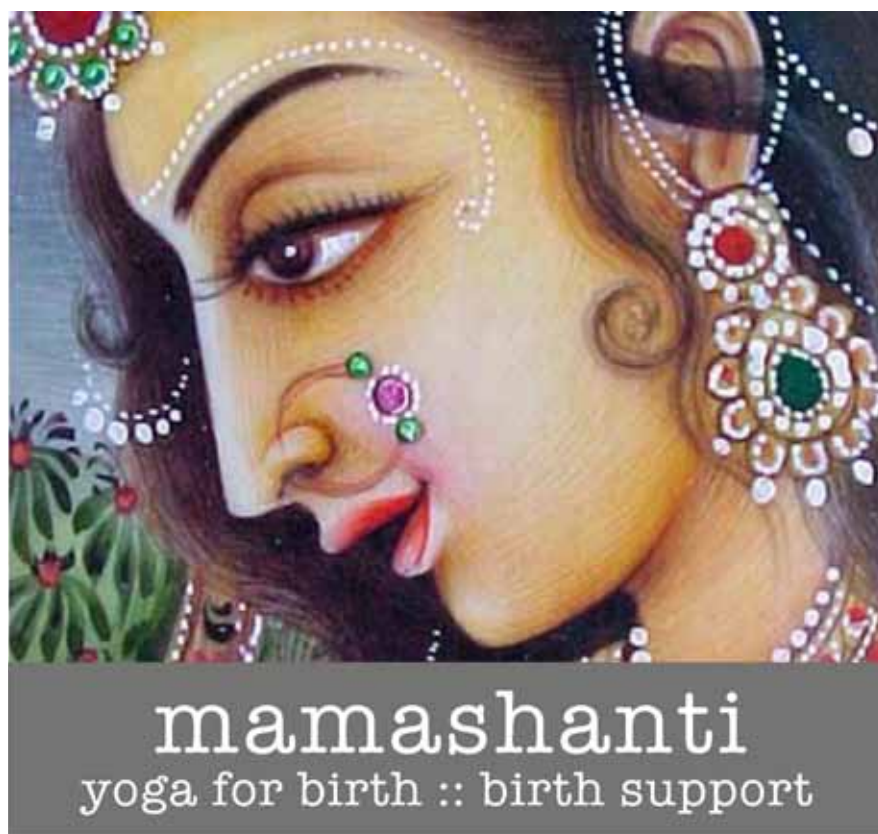
Au Nguyen has been instrumental in the bookkeeping this year. Contact details are: Figures are Us, PO Box 1091, Hampton North, 3188. Ph (03) 9598 7987.

Auditor

Our auditor is Eric Townsend, Townsend and Associates Pty Ltd, 35 Merewether Ave, Frankston, Vic 3199. Ph (03) 9781 4666.

Treasurer

Jen Egan
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The Face of Birth Movie Nights

Annual reports

President's report

By Ann Catchlove

This report was tabled and accepted at the Maternity Coalition Annual General Meeting on 27 October 2012.

It has been another busy year for Maternity Coalition (MC) as we have again carried out an enormous workload with a dedicated group of volunteers. It continues to amaze me that MC is essentially a 'virtual' organisation, with no office, no staff and minimal funding—our national committee consists of mothers (and the odd father) across the country working through email and Skype to ensure that women are at the centre of maternity care decisions at the individual, hospital and government level.

Thank you

A huge number of people contribute to MC in a variety of ways. I would like to thank all of the members of our national committee for the hours that they put into the cause of maternity reform. Bec Jenkinson has been a fabulous Vice President this year, providing constant 'behind the scenes' support to me, and stepping up to represent MC on the national stage when required. She has also been heavily involved in a number of consumer representative roles in her home state of Queensland. Bec is stepping down from the role at the AGM in order to focus on a PhD next year.

Georgia Hodges has been our dedicated Secretary again this year. Georgia has continued to keep us organised and meeting regularly, in spite of the challenges of returning to paid employment.

Jen Egan stepped up to take on the Treasurer's role during the year and has managed the complexities of branch finances with patience and aplomb. Jen will be stepping down at the AGM and we wish her all the best. Jen took over from Naomi Campanale, who not only was our Treasurer, but also did the vitally important job of collecting our mail and distributing it around the countryside.

Jo Askham continued in her role as Assistant Treasurer, finally sorting our MC Paypal account to make online payments for events simpler. Jo has also been one of the driving forces behind the Victorian branch coordinating our movie nights and the *Choices for Childbirth* program.

Bec Telfer is one of those vital volunteers who works away quietly keeping the show

on the road in her roles as Membership Secretary and the person responsible for ensuring each edition of *Birth Matters* arrives safely in your letterbox.

Bruce Teakle, a general committee member, continued to beaver away at getting visiting rights and collaborative arrangements up and running in parts of Queensland so that they might serve as a model for elsewhere.

Jess Permezel, our other general committee member, has played a key role in *Choices for Childbirth* in Victoria and other parts of the country. She has also looked after my three children on more occasions than can be counted, for which I am extremely grateful!

David Nixon has provided our IT support and been our rather inaccurately titled 'webwoman'. Thank you David for all of your hard work.

Kylie Sheffield is stepping down from the position of *Birth Matters* editor (although thankfully she will continue on the national committee). Kylie has done an amazing job in her time as editor, ensuring that each edition of *Birth Matters* is essential reading. Thanks also to Sonia Bartoluzzi, our very talented Assistant Editor, and Mara Dower, who has been responsible for making the magazine look fantastic.

After a number of years of supporting the BaBs program for MC, Ali Gaffney stood down during the year. We thank Ali for her commitment to BaBs and MC more broadly. We are grateful that Erika Munton, who has a long history with BaBs, has taken on the role of being a contact for new and existing BaBs groups.

A number of branch presidents are also active participants in the work of the MC national committee. I would particularly like to thank Cherie Nixon from Geelong and Michelle McRitchie from Ballarat, who have made important contributions. Michelle has passed on the baton in Ballarat after many years with MC; Ballarat MC is a thriving testament to her efforts. We welcome Jade Farren, the new Ballarat President.

Thanks also to Nicole Carver for continuing to be our Public Officer, allowing us to meet our requirements under the laws governing incorporated associations and for the other assistance she gives the Committee.

Megan Dreschler provided a great deal of helpful advice to MC during the year around marketing and promotion. Anne Harris put in an enormous effort looking at expanding the *Choices for Childbirth*

program and developing a new website for it. Thanks to both for their enthusiastic contribution and for helping us to think about the big picture of what MC could become.

Finally a big thank you to our members—as a membership organisation we simply cannot function without you all. Please keep renewing your membership and enabling us to continue to run an effective organisation.

Relationships with other organisations

This year we have worked closely with Homebirth Australia on issues where we have a common interest. Together we engaged Jo Scard, a lobbyist, who provided strategic lobbying and media advice and also facilitated our contacts with the Federal Health Minister and her advisers as well as state and territory advisers.

Our relationship with the Australian College of Midwives (ACM) was greatly strengthened over the course of the year and we have been able to identify a number of productive ways of working together. We also continued to have regular conversations with MIPPs (Midwives in Private Practice—an MC member organisation based in Victoria) and the Australian Private Midwives Association.

Bec Jenkinson and myself presented a paper at the Breathing New Life conference in Melbourne in May on *Providing woman-centred care when that care is against guidelines or advice*. The paper was well received and there was clear interest from care providers in how to deal with these situations. A number of other opportunities have arisen from the presentation, including a presentation to midwives at the Royal Women's Hospital in Melbourne.

Major events

MC branches across the country hosted screenings of the Australian documentary *The Face of Birth* in February. These screenings generated substantial interest in birth reform issues and were well attended. Thanks to Jo Askham for helping to coordinate the screenings and to the veritable army of MC folk across the country who organised local screenings.

In October MC, Homebirth Australia and ACM hosted a forum on *Childbirth and the Law* in Sydney. The event had two keynote speakers: Elizabeth Prochaska, a human rights barrister from the United Kingdom, and Dr John Seymour, Australia's leading

expert on childbirth and the law. The aim for the event was that it would help to redirect some of the conversation around birth to look at legal rights from the woman's perspective. The event generated some excellent media coverage through media outlets that have not traditionally dealt with maternity issues, including the ABC Radio's *World Today* and the *Law Report*, and *Lawyers Weekly*.

The event also generated discussion amongst a group of lawyers about the formation of a new organisation aimed specifically at providing legal information and support to women around maternity issues.

Policy

Homebirth yet again continued to be a focus of our policy work. How we would dearly love to move on! Shortly after our last AGM, ACM reviewed their interim position statement and developed a new statement that better reflected stakeholder views and offered stronger recognition of the choices that women make around birthing at home. MC wrote to the Nursing and Midwifery Board of Australia (NMBA) encouraging them to endorse the new position statement and remove the interim one from their website. Although the NMBA has not endorsed the new statement, it has thankfully acknowledged that the interim statement no longer represents the view of ACM.

Much of the confusion around the legality of homebirth has stemmed from the regulatory environment, which has seen inconsistencies in the handling of complaints against midwives between states. Until the NMBA actively engages with these issues and allows for greater midwifery input into the regulation of midwives, this confusion will remain.

MC, together with Homebirth Australia, lobbied state and territory governments and the Federal government about the end of the insurance exemption and the need for women to have certainty in their choices well in advance of the end date of July 2013. We met and spoke with Minister Plibersek's adviser on maternity issues on a number of occasions throughout the year. Minister Plibersek showed a genuine and refreshing willingness to engage with the issues and to consult stakeholders specifically on the issue of homebirth. In June, a round table on homebirth was convened, chaired by Senator Louise Pratt. Minister Plibersek was also in attendance for part of the proceedings. MC was ably represented by Bec Jenkinson and her son Vaughn. At that meeting Minister Plibersek indicated her intention to recommend that the states and territories agree to a further two-year extension of the insurance exemption. This

was agreed to at the subsequent meeting of the Standing Council on Health (the meeting of all Australian health ministers). Privately practising midwives don't seem to be any closer to getting a professional indemnity insurance product that covers them for intrapartum care at home, and it seems more likely that there will be a long-term exemption from the requirement for insurance under the national law.

The Federal Government's maternity reforms providing for Medicare rebates for midwifery care have been in place for two years now. Progress has remained slow. MC has consistently lobbied for changes to the requirements for collaboration, which underpin the Medicare arrangements. It was pleasing that Minister Plibersek announced a change to the definition of collaboration. This change would enable midwives to enter into a collaborative arrangement with a health service, rather than a named obstetrician. In some instances, this could make it easier for midwives to enter into such arrangements. The change, though fairly small, met with substantial opposition from medical groups. At the time of writing it has still not been enacted. Much of the responsibility for moving things forward now lies with the states and territories, who must meet their obligations under the National Maternity Services Plan (NMSP). A key task for branches for the year ahead will be to hold states accountable for their progress (or lack of it!) on the commitments contained in the NMSP.

Consumer representation

Providing and supporting consumer representatives on various bodies continues to be an important part of MC's work. MC members across the country do a fantastic job of ensuring that women's voices are heard in the decisions that are made about maternity care in individual health services and at state government level.

At a national level we probably get more requests than we are able to fill and have to prioritise those that have the most impact. This year Bec Jenkinson has taken on the role of consumer representative for the National Maternal Mortality Advisory Committee convened by AIHW. I have continued as a consumer representative on the Expert Advisory Committee on Evidence-Based Antenatal Care Guidelines.

The future

It is a time of change for MC, with a number of committee members, including myself, stepping down from active committee roles. Luckily women keep having babies and there is a natural process of renewal for new and engaged volunteers.

In August, MC held a national planning weekend bringing old and new members from various parts of the country to Melbourne to look at our priorities as we move forward and at how to ensure MC remains a sustainable organisation. There was a great deal of interest from new volunteers in participating and it was a productive weekend. In the course of the weekend we renewed our commitment to be an organisation with a broad focus. Though vitally important, the issue of homebirth has dominated our work over recent years. Participants at our planning weekend agreed that we need to make sure that women across the spectrum of maternity have better choices. Two areas that we resolved to focus on in the coming year are: rural maternity services, and improving access to continuity of midwifery care for all women. Look out for more information about our initiatives in this area and for ways you might be able to get involved.

We also discussed ways of making individual roles more sustainable, particularly those of the President and the Treasurer. One of the proposals is to give a general committee member the role of branch liaison person to be the point of contact between the national committee and the branches. We are also conducting a review of the Treasurer's role to identify ways to make it more efficient.

I would like to thank everyone for their support during my time on the MC committee and particularly during my year as President. Although family commitments mean that I will not be renominating for the position, I hope to be able to support the new committee.

Branch Reports

Hunter Home and Natural Birth Support (HHNBS)

By Rachel Prest

2012 saw Hunter Home and Natural Birth Support merged with Hunter Maternity Coalition to form one branch in the Newcastle/Hunter area. A new committee was elected, after the tireless efforts of out-going convenors Chrissy Grainger and Julia Cook. The committee now comprises: Rachel Prest (Coordinator), Jenny Cherry (Secretary), Jo Lin (Treasurer), Danielle Stenson (Librarian), Lindsay Hinchey, Jane Jenkinson, Amanda Kallidin, Jaia Shanti and Zoe Herrman.

In February we welcomed *Go Girl Australia* cycling midwife Marg Phelan into Newcastle on the east coast leg of her

trip back north. Group members and their families met Marg in leafy King Edward Park and donations were made to the Rhodanthe Lipsett Trust. In March Hunter Home & Natural Birth Support hosted the Newcastle screening of *The Face of Birth*. Following the screening, guest speakers Dr Andrew Bisits and filmmaker Gavin Banks addressed the 165-strong crowd.

In April private midwife Lisa Richards, from Bella Birthing, was guest speaker at our monthly meet, facilitating the topic of *Birth Plans and Homebirth Transfers*, which all present found a very informative session.

May saw the celebration of the *International Day of the Midwife*, when we held a celebratory morning tea for all midwives with plenty of home-cooked goodies. Midwives spoke about why they chose the vocation of midwifery and members spoke about why they chose midwifery-led care.

During the winter we continued to meet monthly at our new venue, New Lambton Uniting Church Hall, 10-14, Grinsell Street, Kotara, for support and discussion on topics ranging from *Siblings at Birth to Homebirth Awareness*, and we continued to share positive birth stories. We welcomed Krichelle Stoimenoff and Beth Howison to our management committee as we farewelled Jane, Amanda, Jaia and Zoe.

This spring, a number of consumers concerned over staff cuts at our local Belmont Birthing Service (a free-standing birth unit and public-funded homebirth program) were active in re-forming Friends of Belmont Birthing and organising key stakeholder meetings with staff from Hunter New England Area Health Service, of which we have been a part.

In October a spring picnic was co-hosted by Friends of Belmont Birthing and Hunter MC to celebrate and honour the midwives from the Belmont Group Midwifery Practice. Over 150 people were entertained with live music as they picnicked in leafy King Edward Park, Newcastle. A number of memorabilia were created on the day, including a decorated picnic rug of children names born through the Belmont Birthing Service and a 'thank you' keepsake book of photos and messages for the midwives.

In November consumer reps from Friends of Belmont Birthing and Hunter MC met with Hunter New England Area Health Service staff to discuss the *Towards Normal Birth* statistics, promotion of the Belmont Birthing Service to the local community and one-to-one continuity of care. These meetings will continue quarterly in 2013. We also welcomed Katie Sullivan, from Acorn Midwifery, another private midwife servicing our area.

The end of 2012 sees our AGM, with discussion of our branch's goals for next year and election of a new management committee.

Northern Rivers Branch

By Sally Cusack

Pregnancy, birth and beyond radio show

Our weekly radio show on 99.9 BayFM in Byron Bay continues to grow in popularity. We now have a Facebook page: www.facebook.com/PregnancyBirthAndBeyondRadio and the show can be streamed online at www.bayfm.org on Wednesdays 1-2 pm.

Lara Martin and Hunna Ovarcar have been our presenters this past year, but Hunna has just handed over her post to Taneal Blake, who left the show last year to have her fifth baby. Each week, this wonderful team of women bring an amazingly diverse range of interviews and information to our local airwaves: from the benefits of infant massage, to childbirth education programmes for men, to healing from traumatic birth, to mothers in music and so much more. The *Pregnancy, Birth and Beyond* radio show has just landed its 4th season at BayFM and it's just getting better and better.



Pregnancy, Birth and Beyond Radio Show Team: L-R Lara, Sally, Hunna and Taneal at Byron Bay Freedom For Birth screening

Welcome for Marg Phelan

Marg Phelan from *Go Girl Australia*, who cycled around Australia to raise awareness for natural birth, midwifery led care and breastfeeding, arrived in Byron Bay in February 2012. A group of local supporters rallied together at Main Beach to meet Marg as she rode into town. We were all very inspired by Marg's odyssey and it was wonderful to see her make it back in Darwin in July.

Red Tent festival

After one year's preparation, our branch and a group of local women presented our second *Red Tent festival* on Saturday

31 March 2012 at Mullumbimby. This was a women's and young girls' day and evening of workshops, films and birth stories, centred around the theme of celebrating women, birth and motherhood. The event was enormously successful, with approximately 400 women from our region and beyond attending. More information and photos are available in the previous issue of *Birth Matters* and www.redtentfestival.com. Festival performers, speakers and attendees were interviewed for our radio show as well.

Successful petition for publicly funded homebirth in our region

The Northern NSW Local Health District approved a pilot programme for publicly funded homebirth out of Mullumbimby Birth Centre in April 2012. This was preceded by a lengthy inquiry process that seemed to have stalled almost completely by late last year. Members of the local community and our branch worked together to raise the public profile of this issue.

There was huge public support for this programme, especially as there is only one registered independent midwife in our region. This support was evidenced by the 500 signatures we collected for our petition to implement the homebirth campaign. We also had stories published in the local newspapers and radio and we presented a film screening of *Birth Day* followed by a panel discussion about local birthing options to raise public awareness of the need for a local homebirth service.

The introduction of the homebirth service has been a huge boon to our region, with two women per month being eligible. However, the programme has proven to be very popular and there are more than two women per month wanting access to the service, so the staff have had to develop a ballot system to make access to it as fair as possible.

After the first six months, the service is proving to have very positive outcomes and we all hope that the limit of two women per month can be increased very soon. Our region is very fortunate to have such an amazing team of midwives employed by the health service who were able step into the homebirthing role so quickly, and ensure such safe and positive outcomes.

Speaking with SCU students

I was invited by senior lecturer in midwifery at SCU, Carolyn Hastie, to speak with the second-year students about being with pregnant and labouring women from a consumer's perspective. I attended the university in July with Raine Sharpe, who gave her perspective from being a CalmBirth instructor and doula. I

told my two birth stories to the group of 28 students and explained the importance of having only quiet and respectful people in attendance, and what can go wrong when a woman's need for quiet support is disturbed.

My first birth was in a large public hospital and my second one at home, so I was able to explain the differences in those two settings. It was quite a cathartic experience for me, the way telling our birth stories is, and all the students got the chance to comment briefly afterwards. They all seemed to benefit from hearing from a consumer about how attendants' behaviour can greatly help, or so easily hinder, the progress of labour and birth.

Many of the students admitted to having a more positive view of the importance of leaving a woman as much as possible and being with her, rather than writing notes, keeping time and being at the midwives' station. Some also said they had never considered homebirth an option before, but they now did as they could hear how important an experience it was for me and my family.

Mullumbimby Home Birth Group

In August local doula and presenter from the *Pregnancy, birth and beyond* radio show, Taneal Blake, started up a fortnightly group in Mullumbimby for families wanting to find out more about homebirth. The group is catching on with the local community, and Taneal and her guest speakers have covered a broad range of natural birth and homebirth topics, such as blessingways, placentas and lotus birth, birth stories, what's needed for a homebirth and siblings at birth. We were thrilled to welcome the first of the group's new babies, little Jarrah Rose, last week.

Our branch supported Taneal in her venture by discussing options for getting it started, and we continue to help with marketing the group (via local press, radio, flyers and online) and by bringing along our branch library of books and DVDs to the meetings as well. www.facebook.com/MullumbimbyHomeBirthGroup

Freedom for birth film screening

On 20 September 2012 our branch participated in the global premiere of Alto Films' *Freedom for birth* by screening the film in Byron Bay. The film was attended by approximately 50 people and was followed by a group discussion around choices in childbirth. We also gathered signatures for the petition to free Hungarian midwife Agnes Gereb.

Life celebration for water birth pioneer Estelle Myers

On 13 October I attended the life celebration for Dr Estelle Myers, who

was a pioneer in introducing water birth to the world in the '70s and '80s. Estelle, a resident of Ballina, sadly passed away suddenly in a car accident just south of Byron Bay after attending *International Peace Day* celebrations on 21 September.

I had met Estelle only the month before, when she had returned from a trip to Europe. While in Belgium she was fortunate enough to film a water birth at a hospital there and, after that powerful experience, she wanted to return her focus to supporting natural birth and water birth for the sake of all babies. A YouTube clip of this experience by Estelle can be viewed by searching for 'Miracle waterbirth Belgium hospital and interview with Dr Ponette'. She was very inspired by Dr Ponette, an obstetrician with many years' experience in supporting women to have natural births; most of his women opt for water birth.

Estelle was a very dynamic personality and I was struck by her passion and verve. At 75 she seemed unstoppable. Estelle was working towards setting up a natural birth group in Ballina and, in a very short time, had made many connections in the local natural birthing community. Her energy and enthusiasm will be missed greatly, but she inspired everyone she met. Vale Estelle Myers.

An afternoon in the Red Tent

The Red Tent festival is a huge effort for a bunch of volunteers to bring together, so we have decided to present them every two years. However, we hear from local women that they don't want to wait that long in between events, so, we have decided we can manage 'mini' red tent events. As chance would have it, there is a new film *Things we don't talk about – Women's narratives from the red tent* by Isadora Leidenfrost (www.redtentmovie.com). On Sunday 18 November we are going to screen this film and hold a discussion with Moana Pearl on the importance of celebrating womanhood. The Red Tent choir from the festival will also perform as part of the opening and closing ceremony. More information is

available at www.redtentfestival.com/
www.facebook.com/redtentfestival.

Wagga Wagga

By Wendy Harper and Bernadette Anderson

Throughout the year, MC in Wagga has continued to hold fortnightly BaBs meetings during school terms and our quarterly Baby Bazaar. We also made a strong and impressive group presentation of the case for continuity of care at Wagga Base Hospital.

Our BaBs meetings have gone from strength to strength, with our most popular meeting topics including *Green parenting*, *VBAC*, *CalmBirth* and *Organic foods for your family: why bother?* We have been using a fantastic playgroup space, so the smallest attendees have been well catered for too!

Our Baby Bazaar (held on first Saturday of each season) has been a positive public-relations exercise and a huge financial success over the three years that we have run it, occasionally drawing new members to the group and raising funds for our local activities. From these funds, we have added to our group library as well as making donations to the town library. However, we recently made the decision to make the upcoming December Bazaar our last, as those of us involved in organising the Bazaars want to put our energies to even better use (for example, making time in our busy lives for more effective lobbying).

Representatives of Wagga MC have continued to maintain working relationships with the staff at Wagga Base Hospital. We attended their celebration of the *International Day of the Midwife* in May, and have had input into their consultations towards implementing continuity of care with a known midwife.

In 2013 we intend to continue this dialogue and assist in any way we can to keep consumers' needs uppermost in the minds of those providing services to birthing women in our community.

Central Coast BaBs

By Veronica Pasfield

NSW Central Coast BaBs was launched in September. Our very first guest speaker Sheyne Rowley spoke on the secrets of getting baby to sleep, self settle and self soothe from any age after six months. What an amazing speaker and presenter and what a wealth of knowledge and experience shared with confidence and assurance! This is exactly what I envision our BaBs group will achieve.



Freedom For Birth screening organisers: L-R Lara Martin, Sally Cusack, Taneal Blake, Bec Clark

I volunteered to establish BaBs for the Central Coast because I truly believe in the importance of the relationship between parent and child from the earliest of days of life, and I constantly wonder what sort of society we can create as more and more parents embrace a loving relationship with their children. Parents need support to grow this concept and BaBs is a beautiful forum in which to offer that support.

Central Coast BaBs meets on the third Tuesday of the month at the Berkeley Vale Neighbourhood Centre, 10.30-12.30 pm.

Contact Veronica Pasfield on veronica@nunkeri.com.au.

Topics & Dates 2013

- Tuesday 19 February: *Diet & nutrition in baby's first 18 months* - Catherine Chan, Naturopath
- Tuesday 19 March: *When the birth plan doesn't quite work out* - Emma Peric
- Tuesday 21 May: *Loving, coping, welcoming and enjoying baby number 2 and baby number 3* - Barbara McBride, mother of seven
- Tuesday 18 June: *Your birth, your choices, what options?* - Lisa Kim, Birth Educator
- Tuesday 23 July: *Post Natal Depression* - Veronica Pasfield, Professional Breathwork practitioner
- Tuesday 20 August: *Returning to work...To return or not to return—that is the question.*

Ballarat Branch

By Jade Farren

This year we have seen Ballarat Branch committee grow stronger, with many new members coming on board and new people taking on positions as some of our longer standing members step down. We thank Michelle, Faye, Amelia and Yvette for all the time and energy they have given to MC and the Ballarat Branch over the years.

We now welcome Arielle Maddern as Secretary, Karen McFetridge as Treasurer and Brodie Wightman and Arielle Maddern as BaBs. The President position is currently vacant.

With the continuing growth of our BaBs group, it now meets weekly rather than fortnightly. Starting in December, we have also expanded to include a bi-monthly evening session for 'mums to be'. We hope this will allow more women to attend during their pregnancy, as our daytime group did not seem to be attracting first-time mothers who are still in the workforce.

Following the success of our last two movie nights at our local cinema, with the *Face of birth* and *Freedom for birth*, we are

now running bi-monthly movie nights, which are planned in advance. We plan to hold movie nights at a local RSL hall and, at least once a year, to hold a cinema screening with a premiere to help generate interest from the wider community.

We have added two new resource libraries for members, including a nappy library and a baby-wearing sling library, which gives mothers the opportunity to borrow and try out new products before committing to buying their own. We have also added toys for the children to play with whilst their mothers attend BaBs. We are applying for a council grant to assist us in rolling out a system to make this a comprehensive library.

We are now using our new website www.ballaratbirthingandbabies.com.au which links to our Facebook pages, our email sign up list and has detailed information about our upcoming MC events. We hope to expand this to include the contact details of local business and professionals who take a holistic approach and who may be of use to women during pregnancy and beyond.

Social media has boomed locally with our Facebook local MC and BaBs pages attracting more and more members. This has been a fantastic way to share information and resources and support from others.

We held an information stand at a local market and also at the Ballarat baby and children's expo and feel this has helped us to reach out to a wider audience.

We have been invited to sit with the consultative committee at the university of Ballarat to have a consumer perspective on the development of the curriculum of the Dip. Midwifery.

We are in the beginning phases of lobbying the hospital to re-introduce water birth as a real accessible option for women and have started gaining interest with a petition. We will liaise with water birth international to guide our direction on the best way to make this achievable.

Some of the fathers have decided to have planned get togethers and have even offered to help out with a fundraising sausage sizzle before Christmas. It has been great to have an opportunity for the men to meet and help out.

Coming events

- Wednesday 12 December: First BaBs 'parents to be' information evening with guest speaker
- Wednesday 13 February 2013: Movie night Doula—*The ultimate birth companion*
- Wednesday 13 March 2013: BaBs 'parents to be' information evening with guest speaker
- Wednesday 17 April 2013: Movie night

Birth stories (from the *Face of birth* series)

Our Natural Parenting Group runs every Wednesday from 10.30-12.30; movie nights start at 7 pm and information evenings run from 6-8 pm. All events are held at Sebastopol RSL, corner of Beverin and Birdwood Streets.

Geelong Branch

By Cherie Nixon

This year has shaped up to be a year of great change for us. With the opening of *The Birth House* we changed to that venue for all our classes and groups and this has been greatly welcomed by attendees.

We started running birth classes again and have had a fantastic response from the community, with great numbers and happy attendees.

Also this year, we have run quite a few film nights and had amazing numbers at these.

Lastly we have continued to offer BaBs and changed location to *The Birth House*, which is working well, with great numbers coming along for each session.

We bought a new 'birth in a box' birth pool, which is now available for hire and quite a few new DVDs for our library.

This year we farewell Melissa McFarlane from her formal position as Treasurer. Thank you Melissa from the bottom of our hearts for all the countless hours you have put into Geelong MC in general, and in particular on the finances. Melissa's leaving is a terrible loss for us but we are very excited to see her go on to new exciting things.



Geelong Branch members of 2012

MC movie nights (Melbourne)

By Sarah Goldberg

Maternity Coalition movie nights are a wonderful way for professionals and childbearing families to explore all the issues surrounding pregnancy, birth and beyond. Wherever families choose to birth, education and preparation are imperative

to optimise the safe, memorable and gentle arrival of our babies. MC movie nights are a means to present current, evidence-based information, as well as the experiential knowledge of mothers, midwives and health professionals. Our guest speakers volunteer their time and inspire us with their experience and knowledge. Movie nights are a fantastic way to keep in the loop of current issues in Australia and overseas. They also nurture a great community spirit between professionals and local growing families, helping to ensure that women have access to the education and information they need to enable them to make well informed decisions about their maternity care.

We have recently inaugurated our second home in Elwood, working in tandem with Jo Askham, who has devotedly kept the movie nights alive and running for over three years now. We aim to screen the same films each month, yet on different days, so that they are accessible for people with family or work commitments.

In October we screened *Birth as we know it*, and heard Rhea Dempsey share the discussions she had during her recent visit to Russia. Rhea was invited to a birth conference in Saint Petersburg, together with producers of the documentary film *The Face of birth*. Rhea also visited Moscow and met with the midwives and local community that created the birth camps at the Black Sea. It was truly fascinating to hear about Russian birth traditions. There was a great deal in Rhea's talk, but what really struck me was how crucial preparation was seen to be for parents who wanted a homebirth. They were required to attend different workshops, such as singing, yoga, movement, dance, couples counselling, childbirth education classes, etc. Preparations for childbirth 'boot camp' you could say. We are very grateful for all of Rhea's passion and contributions to Maternity Coalition and look forward to reading her new book, due to be launched in the New Year.



Rhea Dempsey shares stories of her recent visit to Russia at the October MC Movie Night

In November we will be screening *le Premier Cri* in both Northcote and Elwood. The year will end with one big movie night in Elwood on 12 December, combining the Northcote team with the Elwood team. This will be a fundraiser (for the Robin Lim Midwifery care centre in Bali) and Christmas party, with only one screening of *Guerrilla midwife* (sorry Northcote folk, hope to see you down our end of town).

Up and coming movie nights for 2012

Film: *Le Premier Cri* (The First Cry)

Speaker: Belinda Henkel (independent midwife)

ESNLC (87 Tennyson St, Elwood): 21 November 7.30 pm,

Northcote town hall (189 High St, Northcote): 29 November at 7.30 pm

Film: *Guerrilla midwife*

Speaker: Annie Sprague (independent midwife)

ESNLC (87 Tennyson St, Elwood): 12 December 7.30 pm

Cost: \$15 at the door or \$10 PayPal.

For more information go to our website and follow the link for MC movie nights www.maternitycoalition.org.au

Tasmania

By Genevieve Sayers

A very small branch with only a couple of active members, we plod our way through the year doing what we can when we can. In March we held a *Face of birth* screening along with a Q&A session with guest speakers, which attracted a very large number of people and was a very successful evening. In October we screened *Freedom for birth*, followed by a general discussion session. We had a smaller turnout but another great evening nonetheless.

In April, I attended a joint meeting with Tasmanian ACM branch President and local MIPP with the State Health

Minister's advisor (along with the Chief Nurse and midwifery advisor) to discuss the homebirth exemption, just prior to the meeting of the Federal Health Minister with all her state and territory counterparts. We had a trade table at the *Homebirth Australia* conference in Hobart in July. This was a great conference and also provided an opportunity to network with other people, especially locally, and to catch up with colleagues from interstate. Well done to

the Tassie team for putting together such a great event.

All year we have been following the progress to commence the MGP at the RHH (Royal Hobart Hospital), which finally began in July. After some predictable teething problems, all is going well. A project officer's position has been advertised for LGH (Launceston General Hospital), to lay the groundwork for a MGP there. Apart from a workshop held last year, the state has not made any further progress on hospital visiting rights for midwives. Kelly has continued in her role this year as the consumer rep. on the state ACM executive. She has also become the consumer rep. on the University of Tasmania Midwifery Liaison Committee, which meets a few times a year.

Also, continuing on from last year, we have tried to engage with the hospital about the redevelopment of the Women's, Adolescent's and Children's Precinct at RHH, due to be completed in 2015. MC was invited to the official launch of the master plan for the entire redevelopment in February, which I was able to attend. I then met with the Director of Community Relations in April to discuss consumer engagement over the redevelopment and also the general dearth of consumer representation on maternity-related matters. Unfortunately no engagement has yet taken place or even been planned. We will continue to endeavour to progress the issue in 2013.

I travelled to Melbourne in August for the National MC planning weekend. It was great to come together as a group, to be able to actually meet each other face-to-face and plan ahead to ensure that MC continues to provide a valuable and much needed voice for consumers in maternity reform well into the future. In August, I was able to have an informal chat to local Federal member, Julie Collins (Federal minister for the Status of Women amongst other things) who happened to be out in my local area. I was able to forward her some more information pertinent to the homebirth exemption issue. I have attended a couple of homebirth gatherings during the year organised by one of the MIPPs, where we try to make people more aware of who we are and our activities.

Is your membership up to date?

Renew today. See page 32

MC National – who's who in 2013

The following members were elected unopposed to the National Management Committee at the Annual General Meeting on 27 October.

President: Bec Waqanikalau

Note: Bec was initially elected as Vice President but subsequently agreed to fill the vacant position of National President. She was officially elected for that position at the November meeting of the National Management Committee.

Vice President: Vacant

Treasurer: Jen Egan (acting)

Assistant Treasurer: Jo Askham

Secretary: Georgia Hodges

Assistant Secretary: Kylie Sheffield

Membership Secretary: Bec Telfer

Birth Matters Editor: Jyai Allen

General Committee Members:

Bruce Teakle

Jess Permezel

Louise McMullan

A number of members do not hold elected positions but contribute to MC at the national level.

Assistant Editor Birth Matters:
Sonia Bartoluzzi

Birth Matters Design and Layout:
Vacant

Birth Matters Advertising Coordinator: Jade Farren

National BaBs Coordinator: Erika Munton

State and territory branch representatives and contacts

Andrea World, **Queensland Branch President**

Anne Catchlove, **Victorian Branch President**

Rachele Meredith, **NSW Branch President**

Genevieve Sayers, **Tasmanian Branch President**

Kylie Sheffield, **ACT contact**

Kirra Bird, **WA contact**

Justine Wickham, **NT contact**

New faces



Bec Waqanikalau with Carter (4)
Jake (2), and Cleo (5 months)

Bec Waqanikalau, President

I'm Bec, mum to two adventurous little boys—Carter (4) and Jake (2), and a delicious little girl, Cleo (5 months). I am a work-at-home mum, and have been running my own consulting business in Cairns since Carter was three months old.

After an 'emergency caesarean', a 'failed VBAC' and, then, a glorious HBA2C I am now ready to change the world!

I have been involved in MC for only a short time, but I promise you that my passion, drive and determination for wanting to see positive changes in maternity care have been a long time brewing. I intend to do all I can to help women and families, have access to a full range of options, informed choice, and empowerment to make the right choices for them. I know this might sound like a big dream, but I believe we have to dream big to achieve big.

You can contact me anytime with suggestions, concerns and ideas to help our organisation move forward. Email me at bec.waqa@yahoo.com or president@maternitycoalition.org.au.



Jade Farren with daughter,
Tallulah

Jade Farren, *Birth Matters*
Advertising Coordinator

I joined Babs in April of 2010 after returning to Ballarat, pregnant with my first baby. A friend invited me to an MC movie night to see *Orgasmic Birth*. I was inspired by the film and to hear from Rhea Dempsey, who spoke afterwards, and thrilled to learn that I *could* birth the way I had imagined in Ballarat. I met Yvette and Michelle during supper afterwards and was invited along to a BaBs meeting the following day. From here, I attended every fortnight until the peaceful homebirth of my daughter Tallulah.

I believe that I may not have found the support to choose a homebirth in Ballarat if it were not for meeting these informative and truly supportive women. My experience led me to become more actively involved with the planning of movie nights and I'm passionate about strengthening MC's presence and participation in Ballarat, and encouraging other women to feel informed, supported and empowered in their birthing choices.

We'll introduce you to our state and territory reps in our March 2013 issue.



Jyai Allen with Remy Ocean
(6 months)

Jyai Allen, Editor *Birth Matters*

I am a Brisbane-based midwife, researcher, PhD student, and mother to son Remy Ocean (6 months). I am passionate about normalising pregnancy and birth, and increasing access and options for maternity care, including publicly-funded midwifery care and homebirth. I enjoy reading, yoga, live music, swimming, renovating, hanging out with other mothers, and weekend escapes to the mountains or the ocean with my partner Kel.

Childbirth and the Law forum – 12 October 2012

By Ann Catchlove



Ann Catchlove

On 12 October 2012 Maternity Coalition, the Australian College of Midwives and Homebirth Australia co-hosted a forum on *Childbirth and the Law* in Sydney. It was an interesting and thought-provoking day.

Elizabeth Prochaska, a barrister from the UK who specialises in human rights law and has a strong interest in legal and human rights issues around birth, was the first of the keynote speakers at the forum. She spoke about the case of *Ternovskzy v. Hungary*, which was heard by the European Court of Human Rights in 2009. The Court found that the right to private life encompasses a woman's right to determine the circumstances in which she gives birth and that this includes the freedom to exercise choice over where she births. The Court further said that the state had an obligation to enable a woman to make the choice to have a homebirth through providing an appropriate regulatory environment and not subjecting care providers to sanctions simply for providing homebirth care.

Elizabeth noted that the *Ternovskzy* decision leaves some important questions unanswered, such as whether limits can be placed on the right to choose place of birth. If, for example, it were said that birth at home posed a risk to the foetus, would the Court take into account the interest of the foetus and restrict the rights of the mother? Another question is whether EU states have a positive obligation to fund homebirth or provide it through their healthcare system.

Elizabeth went on to discuss the impact that the decision has had in the UK and Europe. A number of women in other EU countries are contemplating complaints to the European Court of Human Rights or litigation in domestic courts. Elizabeth also discussed a case she had in London where

a couple were able to successfully use the *Ternovskzy* decision when a hospital that had assured them of a homebirth temporarily suspended their service due to staffing shortages. Although the matter did not proceed to Court, they were able to use arguments based on it.

I found Elizabeth's discussion of how women's rights are protected in the United Kingdom, and how midwives are protected when women are making particular choices, most useful to us in Australia. There are many myths in Australian circles around so-called 'duty of care legislation' and the UK position on protecting midwives who care for women with risk factors. Elizabeth was very clear that the protection of midwives in the UK is not legislative in nature and sits clearly within professional duties and obligations of midwives as set out by the Nursing and Midwifery Council. The challenge for us in Australia is to get similar professional and regulatory recognition of women's rights.

John Seymour was the second keynote

of using the law to coerce women into making particular choices. He reviewed criminal law, child protection law and court-ordered medical care, noting that these could not and should not be used to regulate women's decision making when there is perceived to be a conflict between a woman and the foetus she is carrying. He also highlighted some tensions that might undermine the autonomy of women, such as the changes to the 'born alive' rule and moves to give greater recognition to foetal rights.

John made some interesting comments about 'rights language', which in his view is inappropriate and unhelpful when looking at childbirth and at homebirth in particular. While I did not agree with all he had to say on this issue, it certainly got me thinking about the effectiveness of always framing women's choices in terms of rights. We are sometimes perceived to be presenting foetal and maternal rights as being in conflict (and supporting only maternal rights) when the vast majority of women make the choices they do because they believe them to be in the best interests of the foetus. For example, women that choose to VBAC at home don't do so because they believe they have a right to homebirth, which they want to assert, but because they have made a considered choice in the interests of both themselves and their baby.

Following the speakers, two panels looked at current issues. The first looked at how regulation of health care professionals interacts with women's rights to make choices about their maternity care. The second looked at birthing with risk factors in all settings.

Hopefully the forum was a vital first step in reframing some of the discussions around women's autonomy and the legal protection of their choices. It has definitely sparked many discussions and plans about how to inform women about their legal rights in all birth settings and how the law might be used to challenge the status quo or protect women. The event also garnered some great media coverage and the involvement of lawyers who hadn't previously engaged with the issue.

Disclaimer: This information is of a general nature only and does not constitute legal advice. If you need more specific information about this issue you should consult a lawyer.

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She [Elizabeth Prochaska] spoke about the case of Ternovskzy v. Hungary, which was heard by the European Court of Human Rights in 2009. The Court found that the right to private life encompasses a woman's right to determine the circumstances in which she gives birth and that this includes the freedom to exercise choice over where she births.

speaker. He is an Adjunct Professor of the ANU College of Law. He wrote a report for in 1995 for the Australian Medical Association on *Foetal Welfare and the Law* and a subsequent textbook, *Childbirth and the Law*. John made it very clear that he was not supportive of homebirth and this was a constant theme of his paper. He was also though clear on the inappropriateness

The long road to Remy Ocean

By Jyai Allen

At Maternity Coalition's recent AGM, we welcomed Jyai Allen as the new Editor of Birth Matters. Earlier this year Jyai and her partner drove 933 kilometres to access public maternity care to support a normal vaginal breech birth. This is her story.

Pregnancy

The baby was called Ocean from as early as I can remember. I am a happy, healthy woman and, as a midwife, knew I wanted a homebirth. At five weeks pregnant I contacted a highly experienced and esteemed midwife who agreed to attend me. I booked in at my local tertiary hospital as back-up, in the event of transfer in labour, and also to have easy access to blood tests and ultrasound should I require it. The first trimester was punctuated by lethargy and nausea so severe I remember saying to my partner that if I miscarried this pregnancy then that was it, I could not go through this again! This passed as I moved into the second trimester, which was filled with energy and joy. I found myself moving into my body with yoga and swimming—even meditation became easier as I enjoyed the effects of the endorphins. The third trimester was focused squarely on the position of the baby, who was happily transverse (sideways) and then breech (bottom first).

Turning a breech

I tried visualisation, artwork, talking to the baby, upside down tilting, crawling off couches, acupuncture and moxibustion, Webster chiropractic technique, cranio-sacral therapy, and emotional freedom technique. When we got desperate we used a combination of these all at once—hanging upside down, while getting moxibustion from my partner, while both visualising the baby turning, while tapping on my tummy (I wish we'd captured that on video!). When all these complementary methods had failed, I had an experience of deeply surrendering and connecting to the baby, and then felt absolutely confident in my ability to give birth to a breech. The next morning I saw the midwife at 36 weeks and the baby had turned overnight to head down and fixed in the pelvis (engaged). The power of surrender!

Head down homebirth

Suddenly I felt I could focus on preparation for homebirth, so I gathered

together a list of everything I might need or desire and began to decorate the lounge room with rainbow jute covered fairy lights, birthing images, birthing artwork, and set up the birth pool surrounded by colourful cushions and infused with the scent of geranium oil. I had a Blessingway (baby shower) with female friends and family, where we threaded a birthing necklace and painted prayer flags for labour with one word blessings like 'open', 'breathe', 'strength', 'let go'.

At the 39 week home visit, the baby was again found to be breech. Both homebirth midwives said they lacked confidence in supporting a breech birth at home. I imagine this was particularly the case in the current political climate where homebirth midwives were being targeted (and potentially de-registered) for attending 'high risk' homebirth. I felt abandoned, scared and angry.

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At the 39 week home visit, the baby was again found to be breech. Both homebirth midwives said they lacked confidence in supporting a breech birth at home. I imagine this was particularly the case in the current political climate where homebirth midwives were being targeted (and potentially de-registered) for attending 'high risk' homebirth. I felt abandoned, scared and angry.

Vaginal breech birth in hospital

The next day I made an appointment at the antenatal clinic of my local tertiary hospital where I was booked. The baby was confirmed frank breech (with extended legs), spine to the left and the front (LSA), and breech not fixed in the pelvis. I agreed to have an external cephalic version (ECV) that day, which is about 70% effective at turning babies to head down. Despite several attempts by an experienced practitioner the baby's bottom just would not shift. The midwife

in charge brought me an article about breech birth in Australia and encouraged me to make contact through their Facebook group. I came home and sobbed at the prospect of having a caesarean section. I couldn't face the idea of more frantic alternative therapies and felt that breech birth was the right way for me and my baby, as s/he was so clearly showing me. I made contact with the group and received ongoing support from other women who had walked the same road. *(This group has now developed a website www.breechbirth.net which has inspiring breech birth stories and links to relevant research including critiques of the Term Breech Trial.)*

I made a plan to set up support for a 'calm, upright, vaginal breech birth' at my local hospital, with the assistance of an experienced consultant and confident birth suite midwives. I met with the public consultant, who was happy to take me on (and be on call for my birth!), as long as I agreed to have pelvimetry (to assess the internal size of my pelvis) and as long as I didn't "want anything weird". I had pelvimetry the following day, not realising until I was in the room that I was subjecting my baby to x-rays, but I felt powerless to say no and went ahead, talking to the baby as we went and feeling very guilty.

I wrote a birth plan, which included the birth being upright (squat, stand, birth stool) and that no manoeuvres to deliver the baby without a clinical indication (a reason). I sent this plan to the consultant and the midwives who had agreed to be on-call in the birth suite. The consultant phoned me almost immediately to say that he had an issue with both those preferences. He explained that he gets "girls to get into a comfortable position in stirrups" and does a "gentle forceps to the after-coming head". When I clarified that he used forceps, even when the birth was progressing spontaneously, he said "that's how I've been doing breech deliveries since 1974—I know what you want but I'm not the doctor to provide it for you." I got off the phone and again sobbed: yet another plan torn to shreds, now two days before my due date.

Driving interstate at 39 weeks

In the back of my mind was the fact that I knew a doctor in Sydney who I had worked with briefly as a midwifery student and who specialised in supporting upright breech birth. He agreed to take

me on and, within a few hours, we were packed and on the road. The next afternoon we had an appointment with the obstetrician and two midwifery group practice midwives (one of whom was a colleague I knew well). The doctor outlined his parameters for safe breech birth and we discussed and negotiated my birth plan. I felt respected, heard, safe and supported—deep exhale!

Away from home and overdue

We initially stayed in Coogee, then Bondi, and then, as the baby really went overdue, we ended up in an apartment in Clovelly overlooking the ocean (full-circle). Each day we walked along the cliff-top path, swam in the ocean, and spent time together connecting in preparation for the journey of birth and parenthood. The baby really gave us this gift of time together by going overdue.

At 40 weeks plus 10 days my clear waters broke on the apartment floor. I went to the hospital the next morning for a routine ultrasound for postdates (all normal except for no fluid!), a swab from GBS (negative) and a routine CTG (normal). I agreed to come in daily for assessment but wanted to wait at least 96 hours before induction of labour, unless there was a reason individual to me and my baby. Each afternoon I had acupuncture, did nipple stimulation, had plenty of orgasms, walked sideways and ran up and down stairs, and massaged clary sage on my belly.

Induction of labour

At 40 weeks plus 13 days I woke around dawn, surprised and frustrated that I had not gone into labour. I sat quietly on the balcony taking in the dawn and talking to Ocean about his upcoming birth—I had a feeling today was the day. When my partner woke we went for a walk along the coastline to Bronte beach. I had not felt any baby movements all morning and started to feel panic rising. Once at the café I felt a few very mild movements and was only partially reassured. I was keen to get checked out by the midwife.

We arrived at the hospital mid-morning. The doctor expressed concerns about the baby's wellbeing, including the increasing risk of stillbirth, which resonated with my own concerns that morning about lack of baby movements. He gave me three options: elective caesarean, induction that day, or induction the following day at 42 weeks. If we agreed to induction, he gave me a parameter of just four hours to go into labour with the use of Syntocinon (an artificial drug form of the labour hormone). I really did not want Syntocinon because of the increased risks of an intervention-filled birth and the interference with the hormones of love, bonding and attachment for both me and the baby. My partner and I took some time together to discuss the options and we phoned our homebirth midwife to seek her advice. She didn't push me in any direction, but said induction was a reasonable option at this stage. More importantly, she said if we decided to have

an induction, then I needed to commit to it 100% in my mind, to forget about the clock, and go inwards into the space of labour.

Labour and birth

We returned home to pack the apartment (as we were due to check out the following morning), had a rushed lunch and quickly made a chocolate ganache and mixed berry birthday cake for Ocean which we had intended to make whilst I was in labour.

On the way back to the hospital I told my partner it was now quite possible that I would have a caesarean, and that, if that happened and I was unable to have skin-to-skin with the baby, then I wanted her to do so, and to protect the baby against any routine interventions (like weights, measures, Vitamin K) until I had breastfed him/her. I had a little cry as I was talking this through, but I also felt that surrender to the prospect of a caesarean enabled me to let go of any fear of a caesarean and to focus on having the normal birth I wanted. My partner and I had both learnt and practised hypnobirthing (breathing, relaxation, positive visualisation techniques) to use in labour. Our plan was to begin these techniques as soon as the induction commenced, to move into the right space physiologically and mentally, rather than staying in the everyday mind of conversation waiting for labour to start.

When we arrived, the midwives had decorated the birth suite beautifully and my partner finished the space with

Breech Birth Australia and New Zealand



Social support and information for women with babies presenting by the breech or who have given birth to breech babies

www.breechbirth.net

my birthing prayer flags, my personal drawings of positive breech birth, some chill-out music and aromatherapy. My cervix was 1 cm dilated and stretchy, but the baby's bottom was still fairly high in the pelvis (which may be part of why I didn't go into labour spontaneously).

At 3.30 pm the Syntocinon drip started. I put on my headphones and listened to positive affirmations while my partner gave me an endorphin massage, and I felt myself drift into deep relaxation. I had agreed to CTG (foetal heart monitoring) for 15 minutes every hour, rather than continuously, which gave me freedom of movement. I could feel contractions starting to come regularly—the sensation in my lower belly was quite pleasurable as I visualised the cervix opening with each contraction.

By 6 pm I was having contractions every 3 minutes, but was totally relaxed and using long slow breathes with each. This confused the midwife, who could palpate (feel) and see (on the CTG) that the contractions were regular even though my behaviour did not match up.

At 8.30 pm the midwife told us to go for a walk to 'get things going' as she still didn't believe I was in good labour. We walked to the other end of the birthing floor, with me stopping every few minutes to hang off my partner during a contraction. Suddenly, I felt a gush of pink fluid and a sensation of heaviness as the baby dropped deeply into my pelvis. We made our way (waddling) quickly back to the birth suite. I remember saying to my partner that now this was starting to feel intense. We put on world music to dance to as I felt the need to rock, swing and sway my body with each contraction. Soon the power of the contractions brought me to my knees (literally) and I burst into tears, "it's too much, I can't do it". It was now 10 pm and I was 8 cm dilated with the baby's bottom at the top of my vagina. I had made awesome progress! This was a turning point in the labour (transition). I stripped off all my clothes, including my birthing necklace, and started making intense sounds as I moved my body *exactly* as I felt I needed to move. The contractions were now one on top of the other (too close together because of the Syntocinon), and very intense. As soon as I leaned forward to rest on a bean bag, another would come and I would throw the bean bag out of the way. I remember getting a visual image of the nitrous oxide (gas) machine in the room, and thinking I could have that. I felt at this point in the labour that I understood why women ask for epidural. I asked myself what I would do if I had felt this during a homebirth—would I transfer to hospital for an epidural? No, I would just get through

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The drive took three long days, staying in motels, and breastfeeding frequently by the side of the road. It was exhausting and so far from the restful, intimate baby moon we had planned. Was it worth it? Absolutely! But it reflects so poorly on our maternity services that many obstetricians don't feel confident or competent to assist with a vaginal breech birth; more specifically to stay 'hands-off' unless hands or instruments are warranted.

it. This knowledge helped me through without drugs. It was not painful, but it was overwhelming and intense during transition.

About 11 pm I vomited copiously all the snacks and raspberry leaf tea I'd been drinking. It felt like a strong release and relief. At this point the midwife whispered to me, "that's the last of your cervix gone", and she was right. Soon after that I felt the anal sensations of second stage (pushing) as the baby began to really descend and stretch me. I also had pain above my pubic bone, which was a full bladder, so I went to sit on the toilet for a few contractions, which only intensified the pressure. I remember thinking I could ask the doctor for local anaesthetic and an episiotomy to take this sensation away! And as soon as I'd thought it, I could let it go again and carry on, just knowing I had an 'out' if I needed one (no matter how ridiculous it was). I felt claustrophobic in the bathroom, so returned to the main room and sat on the birth stool.

The lights were very dim and the midwife and the doctor both knelt on either side of me. Everyone was respectfully quiet. I worked with my breath and my body with each contraction and felt the baby descend gradually and start to stretch the perineum. I had no idea where I was up to, when the midwife invited me to look in the mirror, and I could see the baby's whole bottom had been born. This gave me the impetus to keep going. Next I felt the baby's legs (which had been extended along the body) flick out and the shoulders corkscrew out and one arm release. The doctor gently released the other arm, which remained

above the baby's head. When the baby's head did not move with the next push, the doctor did a simple manoeuvre to flex the head and the baby was born immediately onto the mat in front of me at seven minutes past midnight (after 6 hours of labour).

The doctor milked the cord to deliver as much foetal blood as possible to the baby, before cutting it and giving me Syntocinon by injection to manage the moderate haemorrhage that had begun (which is not uncommon following an induced labour). The baby came up to me skin-to-skin and, as I talked to him and blew on his little face, he transformed from blue to pink within seconds. It was magic. He was so alert that he breastfed instinctively, attaching himself, and having a leisurely breastfeed for about two hours, on and off. I had only sustained labial grazes, which I believe was due in part to perineal preparation.

Postnatal reflection

After the midwives left, we ate birthday cake and adored him while he slept. I was too high to sleep! We left the birth suite about 10 hours after he was born. The drive took three long days, staying in motels, and breastfeeding frequently by the side of the road. It was exhausting and so far from the restful, intimate baby moon we had planned. Was it worth it? Absolutely! But it reflects so poorly on our maternity services that many obstetricians don't feel confident or competent to assist with a vaginal breech birth; more specifically to stay 'hands-off' unless hands or instruments are warranted. I am excited to be attending the *Hands off the Breech* conference in Sydney on 30 November, and hope this signals a turn in the tide towards not only supporting vaginal breech birth but also normalising it so that it becomes a legitimate and accessible option for women.



Homebirth Australia Birth Rites Human Rights 2012 Conference – 27 to 29 July

By Vicki Drennan, Christine Leghorn and Veronica Pasfield

Three Maternity Coalition members from the Central Coast found empathy, support and inspiration at this year's Homebirth Australia conference in Hobart.

We are incredibly grateful to have been able to travel to Hobart for the enjoyable, educational and inspirational weekend that was Homebirth Australia's *Birth Rites Human Rights 2012 Conference*.

All guest speakers left some sort of positive impression and it was excellent to gain a greater understanding of topics like breech birth, hormones in labour, occiput posterior (OP) presentation and the reasons behind Australian women's birthplace choices.

Jan Tritten was the keynote speaker. Jan—an incredibly warm and humble American midwife who is also the founder and editor-in-chief of *Midwifery Today Magazine*—spoke about visions and dreams for birth change and encouraged us to think about what we could do in our own communities to promote positive birth change. She also touched on the medicalisation of childbirth and emphasised that it is not 'hospitals' that are the problem, but the staff who work within them.

Many midwives at the conference spoke up during discussion time, describing their loss of passion and focus working within the hospital system. Student midwives also spoke of their desire to not "fall into the system" and explained that, in most cases, they did not have the opportunity to gain experience in the area of homebirth during their training, despite many having a strong desire to practise in this area. It's interesting and ironic that, according to the World Health Organisation, 300,000 more

working midwives are needed worldwide, yet here in Australia we are losing many highly trained and experienced midwives due to the politics and disheartening policies in our hospitals.

Dr. Sarah Buckley's presentation on the right of the baby to a physiological experience was also a highlight. Sarah discussed the role of hormones and described the "ecstatic hormonal cocktail" at work during labour and birth. Sarah emphasised the need to pay close attention to the mother's emotional wellbeing in labour for all of these hormones to do their job and explained how hormones released during labour and birth remain in the systems of both mother and baby to ensure they have nature's support for bonding, attachment and breastfeeding. Sarah shared with us a study that concluded that a high level of maternal care at birth (resulting in the release of high levels of oxytocin) imprinted in the baby's brain and, in turn, led that baby to provide a high level of maternal care to its own babies. Her conclusion: happy mothers = happy babies = happy generations.

Sarah explained that artificial oxytocin (syntocin) used to induce labours does not return to the brain due to the blood / brain barrier, therefore preventing the psychological and biological effects of oxytocin in both mother and baby.

Despite the many positive and enlightening presentations, a common theme of the conference was FEAR and how, today, pregnant women are more fearful than ever due to the negative messages passed on by the media, family, friends and many health professionals; and the lack of quality pregnancy and birth education.

The conference ended with an open workshop where shoulder dystocia, OP

presentation and dealing with a stubborn placenta were discussed. It was wonderful to see hands on demonstrations and a range of ideas shared. Many midwives noted they were learning about techniques that were new to them—proof that midwives, doulas and childbirth educators never stop learning and that the mutual support and mentoring is never ending.

Individual impressions

Vicki: My experiences at Birth Rites Human Rights inspired me to create the 'Discovering Birth' Facebook page where we can share positive images and information to change how birth is perceived and help redefine society's view of 'normal birth'. We may each be just a drop in this 'normal birth advocacy' business, but together we can make a BIG SPLASH.

Christine: The conference was a grounding experience, in that it was a reminder of how important our role is within the local community—to encourage and support the women and their families throughout their birthing journey. I also felt a sense of connection within the birthing community surrounded by many other women who are all passionate about making birth a better experience for mothers, fathers and their babies. Knowing that by working together, we can make a difference in the world for many families.

Veronica: My dream is to spread the word to young mums and mothers-to-be about birthing babies and growing and raising little ones lovingly, gently, naturally and safely, and to empower mothers to be the women they truly want to be. I can begin to fulfil that dream by being the coordinator I want to be of our newly forming BaBs group, which will bring women across the coast together to learn from other women, other professionals, other mothers in a sharing, caring, supportive environment.



Central Coast MC members (L-R) Vicki Drennan, Christine Leghorn and Veronica Pasfield



Quilts on display at the conference



Mutual support and mentoring at Birth Rites Human Rights

Conference report:

Hands off the Breech: Evidence and Practice – 30 November to 1 December 2012

By Bec Telfer

The *Hands of the Breech: Evidence and Practice* forum definitely lived up to my expectations. We were welcomed by Associate Professor Andrew Bisits, who has become a world authority in vaginal breech birth, particularly “hands off” breech births where intervention is used only when a birth deviates from normal. Associate Professor Bisits’ goal is for every capital city in Australia to offer a vaginal breech birth service.

I was surprised to see, at a show of hands, that almost half of the attendees were doctors, many of them young female obstetric registrars.

The conference started with Dr Gerald Lawson and Professor Alec Walsh deconstructing the results of the *Term Breech Trial* released in 2000. This trial involved 121 hospitals in 26 countries and, following its publication in the *Lancet* was responsible for the almost overnight escalation in caesarean sections for breech babies. Dr Lawson and Professor Walsh pointed out the flaws in the research and discussed the follow-up study which reported that, after two years, there were no differences in outcomes for babies despite the increased rate of caesarean sections. Unfortunately, combined with the medical indemnity insurance crisis, this trial has continued to have a phenomenal effect on the caesarean rate and led to a generation of midwives, GPs and obstetricians having little or no exposure to vaginal breech deliveries.

UK midwife Jane Evans, who has extensive experience supporting women birthing at home, demonstrated the mechanics of breech birth using a pelvis model and doll. Unfortunately it was difficult to see for those not sitting at the front. The range of slides Jane presented demonstrated her points more clearly. As women knelt to give birth, their babies would sit on the ground, supporting their own weight, requiring no intervention. She showed that there was no reason to interfere with a baby birthing in a breech position, except to support its weight once it was born to the umbilicus, if the mother chose a standing position. She also showed how women would often instinctively bend forward to help with the birth of the after-coming head of their baby.

One of the highlights for me, and

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The most memorable part of the conference came when 15 women who had pursued a vaginal breech birth shared their stories. Many of the tales were harrowing—women forced to change care providers as late as 38 and 39 weeks into their pregnancies; women travelling up to 1000 kilometers and being away from home for weeks; women filled with stress and fear as they tried to negotiate the birthing situation of their choice. All of these women ultimately birthed with Associate Professor Bisits and had the utmost respect for him. Importantly, they reported that he treated them as women who were about to have a baby, rather than women with a “breech on board”.

many others I spoke to, was hearing from Professor Frank Louwen from the University of Frankfurt, Germany. He recounted his “light bulb” moment, which occurred when he was wandering around his office while talking on the phone. Professor Louwen looked at an upside down picture of a vaginal breech birth diagram and realised the mechanics of a breech birth could be facilitated if a woman assumed a hands and knees position for birth. This more upright position for the woman took advantage of gravity and placed less pressure on the umbilical cord once the baby had been born past the umbilicus. Evidence supports the position many women who have uninterrupted births instinctively adopt. Professor Louwen presented the very promising results from his Frankfurt study (not yet published) along with some incredible film clips of vaginal breech births. It was amazing to see just

how quickly some of these babies were born, especially as we have traditionally been taught that the birth of the head should be slow. These babies were simply popping out! Professor Louwen did report that breech babies are often “stunned” immediately after birth but recover well with little intervention and without having to leave their mother.

Maggie Banks was another highlight of the conference. She is a very well known midwife from New Zealand who has been teaching “hands off” techniques for breech births for many years. She spoke on informed choice and consent and the process in New Zealand of consultation from 36 weeks between the woman, her lead maternity carer and her doctor. Maggie gave an example of a first-time mother having a breech birth and stated the woman’s birth plan was her document of informed consent. She emphasised that women want and need support and reassurance of their ability to birth their babies. They do not want intervention for clinician convenience, but efforts to minimise iatrogenic risk. She gave strategies to facilitate this: trust labour and protect undisturbed labour; honour the woman’s decisions; promote active birthing positions; and have skilled attendants. She emphasised breech is a variation of “usual” and that all clinicians should have competence in breech birth.

A role play after lunch helped demonstrate the effects of the biased and vague information often given to women pregnant with breech babies. Although humorous, it was cringe-worthy, as it was not hard to believe these scenarios happening in real life.

The most memorable part of the conference came when 15 women who had pursued a vaginal breech birth shared their stories. Many of the tales were harrowing—women forced to change care providers as late as 38 and 39 weeks into their pregnancies; women travelling up to 1000 kilometers and being away from home for weeks; women filled with stress and fear as they tried to negotiate the birthing situation of their choice. All of these women ultimately birthed with Associate Professor Bisits and had the utmost respect for him. Importantly, they reported that he treated them as women who were about to have a baby, rather

than women with a “breech on board”. Particularly poignant was that even those women who ended up having a caesarean after trying to birth vaginally were satisfied with their birth experience. It wasn’t the mechanism of their baby’s birth that was important, it was the fact their choice was respected and they felt empowered in their birth. This is no different to any other birth.

Dr Andrew Pesce, an obstetrician and gynaecologist at Westmead Hospital, has recently set up a vaginal breech birth service there. The service has reduced the breech caesarean rate from 97% to 63% in just 12 months. The difficulty has been in providing obstetric cover, with Dr Pesce providing the majority. In order to train registrars, one is rostered on specifically for breech births. If the registrar is not available, Dr Pesce “allows” a midwife to assist in the delivery of the baby. CT pelvimetry is performed on women who are intending to birth their breech baby vaginally, and if they “pass” they are allowed to continue. Dr Pesce reported he has only excluded one woman based on pelvimetry, and even stated that in hindsight perhaps that exclusion wasn’t warranted. Women routinely birth on their backs, and the traditional manoeuvres used in vaginal breech deliveries are performed once the baby has been born to their umbilicus. He reported no differences in outcomes for babies whether born via caesarean or vaginally. Dr Pesce did say on the second day of the conference that after hearing Professor Louwen present, he was going to review his practice of always delivering women with breech babies on their back, so they could assume a hands and knees position.

Peter Jackson, a midwife who originally trained in an obstetric model of midwifery in the early 1980s, shared his personal journey of realisation about how fear and anxiety from anyone in a birthing room can adversely effect a woman’s labour. He spoke about the psychological challenges of breech birth and briefly touched on the Calmbirth method he developed.

On the second day a series of six stations was set up to allow clinicians to practise some of the skills discussed the previous day. Maggie Banks and Jane Evans were on hand to discuss the “watch and wait” practice of vaginal breech birth, and methods of dealing with a delay in the birth of the baby’s head or body.

I felt the station on breech extraction was inappropriate at a conference focussing on “hands off” techniques. Personally, I think I would take my chances with a 10% risk of a caesarean section for a second twin, rather than be required to birth on my back with an epidural so the obstetrician could insert their arm into my uterus to

pull a second baby out by his/her leg. This was reported as giving a woman the best chance to birth “naturally” as it had led to a 0.5% caesarean rate for the second twin. When I asked the obstetrician how these women felt the next day about their birth, she said they “felt great and were up and about,” but that wasn’t what I meant.

The highlight of the second day was experiencing Jyai Allen’s birthing space. Jyai had darkened the room, was playing quiet music and had some of the personal belongings she had taken to her daughter’s birth six months before, while she rocked on her hands and knees singing her labour song. When asked, the young registrars in my group reported feeling (possibly for the first time) as if they were intruding on someone’s birth space when they entered the room. Jyai also generously shared her birth film with us, pointing out how the way the care providers spoke and behaved around her helped her manage her labour and birth.

During my midwifery training, breech births were always discussed in terms of an emergency requiring plenty of complex manoeuvres. I hoped this conference would make me more confident in dealing with an unexpected breech birth at home; I feel it has done that. Essentially, it has instilled in me that breech birth is just a variation of normal. Just as in cephalic births, occasionally a baby may require a little assistance, but in the vast majority of situations if we keep our “hands off the breech”, we are less likely to see problems. The speakers provided a wide range of views—from obstetricians who were not quite as “hands off” as they could have been, to midwives, who, with many years behind them, still have good reasons to continue to trust birth—but it was the inclusion of the voices of consumers—the ones who had experienced these births—that reminded the audience why we were there and what it was really all about.

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My journey to *Birth Journeys*

By Leonie McDonald



A peaceful Aiden after his gentle waterbirth at home

My journey into motherhood has taken me from shame and distrust in my body, and fear of labour, to the empowering, beautiful and pain-free water birth of my second son Aiden.

When I became pregnant with my first son, I was terrified of labour. I was convinced that my pelvis would be too small for birth and that I would end up needing a caesarean—and that prospect terrified me too. I had learnt about birth from stories women had told me of long, painful labours, forceps deliveries and caesareans. The births I had seen represented in soaps and movies had reinforced my ideas that birth was dangerous, painful and frightening.

During my first pregnancy I began to feel an incredible connection to my unborn baby. As I wanted to give him the best beginning in the world, I began to learn more about birth. I realised that my pelvis was unlikely to be too small. I began to believe that I could birth my baby by myself. I came very close to the drug-free vaginal birth I wanted, but, in the end, my exhaustion was overwhelming and I chose a vacuum extraction as my baby was crowning. At the time, I didn't know how close he was and I felt that I just couldn't keep going. I later regretted this choice.

My decision to have a homebirth for my second son was not a conscious reaction to

my first birth. It came from an image that kept forming in my mind of our family in the moments after birth: we were tucked up together in bed at home with our newborn baby. Over time I realised that I wanted to give my baby a welcoming birth in his own home—and that is what we did.

A few months after Aiden's homebirth, I found the time to write his story. It was about 4 am on a dark and peaceful winter's night and Aiden was breastfeeding back to sleep on my lap—it seemed the perfect time to begin writing. As I relived Aiden's birth, I felt full of joy and wonder. I had once been so scared of birth, disconnected from my body and embarrassed by my womanhood. I now felt like

an intuitive, beautiful and whole woman. I was grounded in my body, but reaching for the sky. I had gone into another world during labour. I had birthed like a goddess. I was just so excited about the beauty of birth and homebirth!

I felt frustrated that the women I knew and loved had experienced disappointing and even traumatic births. They had trouble believing my story and dismissed me: I had it easy. They didn't believe birth worked, and some of them believed birth didn't even matter. I was sad that so many women I knew were frightened, as I had been, and they were unable to imagine the possibility that giving birth might be an amazing experience.

I thought that if I collected a handful of beautiful, joyful birth stories I could make a small book and help other women to believe in birth. I was energised by the idea of doing something to make a small difference! I imagined that there would be 10 or 15 stories and I thought it would take me about six months to complete. I had experience in editing and laying out newsletters and in writing articles for magazines. Although I had never created a book before, I felt that I could manage this project. I really had no idea how big this little dream would become.

In the spring of 2009, I used social media and word of mouth to ask for submissions.

I began a Facebook group to collect stories and it was very exciting to see the group grow and word spread about the book. I was thrilled when I received nearly 70 stories, but this presented a problem I hadn't anticipated: I couldn't publish them all and I would have to choose between them.

Choosing the birth stories required me to dig much deeper into my intentions for this book. I had to ask myself: who was it for and what did I want it to achieve? I read every precious story over and over, analysing them, sometimes asking for more details, and seeking personal responses from volunteer story readers. What I discovered surprised me and changed the course of the book.

I had imagined creating a book full of gentle natural birth stories, but I now realised that women who were frightened of birth might find it hard to believe a book full of these stories. Sometimes we need to start with stories that meet us where we are and then gently encourage us to take a step further. I also saw that a book that shared only one kind of birth experience might send the message that there is only one way to have a good birth, and if you don't have this particular experience then you have failed. I didn't want anyone to feel judged or dismissed in that way.

As I read through the submissions, I found stories of emergency caesareans, inductions and epidurals that had clearly been positive and empowering experiences from the woman's point of view. These stories challenged my ideas and helped me to become more open-minded and respectful towards other women's experiences. I saw that I had been biased and blinded by my own preferences and experiences of birth. My preference is for homebirth, but there is more than one way to have a good birth and I wanted the book to reflect diversity and a range of possibilities.

I learnt that a positive birth experience is not the same as a 'perfect' birth. A positive birth depends on a woman's feelings and how she is treated. It depends on whether she feels safe, loved and respected. I noted that women who feel that they have been well cared for report positive feelings about their baby's birth. They may emerge feeling empowered, positive and whole, even when the birth itself was less than ideal.

I thought that if the stories were

journeys, rather than just labour stories, then they could show how and why these women were able to have a positive birth. The stories could include challenges, negative experiences and even traumatic first births, within the context of a journey of learning and healing. There would be no need to sugar coat the stories or edit out the hardships.

It was my hope that the birth stories I collated would be a powerful way to inspire and gently teach women about birth. This is where the title of the book came from: *Birth Journeys—positive birth stories to encourage and inspire*.

In Autumn 2012, I chose 29 stories, including two stories from men. The stories were diverse—sharing hospital, birth centre and home births, first births through to a fifth birth, elective and emergency caesareans, vaginal birth after caesarean, twins and IVF pregnancies. I hadn't planned on including men's stories, but I loved the different voices and perspectives they brought to the collection. I hoped that these different experiences would speak to different women and help them in their journeys.

I realised that these stories needed to be handled gently and respectfully, with respect for the women and men sharing their intimate experiences and with respect for the reader. I decided to include an editorial for each story to encourage readers to approach the stories with openness rather than judgement. I also highlighted the factors that made each birth a positive experience for the writer. I wanted to safeguard women against reading a story at a superficial level. I wanted women to see that a beautiful blissful birth is possible, but I also wanted them to appreciate the journey to reach it.

I wanted the reader to be in control and have the opportunity to choose which stories they would read. The editorials outline what kind of story follows and alert readers to possible triggers. I believe pregnant women are extremely sensitive to what they read, see and hear and it important to respect this.

During the process of bringing together the book, I decided to include information pages from Australian midwives, doctors, doulas and educators to complement the stories, explain some of the less common ideas and inspire readers to think about their own births. The information pages cover topics that may be left out in the popular childbirth guides (e.g. putting VBAC risks into perspective, discussing birth trauma, or describing a lotus birth). I hoped that when a woman was drawn into a story that mentioned something beyond her experience or comfort zone, she would be open and ready to learn more from the information page following

the story.

These pages include a valuable piece by the *Maternity Coalition* explaining the current models of care available, and also contributions from professionals including Hannah Dahlen, Rachel Reed, Dr Sarah Buckley, David Vernon, Renee Adair, Gabrielle Targett and Jane Hardwicke Collings. I asked Justine Caines to write the foreword and she contributed a strong and passionate piece that sets the book within our challenging cultural and political context.

I was humbled and rather excited by the wonderful supportive responses I received. It is uplifting when so many people you admire freely give their time, energy and wisdom to help you!

It was my hope that the book would encourage and inspire women and teach them about birth. I hoped it might be a haven of positive stories for women who very often find themselves surrounded by negative and frightening ones. I hoped that it would affirm to women that their feelings and their experiences of birth are important, and that they have the right and the need to be treated with love, respect and dignity no matter what choices they make or how their baby needs to be born.

However, I didn't realise when I began that the process of writing and sharing our birth stories helps us to heal and integrate our experiences into our lives. Through writing my own story for the book, I unearthed feelings about my first birth that I had never expressed before. Through the process of writing, crying, talking and sharing, I found acceptance, forgiveness and understanding of the way this birth had unfolded and my choice to have a vacuum extraction. I gained the perspective that each birth is a part of our journey and an opportunity to learn and be transformed. When she is ready for the learning and healing, every woman should write her birth stories.

Birth Journeys was completely self-published produced through two and a half years of working at nights, when our sons were asleep, and moments snatched here and there when they were awake. At times I felt overwhelmed and ready to give up, but the support and encouragement of the people who believed in the book helped me to keep going. I am grateful to have had the help and support of a team of around 70 volunteers from across Australia. These volunteers were mothers,



Leonie with midwife Marie Heath and doula Margie Perkins at the launch of *Birth Journeys*

fathers, midwives, doulas and mums-to-be. They read each story as it went through the editing process, providing feedback on the impact of each story.

My husband Michael designed the book inside and out, and organised the printing. He did a wonderful job of keeping me on track and helping to make my dream a reality. In January 2012 we launched *Birth Journeys* and had a wonderful celebration with about 80 women, midwives, mothers, doulas and plenty of babies. To our surprise we sold our first print run within six months! We received our second print run in October.

Since publishing, I have had many wonderful opportunities to share my story and the positive messages of *Birth Journeys*. I have travelled to Taree, Brisbane, Nimbin, Newcastle and Tasmania meeting some of the women who shared their stories in the book. It was very moving to finally meet these beautiful women and thank them for their stories. I was honoured to speak about my journey into motherhood at the *Homebirth Australia* Conference in Hobart in July, and my understanding of the way birth leaves an imprint on us grew deeper through the conversations and ideas shared there. In September I was a guest speaker on Pinky McKay's teleseminar series and I was invited to open the Southern NSW / ACT ABA Branch Conference in October. *Pregnancy and Birth* magazine featured three stories from the book in their September/October issue and now the book is available in a number of shops and libraries. These have been wonderful opportunities to share the book and its message of positive birth. I can be quiet and reserved by nature, so all this public speaking has been a surprisingly joyful and liberating experience for me!

Creating and publishing *Birth Journeys* broadened my perspective on what it means to have a positive birth. It challenged me to find respect and



Hot off the press - Leonie receives her first print run

compassion for all women. I understand now that we make the choices we need to for our own unique circumstances, and others are rarely aware of those. Our birth experiences create opportunities for reflection, deeper understanding and transformation—whether this happens in the years or in the decades that follow.

The stories in *Birth Journeys* reveal the choices, learning and transformation needed to have a positive birth in our existing birth culture. They offer a powerful way to help women through their unique journeys without directing them or taking the ownership out of their hands. They offer

knowledge that women cannot get from guidebooks. They speak to our hearts as well as our minds.

It is my hope that with every positive birth story shared, our culture of birth is slowly changing. One mother and one story at a time, we can build a culture that values, respects and cares for mothers and their babies.

Birth journeys—positive birth stories to encourage and inspire is available as a print book (\$29.95) and an ebook (\$14.95) from www.birthjourneys.com.au Please enter the code MC12 to buy the book for the special discount of \$20 plus postage. Wholesale rates of 40% off are available for group purchases of five books and for midwives, doulas, educators and other health professionals who wish to sell or gift Birth Journeys to the women in their care.

RURAL MATTERS

By Bec Telfer

NEW
Feature



I have grave concerns for the future of my local rural maternity service, and other similar services around the country. My concern is with the way some services—like Stanthorpe in Queensland, where I live—have combined maternity with non-acute long stay patients. This is quite understandable given that Stanthorpe only has about 120 births a year (less than three births per week), so the midwife needs to be occupied caring for medical patients when there are few or no maternity patients. This worked well in the past when being a registered nurse

was a prerequisite of midwifery training—since all midwives were also nurses, they could care for this mix of patients. Things have changed since the first Bachelor of Midwifery (BMid) program commenced in Australia.

The popularity of the BMid program with potential midwives is great news for the declining and ageing midwifery workforce. However one of the main limitations of BMid graduates is their inability to work in areas where the midwives are expected to care for other types of patients. How are small maternity

units going to attract midwives if students can't experience what it is like to work outside our major cities? And how will these units maintain their staffing requirements, when the pool of combined nurse-midwives shrinks in comparison to the numbers of BMid graduates?

I believe the solution involves a change in the way maternity care has traditionally been provided in rural areas from a medically dominated model to one that makes better use of a BMid graduate. It would require midwives and hospital administrators to be flexible in the way

they staff their units, and encourage midwives to work to their full scope of practice, making the most of their skills. Goondiwindi in Queensland is one unit that successfully changed the way it practised, with their midwives and doctors working well together to save their maternity service and provide excellent care for their local women. There are bound to be other areas in rural Australia where midwifery staffing issues are threatening the viability of the service. I will continue to report on the plight of small maternity units in future issues of *Birth Matters* and provide examples of how some are adapting to the changing workforce. I welcome any information on this issue, or any other rural maternity news, both positive and negative, and can be contacted at rural@maternitycoalition.org.au.

It was good to hear from the Ballarat Birthing and Babies (BaBs) group in Victoria, who have started a petition for women to regain access to a bath in labour at the local hospital. Labouring in a bath ended at the hospital when someone tripped over the hose used to fill an inflatable pool. Instead of finding a way to address the occupational hazard, access to a pool was denied, depriving many labouring women of a popular and effective non-pharmaceutical method of managing labour discomfort. The petition will be presented to the hospital board in the near future.

Ballarat BaBs group is passionate about supporting birth choices and providing information about the birthing options available in Ballarat. They have launched a new website (www.ballaratbirthingandbabies.com.au) full of useful information for women in their area. They have also started up bi-monthly "Parents-to-be" information evenings featuring a local guest speaker, with the first one to be run on 14 December. On the alternate months they hold movie nights. Members of Ballarat BaBs have also been invited by Ballarat University to be consumer representatives on the Consultative Committee for the Graduate Diploma of Midwifery course. Anyone who is interested in knowing more about what's happening with Ballarat BaBs can find them on Facebook.

In Queensland, the Mothers United for Maternity Services Stanthorpe (MUMSS) group were invited to meet with Mr Mike Horan and Dr Peter Bristow, the respective Chair and

Chief Executive of the Darling Downs Hospital and Health Board. Before the meeting, Mr Horan and Dr Bristow had inspected the hospital, including the Maternity Unit, but were unable to inspect

either of the birthing rooms as both were occupied. This helped support the MUMSS group's request for two separate birthing spaces with private ensuites! MUMSS was very pleased to hear that the Board is supportive of upgrading Stanthorpe's maternity facilities so women don't have to leave the birthing room to access a toilet or shower. The Board presented the three layout options for which they had preliminary costings. Their preferred option involves dividing an existing storeroom into two small ensuites with shower and toilet. Members of the MUMSS group were unanimous in their view that this would not address two of the major concerns raised by women. The birth suites need to be spaced so that labouring women cannot hear each other and women have a bath to labour in if

they choose. The MUMSS group presented their own sketches of two separate birthing spaces, which both included a bath as well as toilet and shower. They believe this design will serve the women of Stanthorpe well and into the future. Dr Bristow and Mr Horan were open to this concept and encouraged MUMSS to seek private quotes for design and construction as Queensland Health is no longer restricted to building with QBuild. The Board has requested a further meeting with MUMSS in late November.

There is now a new MCRural Facebook page for interested members. I hope this becomes an effective way to share information about rural issues and report developments in members' local areas.

ARTICLE SUBMISSIONS DEADLINE:

AUTUMN - FRIDAY 1ST FEBRUARY

THEME: Continuity - what it means and where
you can get it

Articles should be a maximum of 2500 words and be accompanied by photos where possible. Please email submissions to birthmatters@maternitycoalition.org.au on or before posted deadline.



Wishing You A Wonderful Festive Season

On behalf of the Maternity Coalition and the *Birth Matters* Team, we would like to thank you for your continued support and contributions.

We wish you good spirits, new beginnings and adventures with loved ones in 2013.

Film review: *Freedom For Birth*

By Leah Hardiman



Leah and daughter Madeline

Freedom For Birth is the most important documentary I have ever seen. It is first and foremost about your birth right—your right as a human to choose what happens to your body. It is also about a movement to take back birth. My husband found it difficult to watch with me because I sat shaking my head and gasping. For him, the injustices inflicted on midwives and birthing mothers around the world is unsurprising—the world is running on the ‘mighty dollar/pound’ and birth is a business. I guess sometimes I just don’t think outside my little world because raising two children is pretty much all encompassing.

The work of British filmmakers Toni Harman and Alex Wakeford of One World Birth (www.oneworldbirth.net), *Freedom For Birth* deals with the arrest and subsequent imprisonment of Agnes Gereb, a gynaecologist and midwife, who is currently being held under house arrest in Hungary. Agnes was arrested at her own birth centre in Hungary, where she attended a woman who spontaneously gave birth during an antenatal class. Agnes called an ambulance and the police arrived with them and, while both mother and baby were transferred to hospital and discharged soon after, Agnes was found guilty of “endangering life in the conduct of her professional work” and sentenced

to two years in prison. Agnes has attended over 3,500 homebirths in Hungary.

Providing the background to Agnes’s story are interviews with some of the most influential and inspiring birth specialists and activists of our time, including Ina May Gaskin, Michel Odent, Sarah Buckley, Robbie Davis-Floyd and Elizabeth Prochaska as well as many more.

Agnes herself appears, as does one of her clients Anna Ternovszky, a Hungarian mother who won a landmark case against the Hungarian government in the European Court of Human Rights

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While I find it deeply saddening that Agnes Gereb and midwives like her are enduring so much pain and injustice, I feel empowered to know about their sacrifices and what they stand for. I challenge any viewer to see this film and not feel ‘pumped’ about fighting for this most basic of human rights—the right to choose what happens to our bodies and our babies.



Agnes Gereb

regarding a woman’s right to choose where and how she births. (See Ternovszky’s *Letter to the [Human Rights in Childbirth] conference* in June 2012 *Birth Matters* for a full explanation).

But the film is about more than childbirth in Hungary; it is about the nature of childbirth all over the world and how women walk into hospital expecting to give birth and instead face a cascade of intervention. Michel Odent says: “At this present time—in regards to the history of childbirth—we are at the bottom of the abyss.” Social anthropologist Sheila Kitzinger tells us that “the power of medical institutions is taking over [birth],” while Robbie Davis-Floyd warns that “doctors don’t encourage women to trust their bodies or trust their babies or trust the birth process because doctors themselves don’t trust it.” Women walk into a hospital expecting to give birth and are met with a cascade of intervention. What *Freedom For Birth* offers, above all, is information. The people providing it are highly qualified and experienced and have the interests of humankind at heart.

While I find it deeply saddening that Agnes Gereb and midwives like her are enduring so much pain and injustice, I feel empowered to know about their sacrifices and what they stand for. I challenge any viewer to see this film and not feel ‘pumped’ about fighting for this most basic of human rights—the right to choose what happens to our bodies and our babies.

To watch the *Freedom For Birth* trailer and find out more about the projects and campaigns of One World Birth visit www.oneworldbirth.net.

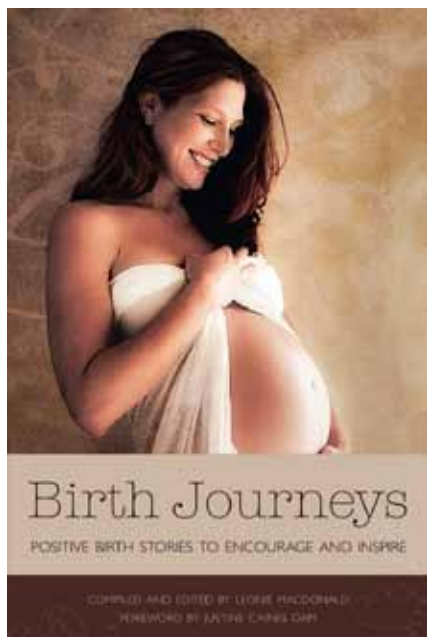
Leah’s original version of this review can be found on her blog at www.greenearthbaby.com.au/blog.

Author Bio

Leah has two children and lives in Brisbane with her wonderful husband. Her passion for learning all she could about childbirth came after the birth of her first child Madeline. This birth started with an induction and proceeded through the notorious ‘cascade of intervention’. Before the birth of her second child, Leah researched her options and made informed choices. She started her Green Earth Baby blog (www.greenearthbaby.com.au/blog) to share what she discovered along the way. Leah remains passionate about empowering others to make informed decisions in childbirth, and about defending this basic human right.

Book review: *Birth Journeys*

By Kylie Sheffield



Birth Journeys

By Leonie MacDonald

Paperback

Published by Star Class
www.starclass.com

When I was pregnant with my first child, my lovely, wise mum told me to be careful what I read and loaned me her treasured copy of Frederick Leboyer's *Birth without Violence*. Three babies (and four years on Birth Matters) later, the list of books I loan and recommend to pregnant friends and loved ones is extremely short. Leonie MacDonald's *Birth Journeys* has just joined it.

Differentiating at the outset between a positive birth experience and the elusive 'perfect birth' Leonie writes: "A positive birth is *not* the same as a perfect birth. It does not need to be short, pain-free, joyful or ecstatic to be 'positive'." This crucial distinction is validated by the broad selection of birth experiences included and echoed in each woman's story.

While many birth anthologies claim to contain 'something for everyone', Leonie's book is one of the few I've read to actually pull this off. Sharing their *birth journeys* are women of different cultural, religious and experiential backgrounds who have given birth at home (both assisted and unassisted), in hospital, in birth centres, in water and by caesarean section (both elective and unplanned).

Some have received care from a midwife or a team of midwives while others have experienced obstetric or shared care. Leonie's input is well written, non-judgmental and non-prescriptive. Apart from a short synopsis to introduce each piece, she lets her contributors speak for themselves, recognising her readers as intelligent, thinking adults who are capable of considering the material she presents and making their own informed decisions. Based on best evidence and years of experience, professional contributions from renowned experts like Sarah Buckley, Hannah Dahlen, Annie Sprague and Shari Read cover a range of birth-related topics and are a worthwhile inclusion.


There's much to like about *Birth Journeys*. The highlight for me is Leonie's emphasis on the intrinsic link between mother and baby and her passionate belief in the right of all women to pursue a positive and empowering birth. Challenging the notion that those who do put themselves before their babies, she writes:

Every mother wants a healthy baby — mothers make enormous sacrifices for the wellbeing of their babies and children — but it is a fallacy that a mother's positive birth experience must come at the expense of her baby's health. It need not be a trade off... a positive birth is the culmination of a woman's journey through pregnancy and birth. It is about the process of becoming a mother and how this transformation feels for the woman. A positive birth is much more than just having a healthy baby in your arms at the end.

It's this conviction that has enabled Leonie to present an objective and woman-centred collection that delivers exactly what her cover promises: "positive birth stories to encourage and inspire." I recommend it to anyone planning to give birth or provide support to a birthing woman (and reckon my mum would approve of me doing so).

Leonie MacDonald shares her own 'journey to *Birth Journeys*' on page 18.

For information on purchasing the book, see her website www.birthjourneys.com.au.


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Brisbane/Ipswich

Birth story: The birth of Oliver Byron Casey

By Heidi Casey



Heidi's first moments with Oliver, "indelibly imprinted" in her memory

Heidi Casey encountered many obstacles on the way to birthing her third child in the place and with the carers of her choice. In this intimate note to her son, she explains why it was all worthwhile.

I have been trying to write your birth story for over two weeks, little Oliver Byron. I need to write it now: although I will never forget it, I want to write everything down while it is vivid and poignant in my mind. Your sisters are both asleep and you are curled up on my chest, nuzzling into my neck—one of your favourite places. You are settled and content, so perfect with your little fingers and toes, your cheeks that get chubbier each day. As I look at the precious face I tried hard to imagine for nine months, I feel happy that you are here and that I brought you into the world exactly how I wished. I wanted to give you a calm, gentle journey from your comfortable and warm womb home. I wanted the first faces you saw to be mine and your Dad's; the first touch you felt to be my hands cradling you. I wanted you to enter the place we call home, surrounded by those who love and care for you. This was not always our plan, and it was not easy to achieve, but I am so glad that we did.

I was originally booked into a Birth Centre and although I attended my first few appointments there, I knew I wanted desperately to have you at home. I started using every spare moment to research how I could have a homebirth, as I knew this was the right choice for me. I began contacting local midwives and attending the Brisbane Homebirth Queensland meetings. I educated myself in the politics surrounding homebirth in Queensland. It upset me that homebirth here

easy as I expected: there were not very many around where we lived, many of them already had full caseloads, and all were priced above our budget; but I knew there had to be a way. I spent many late nights conspiring how to be able to afford it. I shed many tears in the weeks before we found our beautiful midwives.

We contemplated having a free birth or just hiring a doula. I knew I could do that, but I wanted the support of midwives. I started making and selling heat bags, children's skirts and tops so that I could save a little extra. I worked out the most frugal budget we could survive on. It was a tough and tight few months, but I knew it would be worth it. Thankfully, your Dad supported my decision. I showed him research and evidence supporting homebirth and explained why it was so important both to me and for us as a family. It was awesome to have his support behind me. We knew that we would never remember the take-out dinners we missed, or the holiday we didn't take, but we would always remember your birth. I kept this thought in my head.

I was happy when, at 24 weeks, we decided to make Teresa and Hazel my midwives. Now I could relax, thankful that they were able to organise a payment plan for us. My one-on-one care with Teresa was precious and how it should be. It was wonderful to have home visits that were never rushed in the place where I felt the most relaxed and comfortable. It was a new experience for me to sit and chat with my midwife over a cup of tea, having my checks done in the privacy and comfort of my own home, where your sisters were happy. I loved it, especially in the last few weeks when I was very big. I had a beautiful mother blessing a couple of weeks before you were born; it

is made difficult by the lack of a publicly funded homebirth system, by controversy about the restrictions placed on independent midwives and private homebirths and, of course, by the cost of private midwifery care. Hiring independent midwives for a homebirth was not as

was a lovely afternoon of women, support, connection and love.

*My due date came and went and, six days later, in the early hours of the morning on 26 July you let me know you were ready to meet us. I awoke to a surge. I am sure I was waking to go to the toilet anyway as it was so mild that I could have slept through it. I was excited. I had been waiting for some sort of sign that you were on your way out to meet us. I went to the toilet and had a small show. Yes, I thought to myself, another good sign. It was 2.30 am and everyone was asleep. I thought about waking your Dad, but decided against it as (a) he would need his sleep for what was soon to come and (b) he had been begging me excitedly to let him put the birth pool up every day for the last two weeks, and I certainly did not want him to start doing that now! I made myself a cup of honey and chamomile tea. It was freezing; I wrapped my dressing gown around me and found my woolly socks, which I could only just manage to put on as your home was just about at its growth limits. I sat on my fit ball, and read some more of Jenny Blyth's *The Down to Earth Birth Book*. I had a couple more surges, but their mild nature assured me you were not in a hurry. I was very excited and started to visualise your birth, but decided to get some more rest, as I would surely need it soon. I was woken in the morning by your beautiful sisters and, not long after, felt another gentle surge. I was happy they had not disappeared.*

When I told your Dad my labour had started, he was excited, although I was quick to point out that I could still labour into the next day. He had already started his leave from work, so it was nice having him at home. I had a chiropractor's appointment for a Webster technique adjustment booked in for 9 am on the other side of town and tossed up whether or not I should I still go. I decided that I would like to be aligned as best I could before the birth, so we all got ready and headed off to that. My chiropractor was amazing. The pinching muscle spasm pain I had in my bottom went away after seeing her and I felt good. I was still having surges and, although I was not really interested in timing them, they must have been about 10 to 12 minutes apart. We took your sisters to the park and I remember it felt good to be outside, knowing that you were working your way down to meet us. I had a midwife appointment in the afternoon and phoned Teresa to say we would come to her, as we were out and about and she had been coming to me for the last few weeks.

When Teresa checked your position she found you were engaged for the first time—YAY! You were still a little LOP (left occiput posterior),

but neither of us was concerned: your heart rate and my blood pressure were all fine. We chatted and hugged and knew we would be seeing each other again pretty soon. We went back home to relax and get ready. I had told your Nanny to come, as she had to travel from the Sunshine Coast. I had let your Aunty and my friend/photographer Georgia both know that I was in early labour, and told them I would let them know shortly when to come. At around 4 pm the surges began getting a little closer together and occasionally forcing me to stop to breathe through them, but they were still manageable.

Dinner, baths and organising was all happening in our house—it was nice having your Dad and Nanny there helping out and allowing me to wander around when I needed to. I was both excited and relaxed. I loved the feeling of knowing that I was not going anywhere, that this was where you were going to be born. I felt safe and comfortable. Your sisters were happy, especially Scarlet, who really knew what was about to happen. As we put her to bed for the night, we promised to wake her up when you were born. The surges were becoming closer together and increasing in intensity. After I had four surges in 16 minutes, your Dad suggested I ring Teresa. I had rung her an hour before to chat, but things had stepped up quite a bit since then. Teresa said she would come straight away. I let Georgia know and she was also on her way. I felt more relaxed now I knew they were coming. I tried to put your sister Willow to sleep, but lying down during a surge was too uncomfortable. I really wanted to be walking or standing or rocking, so I gave up. I was thankful when your Dad took Willow out for a walk in the pram to try to get her to sleep.

Georgia arrived, followed by Teresa, then Hazel. It was just after 7.30 pm and my surges were now requiring me to stop and breathe through them. I chatted with everyone between them. Georgia lit my candles while I set the iPod up and pressed play on the play list I had prepared. My birthing space looked beautiful: I had hung up a quilted wall hanging I had made at a 'sew birth' workshop along with prayer flags made by the women at my mother blessings; drawings by Scarlet and Willow were also on the wall. I was surrounded by photos of our family. Your Dad had started to set up the birth pool before he took Willow out. Teresa and Hazel took up where he had left off and began filling it. It was so nice to have your Nanny here and she was very helpful with your sisters. Your Dad returned, which was good because I was beginning to feel that I wanted him with me. Willow was still not asleep—I am sure she knew something was going to happen. Nanny took Willow down to the end of the house to lie down and watch Baby Einstein. Your Dad and I retreated to our bedroom. I leaned into him and we rocked back and forth almost like a gentle dance. I felt so safe and supported in his strong arms; I felt

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It was 2.30 am and everyone was asleep. I thought about waking your Dad, but decided against it as (a) he would need his sleep for what was soon to come and (b) he had been begging me excitedly to let him put the birth pool up every day for the last two weeks, and I certainly did not want him to start doing that now!

happy and peaceful. When we came out Teresa asked to listen to you and took my pulse. I moved to my fit-ball after this. I was in a place of surrender and openness and was enjoying it, knowing I was closer and closer to meeting you. I had my eyes shut and focused on my breathing; my pelvis wanted to be rocked and to make circular motions, so I did this. Your Dad was right there with me putting pressure and rubbing on my lower back just when I needed him to. We worked together. Teresa checked in with me between surges to see how I was going. I remember saying I felt I was doing well but that I knew I had not hit transition yet. I knew you were not far away: you were making your journey down. I was half aware that the birth pool was still being filled, but unaware that we had run out of hot water quite early in the piece and that Teresa and Hazel were boiling four pots and microwaving water all at once, pouring it in as fast as they could, running back and forth trying to fill the pool in time.

I leant over the couch and rocked from side to side as your Dad placed heat packs on my lower back. Georgia took over holding the heat packs at one point when he had to attend to Willow. Once your Dad was back I was glad to have him by my side again. I wanted to kneel now and I found a spot in front of the couch near the pool. Leaning over the couch I buried my face in a cushion; it felt good. Another surge came, longer and more intense, this was transition. As the great intensity of each surge came and went, the pressure on my sacrum increased. Your Dad continued to place pressure and make circular motions during each surge. I wanted my dress and my cardigan off now. I buried my face in the cushion again and allowed myself to release the deep primal sounds that came so naturally and felt so good. I was focused; I trusted my body; I knew it was working just as it should. I felt strong and confident. The sounds I made were deep and low and in control. I was doing this: I had surrendered and my body had taken over. I felt like I was in a good place with my mind

focused. All the mental preparation I had done was paying off.

I had another surge in which I called out to Teresa to tell her you were coming. I could feel my pelvis and my body opening. Teresa was sitting beside me already, but I had no idea she was right there, quietly and gently supporting me and allowing your Dad to do this also. She told me the pool was now ready if I wanted to get in. I did want to but my legs were shaky; your head felt so far down that it was hard for me to move. Your Dad and Teresa helped me to my feet and I was just able to get my legs over and collapse into the pool. I remember thinking how good it felt. I again resumed my position of kneeling and leaning, this time over the edge of the birth pool. I grabbed hold of the side of the pool with my fingers as the next surge came. Your Dad stroked my back and hair and I welcomed another surge. Teresa asked me kindly to listen to you. I nodded. I put my hand down to feel your head coming, as I could feel you were so close to being here. It felt all squishy and fluidly as I touched what I thought to be your head. It was not hard, as I had expected, and, in this intense moment, I kind of realised you were in your waters. I gripped the side of the pool and welcomed another surge. It felt a little strange, almost like you were moving in and out a little, as my body was working hard to bring you down. The next surge brought your head out, and then the rest of you quickly followed, with barely a break in between. You were born in your caul and you swam out between my legs. It was 10.09 pm. Your Dad told me how amazing it was to watch you come into the water in your caul and see it float off your face “Almost like a veil lifting,” he said. Teresa encouraged me and coaxed me in my still shocked state to reach down and pick you up as I had told her I wanted to do this. (Your Dad was about to dive in if I didn't!) I looked down and, for what seemed like much longer than it really was, I saw your gorgeous face looking up at me, eyes open, arms moving slowly. The moment you and I shared staring at each other will always be indelibly imprinted in my memory, as will the overwhelming feelings of love and pure joy as I reached down and brought you up out of the water into the air and my arms, where you took your first breath. I looked at your Dad: his eyes fixated on you and moved to meet mine; they were eyes filled with happiness, his face beaming with joy, the love exchanged overflowing between us all. “I caught you,” I exclaimed, “and you are perfect”. Teresa was right there and supported me to sit back comfortably with you against the edge of the pool. She congratulated me and encouraged me to give you a rub on the back, leaning you forward a little.

You were perfect and we had done it together. “You are perfect and so beautiful,” I told you again. I sat back into the loving arms of your Dad. Your Aunty Amy had woken Scarlet and brought her straight in to meet her little

brother, and Nanny came in with Willow to meet you. We were all there. Your birth was beautiful, and it was beautiful to just sit there and relax, taking you in, surrounded by family and your midwives as we got to know each other and recovered in the pool. Your Dad cuddled and kissed me and held your hand, asking if I thought you were Oliver Byron. I agreed. We sat there in awe of you and your journey. I looked up at Georgia and smiled; she was kneeling in the corner and she smiled back at me, our eyes exchanging words we didn't need to say.

Scarlet fell back asleep in her Aunty's arms and Nanny took Willow back to bed. I decided I wanted to get out of the pool as I was getting cold. Your cord was still attached, as I had not yet birthed the placenta. I was helped out of the pool still holding you and sat down onto cushions leaning against the couch next to the pool. We were wrapped in towels and I continued to cuddle you on my chest. You snuffled and made gorgeous sounds. I couldn't take my eyes off you. You attached to the breast for a short period, a few times. I birthed the placenta 56 minutes after you were born and we placed it in a bowl next to us to allow it to fully finish transferring all its amazing nutrients and blood to you. Eventually, after another hour, your Dad cut the cord. Teresa

“

I looked down and, for what seemed like much longer than it really was, I saw your gorgeous face looking up at me, eyes open, arms moving slowly. The moment you and I shared staring at each other will always be indelibly imprinted in my memory, as will the overwhelming feelings of love and pure joy as I reached down and brought you up out of the water into the air and my arms, where you took your first breath.


weighed you—you were 8 lbs (3.63 kg)—and Hazel checked you over. We dressed you and wrapped you up warmly. Then your Dad held you while Teresa helped me to have a wash and get into some clean and warm pyjamas.

I put Willow to sleep, as she was still awake, intent on waiting for me. Georgia made me the best hot chocolate and vegemite toast, which I devoured. Your Nanny gave you a cuddle and Teresa and Hazel, together with your Dad, started emptying the birth pool and cleaning up. I hopped into bed with you and it was just how it was meant to be.

We gave you that journey—your entrance into the world, into my arms, into our hearts and our family—and you gave us so much more. You gave me a sense of empowerment: the feeling that I could do anything. Your birth allowed your Dad and me to work together, uninterrupted, to support you into this world. The intensity of childbirth is not something you can explain, but to be able to birth how and where you feel most comfortable, being present and surrendering to your body while being supported is truly the most amazingly empowering experience I have ever had. Being a mother to three beautiful children is unquestionably the most rewarding gift I have been given.

Thank you, Mr Oliver Byron, for your amazing birth and for being my son—I love you so much.

Love Mum (Heidi)




RACV Royal Pines Resort, Gold Coast
Thursday 16 May 2013, 7.30pm
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In conjunction with **The Passage to Motherhood Conference**.
 For further details on this Conference, and national tours by Michel Odent, Alison Barrett, Thomas Hale, Cathy Watson Genna and Mike Woolridge, see the CAPERS website.

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

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 for details. Communication between meetings is mainly by email.

General meeting dates for 2012

General meetings will be called as required and members given 14 days notice. The 2012 AGM will be held by teleconference on Saturday 13 October at 4 pm ADST.

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. 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.

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 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 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 or Lisa Metcalfe at nsw@maternitycoalition.org.au.

MatCoWA. For members in WA. Contact Tracey Reibel at 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.

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 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.

Find us on



Maternity Coalition Contacts

MC contacts (National)

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Ballarat President: Michelle McRitchie
ballarat@maternitycoalition.org.au

Ballarat President: Vacant
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 

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

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Simply visit our website at:
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:

Name: _____

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

The Passage to Motherhood Conference

- May 17 & 18 on the Gold Coast.

A two-day conference at the beautiful, peaceful Royal Pines resort on the Gold Coast. Featuring keynote speakers: Michel Odent, Thomas Hale, Cathy Watson Genna plus Rachel Reed, Sarah Buckley and many more... Social activities planned include Welcome drinks on Thursday 16th and a "Sun, Surf and Sand"-themed conference dinner.



Birth: Needs, Dreams and Realities

Seminars with Michel Odent

and Alison Barrett

Gold Coast 16 May, Sydney 20 May,
Melbourne 21 May, Hobart 22 May

This one day seminar will explore how midwives and other supportive health professionals can continue to satisfy the physiological needs of birthing women and their babies and their dreams for an optimum birth surrounded by loved ones in a warm and relaxed environment, while working within a maternity care system that is often not supportive of women's birthing needs and dreams.

Breastfeeding: Science and

Clinical Practice Seminar with

Cathy Watson Genna, Thomas Hale

and Mike Woolridge

Perth 11 May, Adelaide 13 May, Melbourne 14 May, Sydney 15 May, Gold Coast 16 May

One-day seminar with three experts covering: using medications with breastfeeding mothers, drugs and milk production, the mechanics of breastfeeding (do babies suck or suckle), helping babies with tongue-tie and distinguishing between major and minor/temporary breastfeeding problems.

Breastfeeding: Clinical Skills Workshop

with Cathy Watson Genna

Perth 10 May, Sydney 20 May.

[More information and registration here.](#)

A one-day workshop for health professionals focussing on assessing and managing breastfeeding problems.

Complementary & Alternative Medicine

in Pregnancy, Birth & the Early

Postnatal Period with Kathleen Murphy,

Sandra Venables and Sarah George.

Gold Coast 15 May (more dates to be announced for Sydney and Melbourne)

An interactive workshop for health professionals working with pregnant women and new mothers. Focusing on evidence-based alternatives, speakers will explain and demonstrate the use of specific therapies including herbal and nutritional treatments, homeopathy, acupuncture and acupressure.

Perinatal Loss Workshop: Sad doesn't

have to be Bad with Paula Dillon

Melbourne 13 March, Ballarat 14 March,
Gold Coast 15 May, Brisbane 3 September,
Sunshine Coast 4 September, Cairns 6 September,
Newcastle 6 November, Sydney 7 November

An interactive workshop for midwives on working with bereaved families, changing policies and practice to offer better support in hospitals, and looking after yourself and colleagues. Paula Dillon is a midwife, childbirth educator, and a Parent Supporter with SIDS and Kids. Her passion for this area was initially prompted by her own personal experience.

Managing Birth Variations and

Complications with

Rachel Reed

Melbourne area (up to one hour away - venue TBC)
6-7 April, Noosa 3-4 August, Cairns 7-8 September,
Perth (up to one hour away - venue TBC)
19-20 October, Blue Mountains 9-10 November.

A two-day workshop for midwives to practise skills, discuss issues and share knowledge around a holistic "midwifery" approach to variations and complications. The workshop includes groupwork, networking and time for relaxing with other midwives.