

# BirthMatters

Vol 14/2 ISSN1443-7570

June 2010

**Informed consent and refusal**  
*Your legal rights*

## **This issue:**

"Yes I CAN" - women making informed choices

## **PLUS:**

Sarah Buckley on breech birth and the TBT



Maternity  
Coalition

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

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

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

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

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

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

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

The *Birth Matters* Editorial Team  
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## Features

<b>Informed choice, consent and the law: the legalities of "yes I can" and "no I won't" by Ann Catchlove</b>	<b>4</b>
<b>The road to receiving Adele by Trudy Blakeley</b>	<b>6</b>
<b>Breech birth – making an informed choice by Sarah Buckley</b>	<b>8</b>
<b>For Amber by Melissa McFarlane</b>	<b>11</b>
<b>Never say "never" by Gaylee Kuchel</b>	<b>14</b>
<b>Saying "yes" to the right birth for you by Mara Dower</b>	<b>16</b>
<b><i>I can and I have: one young mum's success through intuition and continuity</i> by Christine Van Den Berg</b>	<b>18</b>
<b>Canadian birth worker Gloria Lemay visits Geelong by Kiersten Quinn</b>	<b>20</b>
<b>International Day of the Midwife 2010</b>	<b>21</b>
<b>Federal Campaign Update by Joanne Smethurst and Bruce Teakle</b>	<b>22</b>
<b>MC at 26th Homebirth Australia Conference by Faye Kricak and Lisa Metcalfe</b>	<b>23</b>
<b>Book Review: Pregnant with Heart and Soul by Nicole Carver</b>	<b>28</b>

## Regular Sections

<b>From the Editor</b>	<b>2</b>
<b>From the President</b>	<b>3</b>
<b>MC news</b>	<b>24</b>
<b>Member notices, MC online social networking and discussion groups</b>	<b>30</b>
<b>MC contacts</b>	<b>31</b>



**Main Cover Photo:** Melissa McFarlane welcomes fourth child Amber, born breech, at home, in water, gently and without fear.



# From the Editor



As I write this editorial, I am 33 weeks pregnant with our third child. It has been a beautiful pregnancy and a time of great healing following the loss of our second son Daniel almost three years ago. I have counted my blessings often over the past eight months — the all-day ‘morning’ sickness, the insomnia and, most recently, this little one’s apparent determination to karate kick its way straight through the right-hand side of my abdomen are all tiny and insignificant bumps on the road to welcoming our new babe.

There are so many reasons this pregnancy has been a positive one for Paul, Gabe and me, but undoubtedly the two biggest are the memory of Daniel’s peaceful and gentle birth at home in July 2007, and the outstanding care we have received from our known midwives, Marg and Mo. The unwavering support of these two incredible women has been my greatest blessing.

It’s been with mixed emotions that I’ve heard and read the stories submitted for this edition. They all have happy endings and are testament to the determination of women to make the best birthing choices for themselves and their babies, even in the face of overwhelming opposition. Yet I find myself, once again, infuriated and utterly gob smacked by the persistent refusal of some medical practitioners to recognise female consumers as grown ups.

The women in our featured stories asked nothing more from the maternity system

than to be acknowledged as individuals with the human and legal right to make educated decisions about their own care and the care of their babies. Instead, many of them were threatened, ignored, dismissed, told to go away — in short, treated more like errant children than the intelligent, well-informed adults they are.

MC Geelong’s Melissa McFarlane (p11) received a very different response when she spoke with her care provider about continuing her plan to birth her fourth baby at home, despite her breech presentation. In Melissa’s words, “There were no threats issued ever ... not a single attempt to undermine my confidence in my body, my baby, my choices.” Instead, she received reassurance and support from her known and trusted midwife and, as a result, approached this birth as she would any other — without fear. Had Melissa been unable to access the midwife of her choice, had she been receiving care through the hospital system, or even a more restrictive public homebirth model, her daughter Amber’s birth story might have unfolded very differently.

Exclusion criteria — which for birth centres and most publicly-funded homebirth programs typically forbid breech birth, twin birth, VBAC and a number of other real or perceived ‘complications’ — exist to protect mothers and babies, as we are continually

reminded by those with the power to veto our attempts to access the care we want. Certainly there *are* times when birth outside a hospital setting may present greatly increased risks for both mother and baby; but, as Trudy Blakeley’s story (p6) demonstrates, dogmatically applying these criteria with no consideration for a woman’s individual needs, experiences or circumstances protects no one.

As inspiring as it is to read of women’s refusal to be bullied or coerced into submission, to seek out supportive care givers and to birth their babies in the manner and place of their choosing, it is unacceptable that so many still have to fight so hard to do it. I applaud the strength of women who insist that they *can*, empathise with those caught in a system that continually tells them they *can’t*, and look forward to a time, in the very near future, when the births we want are not so hard won.

*Note: As Mara finishes laying out this edition, glowing reports are coming in from the MC members fortunate enough to attend the 26th Homebirth Australia Conference, held at Echuca Moama on 15 and 16 May. Timing has only allowed us to include the very brief summary on page 19, but rest assured that our September issue will include a full and comprehensive report of what was, from all accounts, a sensational experience.*

Kylie



Meet the team that brings you *Birth Matters*: Assistant Editor Sonia Bartoluzzi, layout artist Mara Dower and Distribution Coordinator Bec Telfer.

# From the President



As a consumer, I just have to keep on believing yes, I can choose to birth where and with whom I want. To do otherwise will send me into a spiral of despair. Many women are still asking, “Can

I birth with my midwife come 1 July?” There is good hope of this.

Three things need to be resolved for women to be certain they can birth with a private midwife of their choice.

- 1) The adoption of the Quality and Safety Exemption Framework for Homebirth by the Nursing and Midwifery Board of Australia (NMBA are the regulatory body overseeing the legislative changes relating to midwives and nurses).

- 2) Access to insurance via government or private means.

- 3) If midwives are prepared and able to work within the proposed system.

At this point we must remind our politicians to keep their many promises that “choices for women will not be restricted by the legislation” coming into effect at the end of June. By keeping up the conversation with your local political representative we have the best hope for the best outcome.

The more the community understands the determination and conviction that women have to seek and find high quality, one-to-one care for their pregnancy and birth, the faster our maternity system will change. There is a level of frustration with the limited visible progress, but Maternity Coalition (MC) can see the reforms have further to go. Members continue to work hard to be actively engaged in the many processes that will determine how proposed changes will affect consumers

and the midwifery profession.

Many local branches participated in International Midwives Day to take the opportunity to recognise midwifery as an essential and major part of our maternity system and educate people about the importance of midwifery care for women and their babies.

With continued support from consumers, midwifery will maintain its identity as a discrete, separately regulated profession and become the choice for most childbearing women.

MC remains committed to improving the ability of women to give birth where and with whom they choose.

Thank you to our members who continue to keep up the effort to inform, educate and advocate for improved maternity services. Keep being a voice for choice.

Lisa Metcalfe

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Jenny

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

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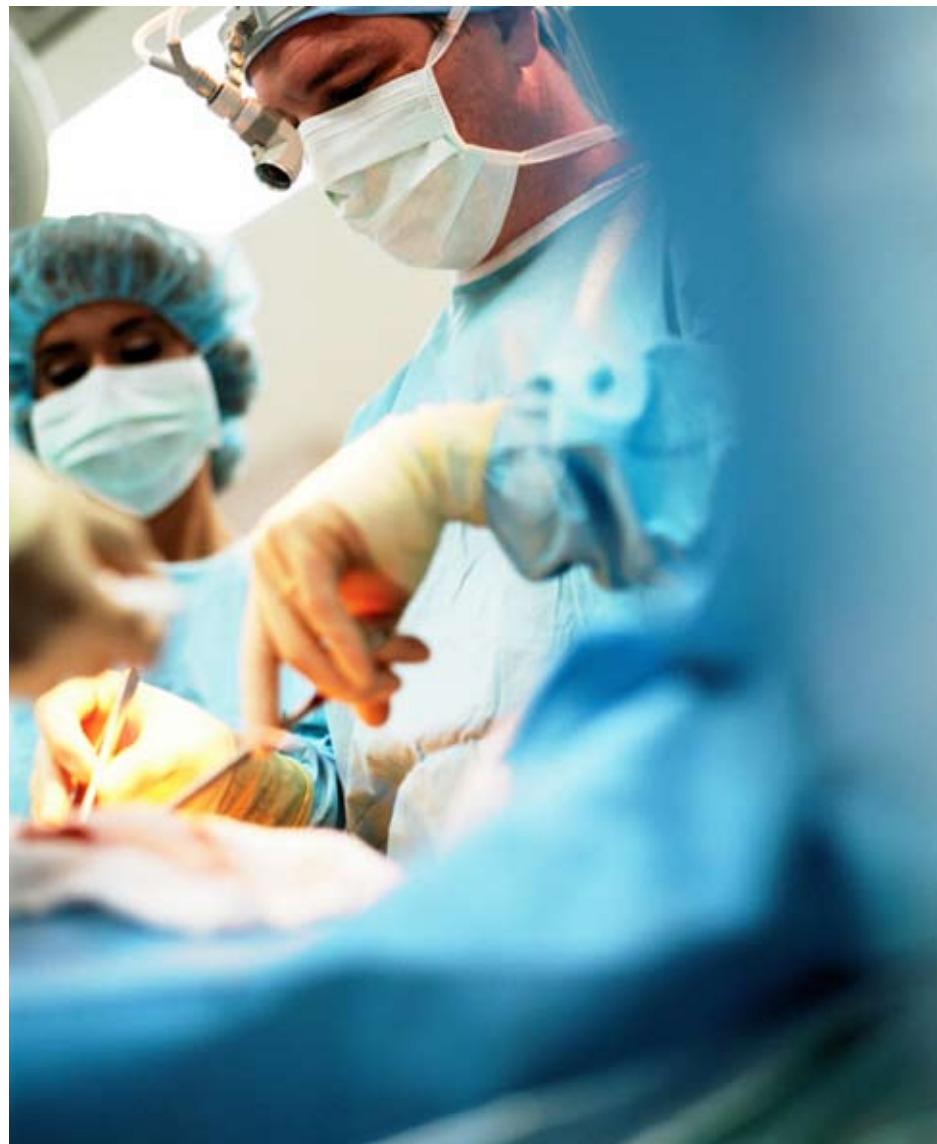
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For a complete job description please email: [president@maternitycoalition.org.au](mailto:president@maternitycoalition.org.au).



# Informed choice, consent and the law: the legalities of “yes I can” and “no I won’t”

By Ann Catchlove



## Informed decision making as a human right

Being able to make decisions about what happens to our bodies is a basic human right — it goes to an individual’s fundamental autonomy, dignity and bodily integrity, as reflected in article 3 of the Universal Declaration of Human Rights, which states that “everyone has the right to life, liberty and security of person.”

To give someone medical treatment without their consent interferes with their dignity and security of person and, while international human rights law does not expressly prohibit this, it is regarded as implicit. Cases concerning the administration of medical treatment

“

The law is, in our judgment, clear that a competent woman who has the capacity to decide may, for religious reasons, other reasons, or for no reasons at all, choose not to have medical intervention ...

without consent have been considered under the sections of the International Covenant on Civil and Political Rights

which deal with inhuman or degrading treatment (article 7), liberty and security (article 9) and privacy (article 17).

In Victoria and the ACT the right to informed consent to medical treatment has been enshrined in human rights legislation. Section 10(2) of the ACT Human Rights Act protects individuals from being subjected to medical treatment without their “free consent”. Section 10(c) of the Victorian Charter of Human Rights and Responsibilities is even more comprehensive in prohibiting medical treatment without “full, free and informed consent”.

## Informed decision making as a legal right

Competent adults have the right to accept or refuse medical treatment. This principle was articulated by Cardozo J in *Schloendorff v. Society of New York Hospital* (1914) 105 NE 92 and quoted in the Australian High Court case of *Department of Health & Community Services v JWB & SMB* (“Marion’s Case”) (1992) 175 CLR 218):

Every human being of adult years and sound mind has a right to determine what shall be done with his own body; and a surgeon who performs an operation without his patient’s consent commits an assault.

Consent in the context of assault only requires a consumer to understand the broad nature of the proposed treatment, however a care provider risks an action in negligence if he or she does not present adequate information to enable the consumer to make an informed decision. The High Court in the case of *Rogers v Whittaker* (1992) 175 CLR 479 referred to “the paramount consideration that a person is entitled to make his own decisions about his life” and found that:

The law should recognize that a doctor has a duty to warn a patient of a material risk inherent in the proposed treatment; a risk is material if, in the circumstances of the particular case, a reasonable person in the patient’s position, if warned of the risk, would be likely to attach significance to it or if the medical practitioner is or should reasonably be aware that the particular patient, if warned of the risk, would be likely to attach significance to it.

Women have a legal right to make decisions about their care and care

“

Signing a consent form does not, on its own, amount to giving informed consent. Informed consent requires a process of dialogue between a care provider and a consumer, and the signing of a consent form should be the final stage in showing that consent has been given. It does not constitute the entire information-sharing process, nor does it establish that the consent given is valid or informed.

providers have a legal obligation to obtain women’s informed consent before carrying out medical procedures. The fact that a woman is carrying a baby has no impact on a care provider’s obligation to give her full information, or on her legal right to accept or refuse treatment. While there have been no Australian cases on this issue, the UK Court of Appeal has made this very clear in two cases. In *Re MB* [1997] 38 BMLR 175 CA the Court said:

The law is, in our judgment, clear that a competent woman who has the capacity to decide may, for religious reasons, other reasons, or for no reasons at all, choose not to have medical intervention, even though ... the consequence may be the death or serious handicap of the child she bears or her own death ... The court does not have the jurisdiction to declare that such medical intervention is lawful to protect the interests of the unborn child even at the point of birth.

In the case of *St George’s Health Care NHS Trust v. S, R v. Collins and others ex parte S* [1998] 3 All ER 673 the court held that:

An unborn child, although human and protected by the law in a number of different ways, is not a separate person from its mother. Its need for medical assistance does not prevail over her rights and she is entitled not to be forced to submit to an invasion of her body against her will, whether her own life or that of her unborn child depends on it.

## Recognition of women as the primary decision makers in maternity care

The legal position on informed decision making and the right of a pregnant woman to accept or refuse treatment

is clear. Yet some care providers are reluctant to recognise that decisions about care during pregnancy and birth should ultimately be made by the woman in question. This viewpoint fails to acknowledge the fundamental autonomy of women as protected by human rights instruments and Australian law. It also opens care providers up to a litigation risk. It is therefore in care providers’ own interests to ensure that women are making their own decisions about care and that those decisions are well informed.

All women should be given general information at the outset of their maternity care about the meaning of informed consent and their rights to receive all of the information they need in order to make informed decisions. This should include a clear statement that the woman can refuse to follow advice and recommendations. This information should also be provided whenever a decision needs to be made during a woman’s maternity care.

Signing a consent form does not, on its own, amount to giving informed consent. Informed consent requires a process of dialogue between a care provider and a consumer, and the signing of a consent form should be the final stage in showing that consent has been given. It does not constitute the entire information-sharing process, nor does it establish that the consent given is valid or informed.

Respecting a woman’s decision-making autonomy also means that a woman must not feel that she is being coerced into making a particular decision. Coercion also puts a care provider at risk in any legal claim where consent is an issue. Many women report that they

feel coerced into making decisions to have interventions during pregnancy and childbirth. The clearest example of coercion is perhaps when a woman is told that her baby will die or be severely disabled if she fails to agree to a particular course of action. Less obvious examples that nonetheless impact on a woman’s ability to make free decisions include being forced to make decisions quickly in non-emergency situations, or being told she will not have access to a particular model of care if she fails to agree to certain screening tests or other procedures.

Maternity care is no different to any other area of healthcare. Pregnant women have the same human rights and legal rights as everyone else. They have the right to give or refuse consent to medical procedures and to be given the information that they need to make their own informed decisions. Care providers (and women themselves) must have a comprehensive understanding of these concepts, not only to ensure that rights are respected and the law followed, but so that women are able to make the best possible decisions for themselves and their babies.

## Author Bio

Ann Catchlove is a solicitor, mother of two and the President of the Victorian branch of Maternity Coalition. Her interest in informed decision making stems from her own poorly informed decision to consent to an emergency caesarean for her first birth. She made an informed choice to have a VBAC with her second baby.

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# The road to receiving Adele

By Trudy Blakeley



*The recent experience of one Alice Springs family is a clear example of what can happen when medical professionals trade common sense and compassion for dogmatic adherence to doctrine and refusal to offer individualised care. Here Trudy Blakeley tells of the unnecessarily traumatic lead up to the birth of her third child Adele.*

The whole of my third pregnancy was just like my first two — wonderfully normal. Aside from suffering the usual morning sickness in the first three months, I thoroughly enjoyed being pregnant.

My first appointment at the local MGP (Midwifery Group Practice) clinic was at around 15 weeks. We discussed my obstetric history and I was told how ‘lucky’ I was — the MGP had only just been granted permission to take VBAC (vaginal birth after caesarean) women into the program. I smiled politely at this comment but deep down I remember feeling miffed that my prior C-section was even an issue this time. Our second daughter had been born naturally at home, so hadn’t I already proven that I could birth vaginally? Why was the history of my C-section even *relevant* this time?

I recalled my first labour as a relatively unsatisfying experience. Aside from bringing a beautiful daughter into our lives, I have few fond memories of the process. While the hospital staff seemed friendly, they offered little real support or assistance during labour. Unfortunately my husband and I assumed the medical staff would know what was best and just went along with their requests. In the end, we consented to a C-section when the obstetrician cited ‘fetal distress’.

Our daughter’s apgar score was nine when she was born (so much for fetal distress), so later we felt that the C-section

was recommended as a precaution rather than out of necessity. This was probably because the obstetrician was not our own, but was filling in while our original obstetrician was on leave for a few days.

Planning for our second daughter’s birth was different. After many hours of research, reading and soul searching we planned a home VBAC with the support and attendance of experienced midwives. During that labour I was supported and encouraged by those closest to me.

The labour and birth were not difficult or complicated and, ultimately, it was a truly memorable occasion (and a wonderfully empowering experience) for me, my husband, my daughter and even my mother, who also assisted.

Third time around I was 28 weeks before I consciously started to contemplate the pending labour and birth. After reflecting on both of our prior experiences, my husband and I decided that we didn’t want another hospital birth — what we really wanted was another homebirth for this baby. I told our midwife at my next antenatal appointment.

While she was supportive, she explained that a homebirth might not be possible for me this time, even though we had already experienced one. At the time of my second birth, the MGP was under the operational guidance of Community Health. Its recent shift to hospital control (under Acute Care) had resulted in some policy changes which stated that anyone with a prior C-section must birth in hospital. This meant we would need to plan for a hospital birth.

At first I accepted what our midwife told me. I rationalised that it was no big deal: most people birth in hospital anyway. But soon the idea started to consume my thoughts and I couldn’t help thinking, ‘why?’ I knew that during a VBAC the biggest medical concern was the risk of uterine rupture during labour, but hadn’t I already proven that my uterus structure was sound and that I *could* birth normally? Why was I still classified as a VBAC?

More research revealed that the risk of uterine rupture in subsequent natural births after a successful VBAC is reduced by at least 50%. So, at my next visit, we discussed it again. This time I felt more

confident and explained that I needed to see the MGP policy to help me understand (and accept) why I must have a hospital birth. As this was to be our last birth, I didn’t want to live with regrets.

The midwives gave me a copy of the brochure outlining the MGP policy, but I found it didn’t give enough detail and wasn’t a true policy document. Both my midwives were understanding, but also explained that, despite being supportive of my request to birth at home, they had been advised that they would be unable to attend my labour if we chose this option. So I asked them to help me book an appointment with the Head of Obstetrics at the hospital. It was my intention to discuss my situation and seek ‘permission’ to have a homebirth with my MGP midwives in attendance.

In preparation for my appointment, I learned that the new MGP policy had been developed based on the *South Australian Perinatal Practice Guidelines* and the *Policy for Planned Birth at Home in South Australia*. So I accessed both of these documents and read them thoroughly. Still there was nothing I could find to explain why I must birth our baby in hospital. The backbone of every policy seemed to ultimately acknowledge and support individualised care, based on the woman’s circumstances and right to choose. Even the Royal Australian and New Zealand College of Obstetrics and Gynaecology guidelines, while not supporting homebirth, acknowledged and recommended that a woman receive the care of a qualified practitioner if she elects to birth at home.

It was an anxious wait for my appointment. I used my spare time to carefully review and revise our homebirth plan. This time it was five pages long, because I was more specific about what we wanted. Our birth plan was also sensitive to possible medical concerns and listed at least seven potential situations where we agreed it would be wise to birth in hospital.

Finally, with a compendium of medical records, research papers and a revised birth plan, I was ready. Everyone I spoke to felt that my individual circumstances made for a strong case, so I began to feel more optimistic. Even so, on the day I was very nervous.

I think our meeting started well, but I should have asked my husband or another friend to come along with me for support. That might have helped me to stay focused and perhaps be clearer in my communication. In short, the Head

of Obstetrics told me that I “could not” choose to birth at home because I was a VBAC. When I referred to the South Australian Guidelines as the basis for MGP policy, I was told that hospital obstetricians had met, discussed and agreed to a documented list of exceptions to these guidelines, which had already been adopted for use by our MGP. I asked to see this document, but was told it could not be found on the LAN (Local Area Network). Our appointment ended soon after, when it became clear that we would be unable to reach any common ground. At this point, I’m embarrassed to say, I cried. I think it was out of frustration, because, despite having no complications in this pregnancy, despite having already proven a successful VBAC, despite nobody being able to show me any policy document to the contrary, I was told we simply *could not* have a homebirth.

At home that night I cried again as I told my husband what had happened. “This isn’t individualised care,” I complained bitterly. “Nobody has even bothered to ask me about the details of my history.” This was despite the fact that I had a complete set of medical notes from both of my prior labours and births and a comprehensive birth plan.

My husband gave me a hug and said, “It’s okay, we can do it here anyway — without them.” I smiled at him, but the words didn’t really sink in until later.

At my next MGP appointment, my midwife asked what I planned to do when labour started. I answered her honestly: “I simply don’t know.” But with only four weeks to go, I wasn’t left with many options: labour and birth at home without a midwife in attendance, or labour and birth in hospital. Neither was really appealing. My only course of action now was to ‘get political’ and write a letter. I wrote to the Midwifery Co-Director, Integrated Maternity Services, copying in the local Heads of Obstetrics, Midwifery and Acute Care, and the NT Maternity Coalition representative. I sent it via email to save time and *finally* I felt like I had generated some interest!

I had to wait for over a week, but then a call from my midwife told me a meeting had been scheduled between MGP and the hospital to discuss the specifics of my circumstances (at last, individualised care!). Importantly, this meeting and its outcome would also be creating pathways for other women in the future. Now all we had to do was wait five more days.

Five days seemed so far away — I was now 39 weeks. But the few extra days would be needed because, if this meeting was about creating pathways for women in the future, the midwifery team needed to prepare a comprehensive report on

current policy shortcomings. I told the midwives it would be fine. Both previous pregnancies went to 41 weeks, so I felt like we would make it to 40 weeks.

Of course I didn’t! I went into labour three days before the meeting. I felt the first contraction just before 2 am. Thinking it was just a signal for my regular toilet visit, I dismissed it as bladder strain, went to the bathroom and then headed back to bed. It wasn’t long, however, before I realised that it was definitely labour. So I got up and headed into the kitchen, not wanting to disturb my husband just yet.

Some of the books I had read during pregnancy talked about women using visualisation techniques to assist during labour. So during some contractions I concentrated on trying to imagine a flower opening. It wasn’t as easy as I thought. Eventually I found myself thinking about the concentric circles of water ripples moving away from a water drip. Each time I felt a contraction, I would close my eyes so I could imagine it. At the same time, I found myself breathing deeply and whispering to myself *open, open, open* over and over until the contraction ended. I laboured this way for three hours.

By 5 am the contractions had established a regular four-minutes-apart pattern and I decided it was time to wake my husband. Some contractions were becoming more intense and I felt like I needed someone to talk me through them. My husband immediately sprang into action! He took over the stopwatch and notebook and gave me a big hug. I needed that.

I asked him to help me take a hot shower to relax. It was great in the shower and I soon found myself resting on my hands and knees while he gently sprayed hot water over my back. I continued with my visualisation and whispering open, open, open, and it wasn’t long before my husband was saying it with me during each contraction.

After about 45 minutes I’d had enough of kneeling. The contractions were also strong enough that I felt I needed the TENS machine to help distract me from the pain. I got out of the shower and my husband stuck the TENS gel pads on my back, where the chiropractor had shown us, and handed me the control.

It was now 6 am, so we decided to call our doula, Anna. When she arrived about 25 minutes later we thought it was also time to ring the midwife. I could hear my husband speaking to her on the phone...

“Yes, she’s OK...the contractions are about three to four minutes apart...can you come by? Hang on, I’ll ask her...” He sounded disappointed. Unfortunately the midwife had reiterated that she was unable to attend us at home. She asked my husband when we would be coming into

the hospital. My husband in turn asked me if *I* was ready to go to hospital. I told him that I was not ready to move yet — I wanted to stay at home as long as possible. Contractions were still four minutes apart and I knew our baby was OK as I had felt her feet move on two separate occasions in between contractions.

So I continued to labour at home for another hour, supported by my husband and our doula. I was comfortably kneeling and leaning against my husband, who was sitting on our bed and I suddenly exclaimed, “Oooh! I can feel burning! I can feel burning!” The sensation took me quite by surprise and I can honestly say that I could feel our baby’s head descending inside me. This was something that I had never felt during the last delivery. Then, before we had chance to react, the next contraction was upon us and our baby’s head was out. I couldn’t believe it. I hadn’t even felt the need to really push. Amazingly, our baby was born with the third contraction. It was 7.46 am.

Our doula handed me our newborn baby girl and I instinctively rolled her onto her side to allow anything in her mouth to come out. She let out a tiny cough and immediately took her first breath. I cradled her up to my chest and my husband helped me onto the bed to lie down. He then called our midwife, who said she would come straight around.

By the time our midwives arrived, we were lying comfortably. Our new daughter Adele had beautiful colour and we had already placed her to my breast. Under the guidance of the midwife, my eldest daughter proudly cut the umbilical cord and the midwives checked our baby over. Everything was just fine — all that was left to do was recount the event to our midwives over pancakes with strawberries and cream!

Of course I am thankful that everything went well (and there was no reason why it shouldn’t), but even now, when I reflect on our experience, I can’t help thinking, ‘what if?’ What if something *had* gone wrong?

It certainly wasn’t my intention to birth without a midwife (despite my husband’s flippant comment that we could) and I would never recommend it. Personally, I would have much preferred for our midwives to be present. There were a number of times during the labour and birth when I *know* that I would have benefited from a midwife’s experience and support. So in that respect, I am glad the meeting between MGP midwives and the hospital still went ahead two days later.

The outcome is that now the system is developing pathways for women (like me) who request more from their ‘individualised’ maternity care.



# Breech birth – making an informed choice

Updated from “Breech Choices” in: *Gentle Birth, Gentle Mothering: The Wisdom and Science of Gentle Choices in Pregnancy, Birth and Parenting* by Dr Sarah J Buckley (One Moon Press, 2005) [www.sarahjbuckley.com](http://www.sarahjbuckley.com).



Cesareans are the only choice offered to pregnant women carrying breech babies in most parts of the world. Doctors have justified their refusal to offer vaginal breech birth with reference to the Term Breech Trial (TBT), a large international study that showed increased risks for women birthing breech babies vaginally under study conditions, compared to women having a planned caesarean.<sup>1</sup> Conditions in this study were highly medicalised — for example, two-thirds of women were administered drugs to induce or speed up their labours. Many practitioners experienced with breech birth would see this as dangerous, putting the baby at extra risk of fetal distress. Almost half of the participants who were randomised to give birth vaginally had an epidural which, as the World Health Organisation notes, transforms labour from a physiological event into a medical procedure.<sup>2</sup> Women in this study were also disadvantaged by a lack of the most basic physiological requirements for successful birth. For example, neither privacy nor choice of position for labour and birth were considered important, and women were not offered continuity of carer (having the same care giver during pregnancy, birth and the postnatal period), which is associated with better condition of babies at birth, among other benefits.<sup>3</sup> The TBT has also been criticised for including, in the final analysis, several babies whose poor outcome was unrelated to vaginal breech birth. These included two babies who probably died before

being involved in the study (one of whom was a twin — twins were supposed to be excluded — and one of whom was actually head down) and one baby who possibly died from a congenital abnormality (babies with lethal congenital abnormalities were supposed to be excluded). Two healthy babies who died at home after hospital discharge were also included. Although inclusion of these two babies is scientifically correct, a further analysis excluding these babies would have been important. Even with these provisos, however, the TBT actually shows that the risk of a poor outcome for most breech babies is very low. With a well-positioned baby — frank breech, with straight legs — a skilful attendant, and a smooth and drug-free labour and birth, there is, according to TBT data, over 97% chance of a good outcome for mother and baby. (In the TBT, “good outcome” means a live mother and baby who are well for the first four to six weeks after birth.) Choosing a caesarean increases the chance of this outcome a little to 98.5% according to TBT figures, but in weighing up this risk, all the other risks of caesarean birth for mother, baby and subsequent pregnancies must be considered.<sup>4</sup> Ironically, four years later the TBT researchers published their two-year follow-up study, which showed no difference between the caesarean and vaginally born children in terms of death and delayed development, at two years of age.<sup>5</sup> This turn around in outcome was mainly because most of those vaginally born babies who had appeared very unwell after birth, had recovered with no lasting disabilities. As Canadian obstetrician Andrew Kotaska has highlighted, the use of a “short-term combined end point” (death or apparent compromise up to six weeks of age) seems to have been misleading in this study.<sup>6</sup> Unfortunately, by 2004, when this follow-up study was published, many hospitals around the world (including most in Australia) had already adopted a policy of routine caesarean delivery for breech birth<sup>7</sup>, and there has not been, in most places, a review of policy. This is despite much international criticism of the study and of the impact that it has had on women carrying breech babies.<sup>8,9</sup> In January 2006, the *American Journal of Obstetric and Gynecology* published a scathing critique. Glezerman noted: “In a substantial number of cases, there was a

lack of adherence to the inclusion criteria. There was a large inter-institutional variation of standard of care; inadequate methods of antepartum and intrapartum fetal assessment were used, and a large proportion of women were recruited during active labor. In many instances of planned vaginal delivery, there was no attendance of a clinician with adequate expertise.” He concluded that “Most cases of neonatal death and morbidity in the term breech trial cannot be attributed to the mode of delivery,” and recommended that the TBT be withdrawn.<sup>10</sup> Further analysis and criticism, including the publication of studies showing good outcomes for breech babies, are shifting the balance towards vaginal breech birth in many parts of the world. For example, the large European PREMODA trial found that 71% of women planning a vaginal breech birth (who had met certain conditions) were successful, and concluded “... In places where planned vaginal delivery is a common practice and when strict criteria are met before and during labor, planned vaginal delivery of singleton fetuses in breech presentation at term remains a safe option that can be offered to women.”<sup>11</sup> In Canada, the Canadian Society of Obstetrics and Gynecology has revised its guidelines to say: “[c]areful case selection and labour management in a modern obstetrical setting may achieve a level of safety similar to elective Caesarean section” and “[p]lanned vaginal breech birth is reasonable in selected women with a term singleton fetus.”<sup>12</sup> Even the conservative American College of Obstetricians and Gynecologists (ACOG) in their 2006 bulletin suggest: “Planned vaginal delivery of a term singleton breech fetus may be reasonable under hospital-specific protocol guidelines for both eligibility and labor management.”<sup>13</sup> Here in Australia, publication of the TBT swiftly decimated vaginal breech birth, but there has been some recovery of options. One of the main problems all over the world is the loss of skills in breech birth, which is exacerbated as our older, more experienced practitioners retire. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) in their 2001 guidelines state: “While it is true that women with breech presentation at term will most often be delivered by

caesarean section, management should be individualised. The term breech trial did not have the statistical power to meaningfully analyse subgroups, some of which are likely to be pregnancies that do extremely well with breech vaginal delivery.”<sup>14</sup> RANZCOG list the following factors that may favour a vaginal birth.

1. Reduced fetal risk from planned vaginal delivery:
  - Continuous fetal heart monitoring in antenatal labour is required.
  - Immediate availability of caesarean facilities if necessary.
  - Availability of a suitably experienced obstetrician.
  - Presumed favourable fetal circumstances, e.g. small or average size, no placental insufficiency, frank breech, appropriate gestational age, documented head flexion.
  - Favourable maternal circumstances, e.g. adequate pelvis, maternal co-operation with pushing, multiparity.
2. Increased risk from planned caesarean section:
  - In particular, this would include women planning a large family where a scar on the uterus may have particular serious morbidity in association with placenta praevia accreta in subsequent pregnancies. (Silver et al, 2006).<sup>15</sup>
3. Strong particular maternal preference for vaginal delivery.
  - Counselling the patient about the risks and benefits of planned vaginal breech delivery should be undertaken wherever possible.

Vaginal breech birth is a safe option in most circumstances, and here in Australia is supported by RANZCOG. A caesarean for breech carries some extra risks to the mother, including risks to herself and her baby in subsequent pregnancies. If your baby is in a breech position, I suggest you inform yourself of all of your options so that you can make the best decision and have the best birth possible for you and your baby.

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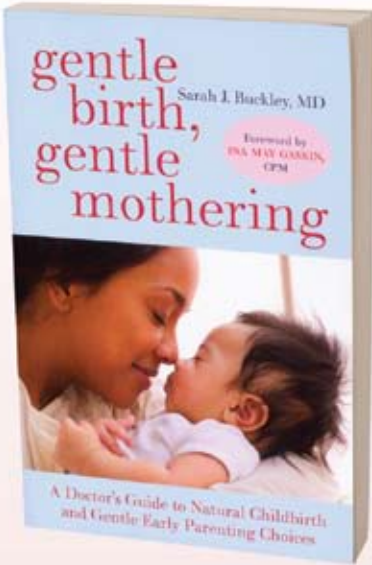
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‘Sarah J. Buckley’s book is hands-down and easily the best of all birthing books yet.’

Joseph Chilton Pearce, author of *Magical Parent Magical Child*



‘Sarah Buckley’s work is unique: as a health professional AND a hands-on mother, Sarah exquisitely demonstrates how science affirms the intuitive wisdom of motherlove as well as how gentle parenting works in practice — not just in theory.’

Pinky McKay, author of *Parenting by Heart* and *100 Ways to Calm the Crying*, Melbourne

*Gentle Birth, Gentle Mothering* RRP\$24.95 ISBN:9781587613227

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# If your baby is breech

By Sarah Buckley

- 1. Get a second opinion if there is any doubt.** A quick ultrasound is the most reliable way, if there is any uncertainty and if significant interventions are planned e.g. a caesarean. Remember that any baby can change position at any time, and a pre-surgery scan has sometimes found a head-down baby and avoided a caesarean. (You can also ask your doctor to double check immediately before surgery.)
- 2. Talk to your baby in whatever way feels good to you.** You can tell your baby, out loud or internally, that being breech can make things more complicated, at least for your caregivers. Explain what may happen and what would be different if he/she was head down.
- 3. Talk to your care providers** and see what your options are, both to turn your baby and for birth, if your baby is still breech.
- 4. Explore options** if you decide you need to turn your baby to get the best birth. Inverted positions (which get your baby out of your pelvis and free to turn); acupuncture (often using the herb moxa); chiropractic (and specifically the “Webster manoeuvre”); and homeopathy may help. You can also use visualisation (e.g. of your baby’s ideal position, of the birth you want) and drawing, and again talking to your baby.
- 5. Look at medical options.** In particular, “external cephalic version” (ECV), which involves a skilled carer gently maneuvering your baby to head down. This is ideally done using drugs to relax your uterus and with ultrasound guidance. At a minimum, regular checking of the baby’s heart is necessary every few degrees to ensure no harm from cord entanglement. There is a 1-in-200 chance of needing an emergency caesarean after ECV. Success rates vary from 40 to 60% and are higher for women who have previously given birth.
- 6. Consider your options for birth** if your baby is still in a breech position close to your due date. If you think a vaginal breech birth is ideal for you, ask around to find a skilled breech attendant, which may involve changing carers, hospitals, or even moving cities. Andrew Bissetts at John Hunter Hospital in Newcastle has extensive experience. Remember that you cannot be forced to have a caesarean, and if you insist on a natural birth, it is highly likely that the hospital will find a skilled practitioner for you.
- 7. Look for support** if you want a vaginal breech birth. There may be hospital midwives who will be your champions, or you may consider engaging a private midwife or doula to support and accompany you. You can also contact your local Maternity Coalition branch to get support and information about your choices.
- 8. If you are having a caesarean,** make it the best possible experience for you and your baby. Again, enlist supporters (doula, midwife) and talk to your doctor about having your bay skin to skin as soon as possible and for as long as possible after birth. See resources for more information.
- 9. Include your partner through all of this.** He will be your main supporter, before during and after the birth. Talk to him and offer him books and stories to read, and remember that he may need support himself.

## Resources

*Breech Birth Woman Wise*, Maggie Banks 1998, *Birthspirit Books*; Hamilton, New Zealand.

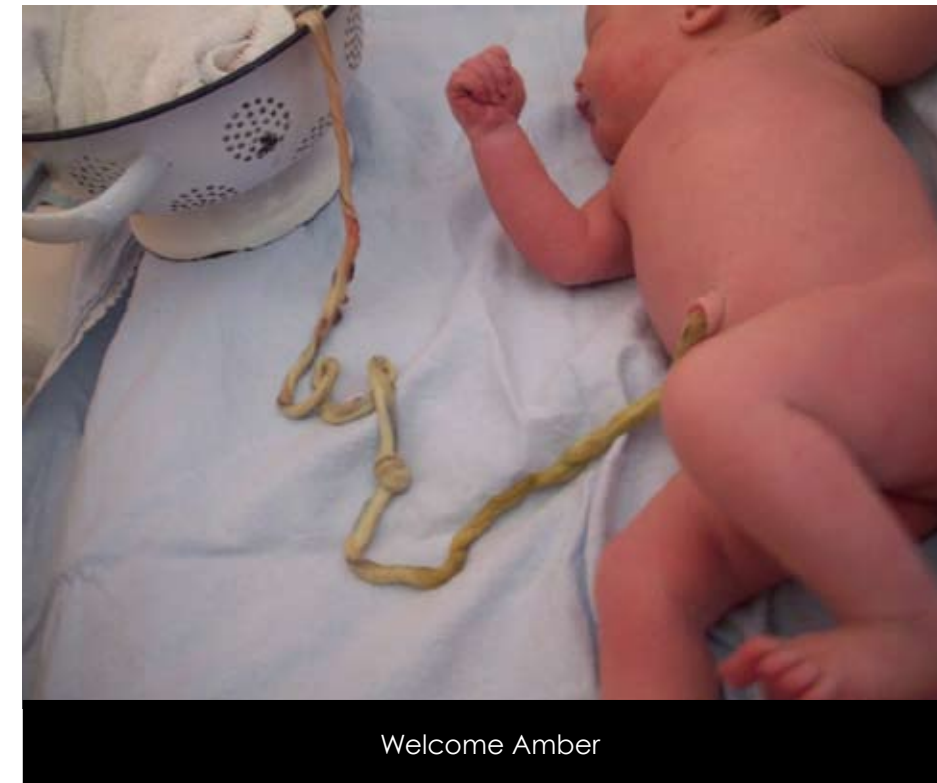
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# For Amber

By Melissa McFarlane



*I have four children, and was blessed with the care of the same midwife over all four pregnancies and births. Summer was born in December 2002 in the Geelong Family Birthing Unit (FBU). She was breech at 38 weeks and again at 40 weeks and was turned both times with moxibustion (a Chinese medicine technique where locally applied heat from burning moxa sticks is used to stimulate the baby’s movements and encourage it to turn). Nearing the 42-week exclusion from the FBU, I self induced with castor oil, on a day when I knew my favourite midwife would be on. Summer was born head down, in water, at nearly 42 weeks, after an eight-hour labour (with just one hour in hospital) and weighed 3.5 kg.*

*For my second pregnancy I planned a homebirth and in March 2004 I birthed Luna Rain at 20 weeks. It had been confirmed by ultrasound that my baby had died and I went into labour naturally and birthed at home.*

*In June 2005, after a powerful 3.5-hour labour, I gave birth at 42 weeks to Luka, a bonny 4.5 kg boy, born gently, at home, in water.*

*This birth story was written for my fourth child, my daughter Amber.*

**Amber von Aderkas McFarlane born 3.17 am, 5 February 2008**

You called down to me, and I was already waiting for you, my heart and body ready and open to welcome you. Your dad agreed to try for one more child,

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There were no threats issued ever. There was not a single attempt to undermine my confidence in my body, my baby, my choices. Unwavering support. Unconditional care.”

and straight away there you were. When the pregnancy care visits began with our midwife, there were two apprentices: Summer and Luka. While I delighted in the children knowing our midwife and being involved in the process, I did arrange one or two visits at times when they were not there, so I could have a different quality of visit with our midwife, all by myself.

During one of the early visits with our midwife, she asked me in what way I could improve on Luka’s birth; in what way, if any, I would like to do things differently this time. It took me a while to think of it, because his birth was so very good, but it came to me strongly and stayed with me that my heart’s desire was to receive you into my own hands. (Summer and Luka had been born into your dad’s).

I had learned a thing or two by now, and when people asked me my due date I added two weeks to the date that was calculated. Our midwife and my support people knew the actual date, but I gave myself a blissful window of time free of any outside pressures or drama about being ‘due’ or ‘overdue’. I was absolutely accepting of whenever you chose to be born and had let go of any concern or expectation about dates.

In the later part of my pregnancy, when our midwife felt my tummy for your position, you were breech. By about 35 weeks, I was worried that having a breech baby at the time of birth may impact on my options, on being at home, on being able to be in water. So I asked our midwife if she would support me to birth a breech baby at home. She said she would be very happy to. I asked what it would mean in terms of being in the water — would I still be able to get in the birth pool? She said, “Melissa, if your baby is still breech at birth, I would prefer you to be in the water, as water helps support and assist the baby to complete the rotation needed to be born easily.” With these reassurances from our midwife I was able to completely and absolutely let go of any concern or attachment about your position; it simply did not matter at all, and I didn’t even have a preference for one way over the other. I had no fear, because whatever your position, I could have my birth at home, in water, with our midwife. I trusted you and I trusted my body and I trusted that all would be fine. And I was supported in this gorgeous state of acceptance and trust by a skilled and attentive midwife. There were no threats issued ever. There was not a single attempt to undermine my confidence in my body, my baby, my choices. Unwavering support. Unconditional care.

My circle of women drew in close around me towards the end of my pregnancy. They were all women who were attuned to my wishes, who had spent time with me in pregnancy, talking through my aspirations for my birth and what I wanted their role to be. They blessed and celebrated me richly at my blessingway, and they committed to nurture and nourish me and my children and partner in the month following the birth.

About four days out from my expected due date of 42 weeks, I was in a bit of a frenzy, trying to clear the space for you, trying to finish up last-minute tasks before you arrived. I spent the full day



on the computer, getting more and more uncomfortable. I had diarrhoea and a sore tummy and assumed that something that I had eaten had not agreed with me. As the day wore on I went around asking other people who had shared meals with me in the last 24 hours or so if they felt alright. It got worse in the late afternoon and I decided to feed the kids and go to bed with them because I was feeling so lousy. As I was preparing dinner, Luka came in to ask me something and I was really short tempered with him. A few minutes later I found myself leaning against the kitchen bench for support while I was gripped by sensation. I suddenly understood why I had been sharp with Luka — it was because I was in pain, and I was in pain because I was in labour. I couldn't believe I had missed all those signs. I didn't recognise pre-labour and early labour because I had never really had them before, and this time my waters were still intact. With both Summer's and Luka's births the waters had broken just before or with the very first sensations of labour.

I told your dad that I thought I may be in labour and he said the same thing I was thinking: "But you can't be. Your waters haven't broken." I called our midwife to tell her I thought things were underway. I felt really unsure of where I was at and how things were progressing because this labour was so different to my others. Instead of waters breaking in an unmistakable gush and labour starting up with frequent and regular contractions that steadily built in intensity, the pain came in trickles and torrents. My labour was all over the place; I couldn't get into my groove.

Our midwife asked me to call her immediately if I saw a bloody show or if labour picked up so that I couldn't speak. Shortly afterwards, I went to the toilet and witnessed my first ever bloody show. We called our midwife and she came over. I texted our support people to let them know that things were starting and that it looked like our baby would be born this night. We asked them to wait and be ready for our call.

I couldn't believe the labour I was having. I could walk around the house lighting candles. I could write text messages. I could spend time watching the birth pool filling. It all felt leisurely and slow paced and completely unlike my previous births. I started to enjoy it. Our midwife arrived, Deb arrived, and my parents wandered in too. And there I was, in labour but not really in labour. And I was already tired. I retreated into my bedroom thinking things would pick up there. If they didn't, I would lie down and rest. I found, though, that I couldn't

lie down comfortably. There was nothing to lean over and rest on, and it was not working for me.

I wandered out, was feeling drawn to be near the already full birth pool, and got to see the lovely sight of my mother and our midwife playing a game of cards by candlelight with my daughter. I leaned over the edge of the pool and laboured for a while, then recognised that my trips to the toilet were getting more frequent and that things were moving along. I had a need for intense dark, so went around the house and blew out all but a very few of the many candles I lit with such care earlier on.

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I asked the women to be called and they came, one after the other, quietly materialising out of the dark... I was in a quiet, dark space with an ever-present circle of support that was there to meet my every need and wish and which held me without touching me.

I was becoming so tired that leaning and rocking on the edge of the pool was too much for me. I thought that maybe I could lie down and have a rest, so your dad fetched a mattress and put it right beside the pool. One attempt at a contraction lying down and I was up on my knees. As soon as that contraction finished I leaped up, undressed and got into that pool. Ahhhhhh, such sweet relief, such warmth and support and space to move and find any position that might help.

I asked that the women be called and they came, one after the other, quietly materialising out of the dark, another one present each time I surfaced. I was in a quiet, dark space with an ever-present circle of support that was there to meet my every need and wish and which held me without touching me. I was loved and supported in the dark, in water that was diligently kept at the right temperature and the right depth for hours and hours. I was fed ice and sips of water. My children were respected and supported. I was surrounded but as alone as I wanted and needed to be. When I needed touch, I received it. When I needed a quiet word of support, it was there.

I spent hours rocking back and forth,

eyes closed in the dark, feeling the warm water swish around me as I moved. As time passed I didn't feel like I was getting anywhere. My inner midwife (who looks and sounds a lot like Ina May Gaskin) came to me with the suggestion that I was just becoming more and more tired, and that could become a problem if I didn't engage and do some work to bring this baby down. I realised that there was just not enough pressure on my cervix and that I was going to have to do something to change that. So I started bouncing up and down with Ina May's words playing on loop in my mind: *I need to shake this baby down, come on, I am going to shake this baby down.* I squatted and held onto the chair I had in the pool and bounced up and down as forcefully as I could to shake you down onto my cervix, to encourage my cervix to do the work and dilate and let you out.

The intensity started to build. I found myself thinking, "No, no, no," and shaking my head during contractions and, as soon as I became aware of it, I consciously committed to welcoming the contractions and the pain, and so started nodding and saying, "Yes, yes, yes," instead. I could hear my children by the birth pool asking questions. They kept asking, "When is the baby going to be here?" And my dad kept saying, "Not just yet, not for a while yet." And I was thinking, "You're wrong. It's going to be soon, soon, soon!" Luka asked what was taking so long, and Summer — who was present at Luka's birth and also another home water birth, and is a bit of an expert — explained that the baby was packing its clothes and pyjamas and things to get ready to come.

I was still finding it hard to get into any sort of groove with the labour. I had moments of intensity, where I was transported to another place, to birth land, and then moments where I was very much present and aware. In one of my moments of clarity, I became aware that my mouth was in a grimace — it was all puckered up and felt terribly distorted and no matter how I tried, I could not relax it. I realised then that my mouth was reflecting the state of my cervix and that I had to change it. Again channelling Ina May, I suddenly started trying to whinny like a horse. It took me a long time to achieve this as I tried to blow through clenched and bizarrely tight lips. But it became easier and finally I managed a full, loose-lipped whinny and felt the shift within me — the shift of you, moving down.

I felt a gentle stretching and expanding; I was opening and stretching and could not make sense of the sensations I was experiencing because when I reached



Amber after one day earthside

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I could tell that no one else realised you had arrived. You were my delicious secret and I could choose to pick you up or I could leave you to go on your way in the water. I chose you. I chose to be your mother. I thought with absolute certainty and conviction: "This one is mine!" I quickly scooped you up and claimed you.

down to feel for your head, all I could feel was softness. More stretching and then a big bulging and the stretch of baby on perineum. But again, checking with my fingers there was only softness and folds of skin — what could only be the softness of me, bulging out to amazing proportions. But where was your head? Where were you, and when were you coming? Come on baby, come on, be born soon, please hurry.

Then everything changed and without trying again to find your head with my fingers, I could tell you were coming. I could feel your head move through my cervix and then come down all at once in a long, continuous movement. I started saying out loud: "Slow down, slow down, it's okay, slow down, slow down, it's okay, it's okay, breathe, just breathe." I

was speaking to you and I was speaking to myself. Without any active pushing on my part, you were on your way and within about 45 seconds, your head had descended and there you were, no longer in my body, but separate, somewhere swimming in the dark pool below me.

I could tell that no one else realised you had arrived. You were my delicious secret and I could choose to pick you up or I could leave you to go on your way in the water. I chose you. I chose to be your mother. I thought with absolute certainty and conviction: "This one is mine!" I quickly scooped you up and claimed you. Only seconds had passed, but I had made a decision or affirmation to welcome and receive you, and it was a very powerful thing to be able to do, and something that has stayed with me.

No one else realised you were born, it was just so dark, and as I brought you to the surface and the air made contact with your skin, you gave a little cry and everyone realised at once that there you were. You roared and roared and then you quieted and became calm and stayed calm. We spent a long time in the pool and your brother and sister got in to meet you.

After a while, I stood with you in my arms to get out and birthed your placenta into the water. This time we did not cut your cord. We kept your placenta with you until your cord dropped off after nearly seven days.

Hours later, after chocolates and drinks on the living room couch, we investigated and discovered that you were a girl — another daughter! I had wished for a 'little' baby and you honoured my wishes

and were about 3.5 kg, a whole kilogram lighter than Luka and an actual newborn-sized baby! I was amazed by you and completely, utterly besotted.

A few days after you were born our midwife came by for a visit and asked me, "So do we know if Amber was born head down or breech after all?" I didn't know. I hadn't thought about it at all. I was so busy with you and absorbed by you that I hadn't really thought or reflected at all on your birth. I wasn't able to give her an answer, and for the sake of filling out the form, she recorded your birth as cephalic, head down.

But after our midwife left I started thinking about the sensations of birthing you. How everything was so different. How I couldn't make sense of what I was feeling with my fingers. How I could feel the amazing stretch and bulge of you on the perineum but all I could feel with my fingers were soft folds of skin, which I had taken to be my vagina (but not where it should be). I had been feeling for your head and felt that something very strange had happened to me — that the my vagina had somehow bulged out of my body and was protruding so strangely that I had to stop feeling with my fingers because it was making me worried. What I was actually feeling was your bottom, but all I recognised at the time was that it was not your head. Internally, I felt your head engage and descend long after I felt the soft stretch and bulge of you on my perineum. Your head came through in one long, continuous motion and then you left my body. With my other full-term births, I had felt the release of the head being born and then the delicious slither as the body followed. This time, your head was born and that was it — you were in the water.

You were born breech, at home, in water, gently and without fear. And your birth was just a simple, everyday, normal birth, at home with our beloved midwife.

*Heartfelt thanks to Gero, Summer, Luka, my beloved midwife, my mother, my father, Steph, Kier, Kathy, Tracey and Deb for their support, witness and love during Amber's birth.*

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





# Never say “never”

By Gaylee Kuchel



Gaylee welcomes baby daughter Lola

“You will never be able to birth vaginally again.” These were the words of the obstetrician an hour after the birth of my first child. Just nine little words, but they haunted me for the next 10 years and shaped the birth of my second child.

My first pregnancy was very straightforward until I was 41 weeks, when I was told that I must be induced. Being 22, with no knowledge of the birthing culture within the hospital system, I listened carefully to what the staff told me and believed that they had my, and my child’s, best interests in mind. So I was induced. My birth involved one medical intervention after another and ended with my son’s shoulder becoming wedged behind my pelvis. The final moments consisted of a panicked obstetrician pulling down on my son’s head, my screaming, and another obstetrician having to take over.

The final physical result: my son was diagnosed with Erb’s Palsy (paralysis of the arm caused by damage to the nerves surrounding the shoulder) and I had a partial third-degree tear. I was left in the delivery room by myself, still in stirrups, bleeding onto the floor. Later, after I had been stitched and told to “clean myself up”, the obstetrician who had panicked during the birth came in to see me. He told me what had happened to my son, how it was my body that caused the injury, and spoke those infamous nine words:

“You will never be able to birth vaginally again.” He was in my room for all of five minutes but, in the time that I was his patient, I had been broken. The experience affected me mentally for years. I suffered from post-traumatic stress disorder caused by this birth trauma and it deterred me from wanting any more children.

A few years later I was in a new relationship and pregnant with my second child. For the majority of my pregnancy I was mentally prepared for an elective caesarean. Then I started reading books about pregnancy and childbirth including Ina May Gaskin’s *Spiritual Midwifery*. Gaskin’s approach to birth blew my mind — it was nothing remotely like what had happened to me in hospital. (I also read that she had

developed a manoeuvre to help in moving ‘sticky shoulders’).

At about 32 weeks, I felt I needed an expert opinion about whether it might be possible to birth this baby vaginally. So I made an appointment with an obstetrician. It was a complete waste of my time and money. This doctor was far more interested in knowing if I was planning on suing the hospital than asking about me. He advised that I would end up with anal incontinence if I proceeded with a vaginal birth, so I had no choice but to have a C-section. I left his office disillusioned, annoyed and in need of a second opinion from another obstetrician. This second appointment was also a major disappointment. I was told that my chances of having a repeat shoulder dystocia birth were very high; that at 32 weeks my baby was already “quite big”; and that second babies are always bigger than the first. A C-section was my only option. At 40 weeks, my daughter was born via caesarean section... “You will never be able to birth vaginally again.”

Two years passed and I had an appetite to research all things pregnancy and birth related. Watching the 2008 movie *The Business of Being Born* was a huge eye opener for me. The blinkers really fell off. I got involved in a mainstream parenting forum and began to seek out the people who were well versed in birth studies. I

absorbed any information I could find on the “big baby, small pelvis” theory and discovered that the probability that my body had failed me all those years ago was actually quite slim.

We decided to have another baby, and this time I knew that I did not want to have a C-section. The first thing my husband Mat said to me when the two lines popped up on the test was, “So are you going for a VBAC (vaginal birth after caesarean)?” By the power of osmosis, he was now well informed about the mechanics and politics of birth in this country.

I moved away from the mainstream forum and joined the Australian homebirth network, Joyous Birth, which I found amazing — the women on there had so much knowledge. Through their site, I was able to obtain the VBAC protocol for my local hospital and realised what a tough challenge I had ahead of me there. So I started to research homebirth.

I found a list of independent midwives on Joyous Birth and emailed the ones in my area. I received an email back from one who sounded very warm and didn’t see how my previous births should/could stand in the way of my having a vaginal delivery. She had attended homebirths for many years and had even assisted in shoulder dystocia births. When Mat read her email he said, “Now *this* is how it should be! You’re not sick, you’re pregnant. Why should we have to go to a place full of people who are unwell? I will support you on this.” He had found his first birthing experience with our daughter unsettling and had lost respect for the state of maternity care in the hospital system. Having him behind me was a huge boost to my confidence and this was the start of our homebirth journey with our midwife Sue Cookson.

Sue was an invaluable support. She was extremely open and backed up all her information with the names of studies. The obstetricians during my second pregnancy would never tell me where their information came from. To me they seemed frustratingly ‘cloak and dagger’ in their approach and extremely pompous. Sue gave me a number of books to help me prepare for this birth. I found *Birthing from Within* by Pam England and *Gentle Birth*, *Gentle Mothering* by Sarah Buckley to be ideal and hugely empowering.

I had a fantastic pregnancy. I felt wonderful and was far more engaged with this child than with my previous babies. I cherished every moment, even when my

ankles had disappeared and I waddled everywhere. Sue came over for regular, long visits, and with each meeting our bond became stronger. This was essential. I felt at home with her, trusted her, felt safe and comfortable in her presence. I sorted out my issues, to the best of my ability, surrounding the birth of my son.

We let the other children know that I was having a homebirth and prepared them for what it might be like, especially our two-year-old daughter. I watched birthing videos with her so she got used to the noises Mummy might make. I bought her a copy of the children’s book *Hello Baby*, which is a story about a homebirth. It is still her favourite book and she has now renamed all the characters — in her mind the midwife in the story is Sue. My eldest was cool with the idea of Mum having a baby at home, but he wasn’t interested in hanging around to witness it.

Just a few days after hitting the 42-week mark, my pre-labour began. I had not experienced this before and it was all very new to me. Sue came around very early on day two, stayed for a few hours, then told me to rest and save my energy for later. She went to grab some sleep and planned to return in a couple of hours. When she did, she could hear me moaning from the car and was quite impressed with my little “birth song”. I was in the pool, listening to music and switched off from the world. It was pretty damn blissful... slowly moving my body through the water when I felt a surge and then just moaning my heart out. I gave Bob Dylan a run for his money during one of the songs on the CD!

My pitch and volume increased as things started to ramp up. I found Sue’s presence incredibly reassuring. She kept telling me what a great job I was doing and I felt really happy with my progress. After a few hours it was suggested that I hop out of the pool: labour had been going for a while and I didn’t want to run out of puff before it was time to birth. I felt very let down that I was only five to six centimetres. But five minutes later the surges ramped up some more and I spent an hour hanging off Mat, just rocking and moaning. Each surge got me angrier and my birth song got louder. In my head I was thinking, “Damn you, you are *not* going to beat me.” And before I knew it, I was around nine centimetres. It was painful and doubt was starting to creep in. I wasn’t sure I could do this for much longer.

I found myself in our bedroom leaning over the bed, moaning my heart out. Then I collapsed onto the bed and promptly fell asleep. Shortly afterwards I experienced the most intense sensation I have ever had: surges combined with burning back pain. The pain got worse and worse with each

“

Being 22, with no knowledge of the birthing culture within the hospital system, I listened carefully to what the staff told me and believed that they had my, and my child’s, best interests in mind ... My birth involved one medical intervention after another and ended with my son’s shoulder becoming wedged behind my pelvis. The final moments consisted of a panicked obstetrician pulling down on my son’s head, my screaming, and another obstetrician having to take over.

contraction. It shot down my hips, around my stomach and down my spine — this on top of the contraction. I was losing my grip and freaking out. I wanted to call it off. Our daughter was in the room with us and I worried that I would scare her, but she just laughed at me.

With one leg up on the bed, I pushed with each contraction, but it was so painful. I screamed like a crazy person one minute, wept like a small child the next. Sue did a vaginal exam and discovered a lip that was causing bub to head back up the birth canal. I was seriously considering

a transfer at this point, feeling that I had failed and that maybe the doctor from my son’s birth was right. It was a very dark place to go to and I was raw. Standing in my bedroom, stripped bare of all pretence, I felt very small, very vulnerable and very scared. In those moments I looked in on myself and viewed the form of a broken woman. I had been beaten by the system both the first and second times and was now looking down the barrel of another medicalised birth. It felt like I was back on the bed at my son’s birth, being screamed at by the doctor as he pulled him out of my body with such force he broke us. In my bedroom I screamed the same scream from 10 years earlier, and it scared me.

Sue tried to snap me out of it and tell me to relax and calm down. Going to hospital was an option, but my baby and I were not at risk, and it would take just as long, if not longer, before I birthed. I am not ashamed to say that I just wanted the pain to go away. It was unbelievable. I couldn’t get a handle on it as the contractions came one on top of another and didn’t give me time to regroup.

Then, with my next contraction, Mat could see my membranes bulge. I had felt pressure down there and held myself back as I freaked out. I had truly had enough by this point and wanted to leave for the hospital. Sue suggested that I get in the pool for a minute to clean myself off; then we would get ready to go. I nearly sprinted for the pool and dived in before the next contraction hit. Thoughts were racing through my head — were we going or were we staying? I doubted myself and Mat said, “It’s your call, honey, but you are

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so close to the end.” I thought I had hours left, so had trouble believing him, but I felt much softer in the pool, more comfortable than I did on dry land.

When the next contraction hit I leaned over the pool and yelled. I pushed with all I had, which made everything feel a little better for a minute. I realised I had to either go to the hospital now, or just go for it here. So I pushed and it burned. My daughter was next to the pool, rubbing my head, telling me it was ok. I was getting little kisses on my head from her as I yelled and pushed. Then I yelled some more and pushed some more. Soon I felt a burning sensation and then there was much more movement in the room. Sue had mouthed to Mat that she could see the head. He was on the verge of tears and was just telling me to keep going. I was nearly there and I decided to go for it.

I pushed with every bit of strength I had. I felt myself stretching and tried really hard to just stop. Then I heard my daughter say, “Oh BABY!” She was right next to Sue as the head was emerging and she was beaming. Our little midwife – the

first of us to see the baby come out! Before I knew it, this life force just shot from me with such speed. I heard a mention of the cord being around the neck twice, but I trusted Sue and wasn’t worried.

I rolled over and was passed a gorgeous creature who was just grimacing. First I looked at the arms — it was like a subconscious reaction to see if the arms were ok. Of course they were. So I blew on the face and things livened up quickly. Mat was crying and hugging Sue and my daughter was bouncing around the pool. I told her get undressed so she could hop in. Splash! In came my girl to have a good look at her new sibling. I still didn’t know what we had. I looked between the legs and discovered it was another girl. We had a new wee woman to add to our family.

I looked up at Mat and said, “I did it. I had an HBAC (home birth after caesarean).” Such relief, joy, elation spread over my body. My new daughter was beautiful and I was already madly in love with her. I held her and loved her while I waited for my placenta. Twenty minutes later it came out and it was very soothing.

We waited a while longer and then I cut her cord. All this time she hadn’t cried, but she did when her cord was cut. I’m thankful we left it attached for a little while. If we were in hospital, it would have been done immediately.

So, after the weigh in (9 lb 1 oz or 4036 grams — my smallest baby) and getting myself into my bed, I was joined by my daughter, who wanted to snuggle in bed with Mummy and the new baby like they did in her book *Hello Baby*.

This was not just a birth for me, it was much more. I learned so much about myself in those hours. Before my daughter was even born she was already teaching me. I will be forever grateful to her for that precious gift.

Though Mat and Sue commented on my determination, I didn’t see it as something extraordinary. It was just a birth. But lately I have been feeling invincible. This birth helped me regain my confidence and boosted my self esteem.

“You will never be able to birth vaginally again.” Yes I *can*. And I did.

got this gut feeling from my baby that she wanted a water birth. My own daughter was telling me what she wanted, so I had to find a way. It may have been my own desire, but I now had a strong intention and purpose.

I had a big belly, was due to give birth in four months and had authoritative people telling me what to do, where to birth, and reminding me to make sure to make decisions that would “ensure the safety of my baby.” Fear and unnecessary stress were instilled in me. I felt scared and challenged by the amount of information and advice I was receiving and unsure who or what to listen to. I decided at that point to just stay in my power and follow my gut instincts. Because I had used natural therapies and been exposed to homebirth, a homebirth was at the forefront of my mind.

Despite my inner knowing and new intentions, I remained in the hospital system due to my fears and conflicting beliefs. Like so many other pregnant women, I was conditioned to have a hospital birth through my past experiences, family experiences and what my doctor told me.

Also, a fibroid of about 7 cm in diameter appeared and was apparently obstructing the passageway to the birth canal. I was now told by specialists at the hospital that the birth might be “difficult” for me and that a C-section was possible. Suddenly my power, intuition and intentions were being really challenged — how would I handle this? I decided to keep an eye on the fibroid but not connect to the specialists’ point of view. I chose to stay in my power.

I remained in the hospital system for approximately 36 weeks. Despite the friendly faces among the midwives, I never felt happy going into hospital as I found it quite a negative experience; nor did I ever develop close relationships with any of the staff there. With my years of lifestyle coaching, I reconnected to our higher purpose, got into action and said “enough!” I knew within my heart that a home water birth was our preferred choice, so my husband and I focused on making it happen.

Following my instincts, I finally said goodbye to the hospital and hired a trained private midwife to support me throughout the remainder of my pregnancy, during my labour and birth and postnatally. This was a very intimate and positive relationship that helped build my confidence around birthing. My midwife’s advice on the fibroid was to just keep an eye on it. Everything else seemed fine. I had a positive outlook, was healthy and the baby was doing well — a natural birth was possible. Here was a more

positive outlook from the one presented by the hospital. Finally I felt happy and comfortable with our new birthing plan. I also felt that a burden had been lifted.

Simon and I went on a quest, gathering as much information as possible about homebirthing. My beautiful friend Jacinta, who has become one of my mentors in various areas of my life, loaned me a book called *Birthing From Within* by Pamela England and Rob Horowitz. This book became my birthing bible, and I explored and implemented the activities provided so that I could give our baby the best welcome into the world.

With our hired midwives, pool and nursery, we were all set to go. But what about that fibroid, you may ask? At 38 weeks, I went back to hospital and had a scan to see what it was doing. The nurse couldn’t find it. I thought, “Yes! The power of the mind has removed it.” The nurse couldn’t believe that it would just disappear, so she proceeded with further intervention — a vaginal examination (much to my displeasure) — and still no sign. With more scanning, she finally found it under my left breast! How it got there was a mystery to me at the time.

After carrying 10 days past the due date, I finally had our beautiful daughter at home, in water, following a 6.5-hour labour. I had a very supportive and loving team that made my job so much easier, and I felt it was the most amazing birth ever.

#### 2009 Birth, the fibroid story continues...

In 2008 I found out I was pregnant again. I booked myself in with my private midwife (I was now an expert) but also

chose to have some scans to make sure everything was OK. Sure enough it was, however I discovered at the 22-week scan that the fibroid was up high again underneath my chest. The nurse doing the scan told me that fibroids don’t generally leave the body and that they can move around easily, especially with an expanding stomach and squashed organs pushing them in all directions. So, four years on, I found out how my fibroid had moved! Why the nurse at the hospital didn’t present this information to me back in 2005 I will never know. But in hindsight, I’m glad I stuck to my gut instincts and heart’s desires, otherwise I may have had a very different birthing outcome and story to tell. Maybe there was an angel looking over us, or maybe that was my daughter looking after both of us.

In 2009 I had another fabulous birth. After 2.5 hours of labour, a gorgeous baby boy arrived at home and I just made it to the pool!

The moral of the story: Say “yes” to the birth you want. It’s important to stay in your power, listen to your instincts (as they’re stronger than ever once you become a mother), don’t believe everything you hear (even if it’s somebody of authority) and so seek alternative advice – and therefore, build a team of positive, supportive people who are on your side and your wave-length.

I’ve been very fortunate with my homebirths and was so inspired I wrote an ebook on the subject.

To discover ways you can say “YES” to the birth you want, go to [www.childbirthmagic.com](http://www.childbirthmagic.com).

## Saying “yes” to the right birth for you

By Mara Dower



Mara welcomes her baby boy, Urijah

#### 2005 Birth

In 2005, after a wonderful trip away, I came back to find out I was pregnant.

Homebirthing was in my consciousness, due to a friend’s birth I attended in London, as well as some other friends who had experienced homebirths here in Australia. But when it came to my own birth, I was a little scared about doing the whole homebirth thing and proceeded to book myself into what I believed was the next best thing — a birthing unit in a Melbourne hospital.

When my husband and I visited the birthing unit, we found it similar to a hospital ward but with a few extra creature comforts and flexibility to assist with the birth. At the same time, we found it clinical, sterile and felt that a hospital (regardless of it being called a ‘birthing unit’) was a place where only sick people went. There was certainly nothing ‘sick’ about giving birth, and we felt that a hospital should only be needed in an emergency situation. Despite these feelings, we stayed on.

At our very first antenatal class at the hospital, we watched a short video on the labour process. It was pretty outdated (70s, I think), and the woman was birthing in a pool at home. When asked about birthing in pools at the hospital, the instructor (who had not given birth herself) said that due to possible litigation the hospital wouldn’t allow it. The video was a short demonstration of the stages of labour only. She went on to say that I was most welcome to sit in a bath to help with pain and the contractions, but as soon as full labour began, I had to move back into the birthing unit. I was gathering evidence in my heart and mind that this was the wrong place for me to labour.

In March 2005, on my honeymoon and sitting in a spa bath, I



# I can and I have: one young mum's success through intuition and continuity



Christine with daughters Azaria and Aurora

Christine Van Den Berg is the single mother of four children ranging from eight years to two weeks of age. During each of her pregnancies, Christine received antenatal and postnatal care through Danila Dilba's<sup>1</sup> Child and Maternal Health Service, and planned to deliver her babies at Royal Darwin Hospital (RDH). Each of her birth experiences was unique, and each taught her something about the need to be assertive and informed throughout pregnancy, childbirth and the early parenting experience. This is her story as told to Kylie Sheffield in February, just two weeks after the arrival of her youngest daughter, Aurora.

that I needed to be clear about what I wanted for my baby and insisted on being involved in any decisions about her care.

## Phoenix

During my pregnancy with Phoenix, I accessed the Anglicare Pandanus Project's Young Mums Program, which offers free education and support for young pregnant women and young mums under the age of 25. Here I met childbirth educator and doula Karen, who taught me a lot about my options for care and my right to make decisions

about the type of birth I wanted for myself and my baby. Not only did Karen provide excellent and empowering antenatal support, but she also supported me during my labour and birth (which Casey, then aged two, also attended), making sure that all of my wishes were respected. It was a hassle-free pregnancy and birth that taught me a lot about advocating for myself and my children.

## Azaria

I was 39 weeks pregnant when Azaria arrived, at home, in the middle of the night. When I woke up with contractions, I called the Delivery Suite and was advised to take Panadol and try to get some sleep. Phoenix, who was two at the time, apparently sensed that something was happening — he had already woken up and I found him watching television.

I don't remember feeling scared, but I knew that the labour was a fair way along and that there would be no time to try and make it to the hospital. I called the ambulance and remained on the line with the operator as I laboured, sometimes handing the phone to Phoenix so I could work through a contraction.

The ambulance arrived within 10 to 15

minutes, but not in time for Azaria's birth. She was born in the hallway with her older brother close by. I didn't know at the time that she had swallowed meconium, but I did notice that her breathing was shallow and that she didn't seem to be pinkening up as well as she should.

Arriving at RDH with my two older kids in tow, doctors seemed to come from everywhere and we were taken straight to the Emergency Department. I was happy with the care we received, especially that they were able to help me deliver the placenta (a small part was retained after most of it came out at home) without the use of medication.

Like Casey, Azaria needed some special care and, unfortunately, I was once again forced to discharge after nearly two days. Because I had to return home and look after my other children, the logistics of feeding was really difficult. I was only able to make it to the hospital three times a day to feed and express. Just days later, before Azaria could discharge, I returned to the hospital for two days of 'rooming in' to make sure all was okay with her. Once we went home, all was well, but I feel the initial period of separation did have an affect on our ability to bond.

## Aurora

Aurora was my biggest surprise. I had really hoped to have a homebirth this time, but the Darwin Home Birth Service (HBS) was booked out and couldn't guarantee that a midwife would be available around Aurora's due date.

Three days before she was born, I presented at RDH in what turned out to be false labour. The biggest concern of the midwives I saw seemed to be finding out which interventions I would consent to once I did go into labour. I was asked if I would allow them to rupture my membranes and administer drugs to help expel the placenta. I said "no" to both and didn't understand why they would be asking these questions when I had already

had three spontaneous, natural births. I got the impression that they wanted to control my birth rather than engage with me to provide the care I wanted and needed.

Before going home I asked about the possibility of a water birth, but the young midwife I spoke to advised me that the pool had been removed from the Delivery Suite the weekend prior.

The night I went into labour, I was at a friend's home. When contractions started, another friend drove me to a close relative's place to drop off Casey, Phoenix and Azaria. We almost made it to the hospital before I got the urge to push. But opposite Tracey Village [a sporting and social club approximately a kilometer from RDH] I knew we weren't going to make it.

I squatted on the front seat and out Aurora came, along with my waters, which broke at the last minute. We drove up to the Emergency Department and I was taken straight to the Delivery Suite. Aurora was fine and I delivered my placenta naturally, with no problems.

*Having recently read so many stories of young women disempowered and rendered voiceless by our current maternity system, it was both surprising and refreshing to meet someone like Christine who, even as a very young first-time mother, insisted on being heard. Christine attributes her ability to advocate for herself and her children to trust in her own intuition, the continuity and support she has received through Danila Dilba's maternity service, and the empowering*

education and advice provided during her pregnancy with Phoenix by her doula Karen.

*Christine remains disappointed that she was unable to access one-to-one care through the Darwin HBS for her most recent pregnancy and birth. She believes she would have enjoyed having a known midwife not only during pregnancy and the postnatal period, but also for her intrapartum care.*

## References

1. Danila Dilba Health Service is a community-managed organisation providing comprehensive primary health care services to Biluru communities in the Yilli Rreung Region of the Northern Territory. Learn more at [www.daniladilba.org.au](http://www.daniladilba.org.au).

## Another beautiful homeborn babe for Justine

Justine Caines and Paul Smith welcomed a son into the world on 30 April 2010 (a full moon!).

Quinn Thomas, 55cm long and 4.5kg.

Another beautiful home waterbirth in the Hunter Valley of NSW. Love and thanks to our very special midwives Betty and Robyn for all the travel and special family care. Thank you also to Connie, homebirth midwife in the making! Quinn is a new brother for Ruby, Clancy, William, Tobias, Majella, Rosie and Riley.



Welcome Quinn Thomas



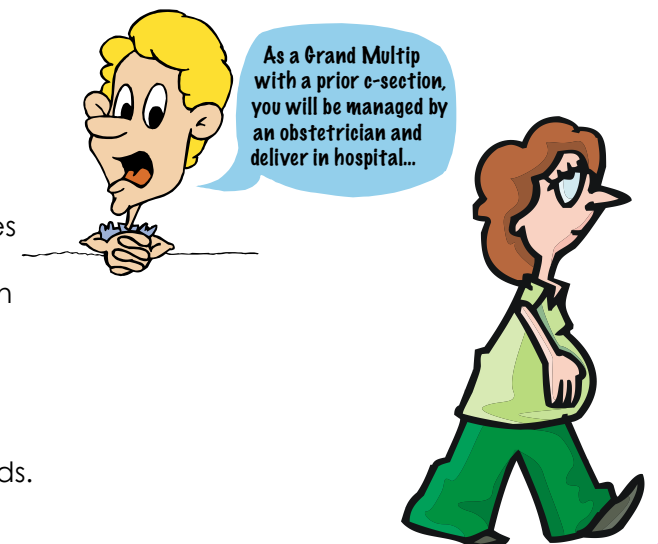
Justine, Quinn and midwife Betty Vella

## BIRTH MATTERS: SEPTEMBER THEME

### Speaking our language

In the Spring edition of *Birth Matters* we'll be looking at the power of language. How does medical terminology around pregnancy and birth affect our confidence in our bodies? Do obstetricians and midwives really speak the same language? How does the way family members and friends talk about birth influence our attitudes and decisions? Do words even matter?

If you have something to say about the language of birth, please email your submission to [birthmatters@maternitycoalition.org.au](mailto:birthmatters@maternitycoalition.org.au) before the deadline of **30 July 2010**. Articles should be a maximum of 3000 words.





# Canadian birth worker Gloria Lemay visits Geelong

By Kiersten Quinn

On Thursday 13 May an excited group of pregnant women, birth workers, birth enthusiasts and two men\* gathered from far and wide to hear Gloria Lemay speak at the Geelong Heritage Centre.

Gloria’s experience and passion as a birth worker spans over 35 years and throughout this time she has built a seemingly infinite source of knowledge, based on practice and experience. If you asked her what she would like written on her tombstone, she would tell you that she wants to be remembered as a mother, birth attendant and someone who spoke up for babies. To sum up some of her key passions more poetically, she is an activist lactivist, and mother-and-baby inactivist!

I first came across Gloria Lemay’s work when I read an article she wrote which was published in *Midwifery Today* a few years ago. It was like having a blindfold removed. Although there are many amazing advocates for natural birth, none of their words have touched me so deeply.

Her unwavering support for women and babies in what I will politely describe as very tricky political times is inspiring. When so many voices are claiming otherwise, Gloria Lemay restores faith and builds confidence that birth belongs to women and their families.

Gloria spoke to an enthralled audience for around three hours before we grudgingly took a break. She spoke about a wide rang of topics from pelvises through to language and birth. Then there was still time for a birth video and some questions. She was generous with her humour, knowledge and hugs.

Feedback from people who attended from outside the usual diehard birth-enthusiast community was overwhelmingly positive, with three pregnant women (two of whom are planning a birth after a previous caesarean) relating that they had been given a lot of great food for thought about their past and upcoming experiences.

We hope to lure Gloria back for longer next time as it felt like we barely scratched the surface, and we look forward to hearing so much more of her wisdom and experiences about birth. Special thanks goes to Melissa McFarlane, who is an organisational force of nature, and the other wonderful women who made things happen for the night to run well.

Gloria’s prolific blog (<http://www.glorialemay.com/blog/>) is undoubtedly worth a look. Some of my favourite articles (which can be found easily with a search) include: “Pushing for Primips”, “7 Tips for Creating a Calm, Joyous Homebirth”, “4 magical questions” and “Home VBAC after 2 caesareans”.

\*I would love to share how the crafty partners of these men got them to attend but what happens at a Gloria Lemay talk stays at a Gloria Lemay talk.



Kusum Lapeyre, Andrea Bilcliff, Gloria, Helen Barrington and Donna Sheppard-Wright – Melbourne midwives and birth attendants.



Geelong women welcome Gloria Lemay (L-R) Melissa McFarlane, Lydia Duck, Amida Jones, Leisa Gittings, Gloria, Louise Thornton, Dominique Quirke and babe Astariah.



Gloria with Kiersten and Finn

# International Day of the Midwife 2010

On Wednesday 5 May Maternity Coalition once again joined women, families and midwives around the world to celebrate the International Day of the Midwife. Events were held at venues throughout Australia including Melbourne, Darwin, Wollongong, Toowoomba, Wyong, Geelong and Stanthorpe to advocate the right of every Australian woman to have access to every choice in pregnancy care and childbirth, and raise awareness of the unique and essential role midwives play in pregnancy, birth and early parenting.



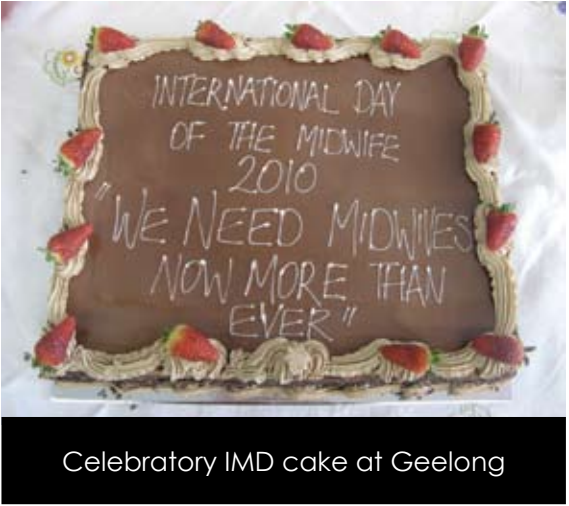
Darwin's annual beachside event



Morning tea in Melbourne



Toowoomba celebrations



Celebratory IMD cake at Geelong



Mums and babes celebrate at Geelong



Illawarra Birth Choices screening of A Breech in the System



Central Coast celebrations



# Federal Campaign Update

By Joanne Smethurst and Bruce Teakle

### Bills passed in Senate

The Senate passed the Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 on Tuesday 16 March. This legislation should give Australian women greater access to affordable continuity of care with a known midwife by providing Medicare rebates for midwifery services.

### What this means

We don't know how it will all work in practice yet, as Health Minister Roxon still needs to make decisions on a number of things including definitions for 'eligible midwife' and 'collaborative arrangement', and details around Medicare and prescribing rights are still not finalised.

What we do know is that:

- Consumers, from November 2010, will be able to choose (in theory) their own midwife for their pregnancy, birth care in a hospital, and postnatal care. How intrapartum care in hospital will work still needs to be sorted with visiting/admitting rights. This care will be more affordable as Medicare will be available. This has the potential to increase the numbers of Australian women who can access continuity of care with a known midwife from less than 5% to a New Zealand figure of around 80% or higher.
- Midwives will have access to
  - Medical Benefits Scheme
  - Pharmaceutical Benefits Scheme
  - Professional Indemnity Insurance (excluding birth at home), with the Government also paying any insurance claim that exceeds \$1 million. Note: The need for a collaborative arrangement to be in place before a midwife can access this indemnity was dropped in the Bills.

### The Hot issues

- 'Collaborative arrangements' is probably the biggest issue. We are hopeful that lobbying by MC and the nursing and midwifery stakeholders will support the implementation of a reasonable and realistic definition.
- Professional Indemnity Insurance for private midwives remains problematic. MC is formulating a response to recently released information about the government-subsidised product. It is essential that women's ability to make

informed decisions about their pregnancy is not put at risk by the policies of an insurance provider. See [www.miga.com.au](http://www.miga.com.au) for more information.

- **The homebirth exemption** framework second draft has been released. MC has responded, proposing that this framework is not an appropriate place to set clinical guidelines for homebirth, that new requirements for midwives need development to enable midwives to comply, and that the Nursing and Midwifery Board of Australia (NMBA) should be given responsibility as soon as possible.
- **Eligibility** is being defined by the new national NMBA in consultation with the midwifery profession, and appears to be working out well. MC contributed a response to the NMBA's recent release of a draft standard for eligibility.

### What is MC doing?

MC is working hard. We have:

- representatives on all working groups of the Department of Health and Ageing involved in implementing these reforms,
- given evidence at two Senate enquiries,
- attended consultations and made submissions to provide the consumer perspective on maternity issues, and
- engaged in strategic conversations with other stakeholders.

MC and a range of midwifery and nursing organisations agreed on a consensus for collaborative arrangements and took this proposal to the Minister's office. We're feeling optimistic about this. Senator Joe Ludwig (ALP) clearly stated in the Senate it was not the Government's intention in the legislation to give one professional group control over another. We need to keep the Government accountable to this.

### What about homebirth?

There is nothing in the Bills for homebirth — they neither support nor outlaw it. However Nicola Roxon has made it clear that she intends women to be able to continue to access midwifery care for homebirths. To hear it straight from the Minister, see this video:

[http://www.youtube.com/watch?v=iK\\_Vt18eq0s](http://www.youtube.com/watch?v=iK_Vt18eq0s)

MC, along with the Australian College of Midwives, developed an alternative

proposal for the Quality and Safety Framework midwives will need to work to in order to qualify for the two-year exemption from professional indemnity insurance. As the whole purpose of this exemption was to secure women's access to homebirth care, MC expects an outcome which will work.

The second draft of the framework has been released for comment and MC has submitted a detailed response. We still have major concerns about the framework, particularly its attempt to detail 'exclusion criteria' despite the document clearly stating that it is not meant to be exclusionary. We are working to find some straight answers to this and other questions and will let you know when it's clearer to us.

MC's perspective of an ideal outcome for homebirth (in terms of what's going on at the moment) is that midwives providing homebirth care will be:

- registered as a midwife and able to practise;
- exempt from professional indemnity insurance for the first two years of national registration (from July 2010); and
- able to work in much the same way as they do now.

Some homebirth midwives might also choose to become an 'eligible midwife' with access to MBS and PBS. In this case they will need to have a collaborative arrangement in place so that their clients can receive Medicare rebates for their pregnancy and postnatal care.

### What can you do right now?

If you haven't written to or visited your Federal MP for a while, get back in touch and tell him/her that birth and maternity care really matter to women and families, and we expect governments to take responsibility for the quality of care and choices available to women. Remind them that they need to find a long-term solution for indemnity for midwives providing homebirth by June 2012 and that the clock is ticking.

Keep up your membership to MC and other consumer and midwifery groups — in numbers we have strength; without you, we are nothing. To renew your membership with MC and/or find out when and where your local branch meets, see our website [www.maternitycoalition.org.au](http://www.maternitycoalition.org.au).

# MC at 26th Homebirth Australia Conference

By Faye Kricak and Lisa Metcalfe

MC was well represented at the 26th Homebirth Australia Conference held in Echuca Moama on 15 and 16 May, with members making the trip from NSW, Victoria, QLD and WA.

During the weekend there was opportunity for all attendees to ask questions about current reforms and to express their feelings around the process. Justine Caines (HBA), Lisa Metcalfe (MC), Jenny Gamble (ACM), Marie Heath & Liz Wilkes (APMA) formed the panel for the Q&A discussion. With representation from

many key stakeholder groups, we were able to speak openly, raise our concerns and express our thanks for the outstanding efforts to date.

In addition to the many informative and empowering daytime presentations, the Splash of Purple Dinner and Handing Down of Knowledge was a wonderful night, with women sharing their moving and incredible birth stories (including two amazing twin births).

Alison Gaffney and a number of others did a great job on the MC table, ensuring

we were a visible presence throughout the weekend.

Overall, there was a sense of hope and a commitment to continuing to work together to achieve much more than just an insurance exemption. The fire still burns — we will get there. Let's all unite, ALL of us, look after each other and be kind to each other. When it all feels like it could not get any worse, greatness comes.

*Note: a full report on the conference will follow in our September issue.*



MC members at 26th Homebirth Australia Conference



Bairnsdale independent midwife Kim Cooper and her van

**BIRTH**  
words and pictures

**Maternity Coalition Movie Night**

**Guest Speakers: Vicki Chan and Lynne Staff**  
Long-time midwives & passionate advocates for birthing families

**Date:** Thurs 15th July, 2010, 7:00 p.m.  
**Venue:** Christ Lecture Theatre  
Australian Catholic University  
115 Victoria Pde, Fitzroy

**For bookings:**  
Email: [MCmovie@birthattendants.info](mailto:MCmovie@birthattendants.info)  
Phone: 03 8677 1881  
Web: [www.birthattendants.info](http://www.birthattendants.info)

**Cost:** \$10 pre-paid booking, \$15 at the door

Brought to you by: **Maternity Coalition** and Birth Attendants Info

**BIRTH DOULA WORKSHOPS**

A 3-day workshop for anyone interested in assisting women and their families to have a satisfying birth experience. This workshop constitutes the first step in becoming a certified birth doula through DONA International.

**Location:** Brisbane, Queensland  
**Trainer:** Julie Thompson  
**Dates:** 31 July – 01 August, 2010  
**Introduction to Childbirth Education Offered:** 30 July, 2010  
**Contact:** Sue Larkin or Julie Thompson 0402149770, [slarkin@live.com.au](mailto:slarkin@live.com.au) or [juliedoulaworkshop@verizon.net](mailto:juliedoulaworkshop@verizon.net), [www.juliedoulaworkshop.com](http://www.juliedoulaworkshop.com) or [www.dona.org](http://www.dona.org)

**Location:** Perth  
**Trainer:** Julie Thompson  
**Dates:** 8, 9 January, 2011  
**Introduction to Childbirth Education Offered:** 7 January 2011  
**Contact:** Julie Thompson [juliedoulaworkshop@verizon.net](mailto:juliedoulaworkshop@verizon.net)



# Maternity Coalition News

## Wagga Birth Choices Action Group (WBCAG)

By Bernadette Anderson

On 1 March 2010 three of us attended a Regional Meeting of the Country Women’s Association (CWA) at Coolamon Golf Club where we spoke about ‘Birthing rights’. We explained what is lacking in Wagga in terms of choice of carer, continuity of care, non-medicalised birth, and the general shortage of midwives and obstetricians in both the public and private hospitals. We helped our audience to relate to these issues by speaking of our own relationships (sadly, in other cities) with a known midwife and explained how much that contributed to our positive birth experiences. There were many nods from our audience. Having established this positive contact, we will follow up via the Wagga Region of the CWA to the CWA National Executive in the lead up to the Federal election later this year. We feel it is important to get the CWA, a large rurally-focused women’s organisation and powerful lobby group, onboard to lobby for us and to encourage awareness of our concerns.

On 9 April four of us met with our State MP, Daryl Maguire, to let him know our concerns about the lack of progress in introducing midwifery-led care at the Wagga Base Hospital. We wanted to ensure that he understood that this is a proven best-practice model of care that can readily be implemented and that goes a long way to increase normal birth experiences. As he is a long-standing advocate for a much needed and long overdue replacement hospital, we sought his advice on how we can have input to the plans for the new hospital to ensure that the facilities maximise ‘normal birth’ in the hospital setting. I prepared a briefing for him prior to the meeting which he used to formulate ten questions on notice to the Minister for Health when Parliament resumed on 19 April. At the time of writing we have not received responses to these questions, but we expect that they will get things moving. Encouraged by Mr Maguire, we have written to a hospital bureaucrat to arrange a meeting with her to progress the issue. Most significantly, one of our members has worked closely with the Nursing Unit Manager of Maternity Services at the Base Hospital to secure her own personal continuity of care experience throughout

her second pregnancy. By asking for what she wanted, and demanding it through the public system that we as taxpayers all fund, our member Jenny Rolfe has done a very important piece of ‘lobbying’ that we believe has been transformational for the people she has worked with. Congratulations to Jenny Rolfe, Paul and Alexandria on the birth of Digby Wallace on 21 April at the Wagga Wagga Base Hospital. We are hopeful that Jenny’s work will pave the way for continuity of care to be available soon to all women who birth at the Wagga Base Hospital.

Our Autumn Baby Bazaar was held on Saturday 6 March. It was much larger and better attended than our (first) Summer one, and we expect the Baby Bazaars will grow as the word spreads. This time we invested in two newspaper adverts, but the event was largely supported by word of mouth. The Baby Bazaars are an opportunity for parents to sell and buy second-hand goods, thus saving money and doing our bit for the environment. They are a light and easy way to promote our action group and Wagga Birthing and Babies Support (BaBs) Group, and they reach a wider audience of parents than those who come to our groups. Our Winter Baby Bazaar will be held on Saturday 5 June and the Spring one on Saturday 4 September, that is, the first Saturday of the season. Contact Wendy Harper mob: 0427 278 261 and email: wendyharper80@gmail.com for further information about Wagga Wagga Baby Bazaars.

To celebrate the International Day of the Midwife in May, we will be attending a celebration of 20 years of midwifery education for Charles Sturt University, which will include the launch of *No Births on Monday* by midwife Mavis Gaff-Smith.

During the first half of 2010 we have been running an impressive program of Wagga BaBs Group meetings at a new venue, the Ashmont Community Centre. These fortnightly meetings (during term time) have been consistently well attended and are proving so popular that an informal playgroup for BaBs attendees is being organised at mothers’ homes on alternate weeks. The meetings for the remainder of the year include the following and are all held at the Ashmont Community Centre, on the corner of Tobruk and Blakemore Streets, unless otherwise indicated.

**Date:** Wednesday, 23 June 2010  
**Topic:** Baby wearing  
**Time:** 10 am–12 noon

**Date:** Wednesday, 21 July 2010  
**Topic:** Calm Birth  
**Speaker:** Carmel Woods, midwife  
**Time:** 6 pm–8 pm

**Date:** Wednesday, 18 Aug 2010  
**Topic:** Breastfeeding  
**Speaker:** Australian Breastfeeding Association (ABA)  
**Time:** 10 am–12 noon

**Date:** Early September 2010 – date TBA – Contact us or check our Facebook group for details  
**Event:** Father’s Day special – celebrating dads  
**Speaker:** Anthony Fewson, Centacare  
**Time:** TBA  
**Venue:** TBA

**Date:** Wednesday, 15 Sept 2010  
**Topic:** Use of alternative therapies in pregnancy /birth  
**Speaker:** Nicole Hope-Allan, acupuncturist  
**Time:** 6 pm–8 pm

**Date:** Wednesday, 13 Oct 2010  
**Topic:** VBAC (vaginal birth after Caesarean)  
**Time:** 10 am–12 noon

**Date:** Wednesday, 27 Oct 2010  
**Topic:** Gentle parenting: sharing resources and experiences  
**Time:** 10 am–12 noon

**Date:** Wednesday, 10 Nov 2010  
**Topic:** Multiple births  
**Time:** 10 am–12 noon

**Date:** Saturday, 27 Nov 2010  
**Event:** *The Business of Being Born*, documentary by Ricki Lake  
**Time:** 5 pm for 5.30 pm start  
**Venue:** Divine Wellbeing, 10/140 Hammond Avenue, Wagga Wagga  
**Cost:** Donations for Living Awareness Foundation.

**Date:** Wednesday, 8 Dec 2010  
**Event:** BaBs Christmas party  
**Time:** 6 pm onwards  
**Venue:** BBQ area, Palm and Pawn Hotel, Hampden Ave, North Wagga  
**Cost:** TBA (approx \$8 per meal). Bring your swimmers/hat.

Further information about each session may be obtained via our Facebook site (search for Wagga BaBs), by emailing waggababs@gmail.com or by calling Kirsty 0401 523 121 or Jenny 0418 205 262.

## Illawarra Birth Choices (IBC)

By Sonia Gregson

Our first meeting for the year was held on 15 February in our fantastic new location at Russell Vale Community Hall. At this meeting we confirmed our ongoing goals, advertising ideas and design for a new banner, set a date to print more t-shirts and began planning for events and special dates throughout the year.

In March our guest speaker was Melinda McKeown, who is a counsellor here in the Illawarra. Melinda is involved with a local postnatal depression (PND) support group. She gave us all some fantastic tips on preventing, recognising and managing PND in all its forms and left contact information and support packs. We also enjoyed a fun filled banner making day to help promote our group throughout the year.

April’s topic was *Nutrition during pregnancy and lactation*. Our guest speaker, Dr Verena Raschke-Cheema, spoke at length about preparing your body before pregnancy, food habits, things to reduce or avoid, and her fantastic hand out detailed how and where to obtain this nutrition.

On 6 May this year, to celebrate the International Day of the Midwife and to promote the fantastic and essential profession of midwifery, we will screen *A Breech in the System* at Wollongong University. I look forward to a lively discussion following the film, which we hope will deepen the understanding of policy and protocol, evidence-based practice and its effect on women’s experience of birth and their ability to make informed choices.

Our May meeting’s guest speaker will be Erika Steller, Dru Yoga teacher. Erika will present and demonstrate Dru Yoga as a valuable tool during pregnancy. This is a hands-on meeting with our group intending to wear comfortable clothing and bring a mat so we can all join in. We are also looking forward to an

upcoming meeting with the Federal Member for Cunningham, Ms Sharon Bird. We hope to use this as an opportunity to pose many as yet unanswered questions about the July 1 changes.

## Central Coast MC

By Lisa Kim

**Empowering birth stories – March 2010**  
This event again drew many women, partners, families and health professionals to join us for a morning of tenderness and sharing as five couples shared their empowered birth stories.

Our fabulous line up of speakers included: Brigitte and Oliver Sigl, who spoke about their medically necessary Caesarean section; Selena Maloney, who was completely empowered by her breech vaginal birth; Cassandra Bell, who found great support in our local private hospital; Eszter Wong, who shared her special VBAC journey; and Jane Eager, who moved everyone to tears with her wonderful homebirth.

Guest speaker, Caroline Hastie, beautifully summed up how our attendees could also achieve such empowering births regardless of any challenges, and local celebrity and song writer, Amber Burns, performed two of her beautiful songs during the scrumptious morning tea which was provided by the members.

**Loved, nurtured and forever cherished calendar – April 2010**

It is always a challenge to achieve a great deal during April due to the large number of public holidays, but we pushed on and held an extra meeting to make a decision about the *Loved, nurtured and forever cherished calendar*, a fundraising project for our local branch. Our group of very wise women found a solution that will have them printed in readiness for 2011. Stay tuned for more information in the next issue of *Birth Matters*.

**International Day of the Midwife – May 2010**

What a fabulous day this turned out to be, and happy belated International Day of the Midwife to all! A light luncheon was arranged at Wyong Hospital, which became the focus of local media attention and was supported wholeheartedly by Northern Sydney Central Coast Area Health Services. The aim of this special day was not only to celebrate midwifery, but to raise awareness among as many people as possible of the important service that midwives provide to our communities.

Local newspaper reporters and photographers came along to snap photos of our local midwives with the Mums and Bubs they had recently supported during

their births. Local MP, Craig Thomson, his wife Zoe and daughter, also came along to show their support of our local maternity services. And of course everyone was completely ‘wowed’ by the spread of delicious delights supplied by our Central Coast members.

**Plans for June, July and August 2010**

Winter will also be a busy time for the Central Coast Branch as we are working closely with Northern Sydney Central Coast Health Services to help improve birthing options for all women on the Central Coast. Two of our local members have been invited to speak at the Community Congress Conference and we have a Bunnings BBQ planned as a fundraising event. As we head towards spring, our second *Empowering birth stories* event is being planned for August.

## Hunter Home and Natural Birth Support (HHNBS)

By Chrissy Grainger and Amanda Hinds

HHNBS has welcomed many new babies into our group so far this year. Our ever growing members are a true reminder of what we are all about: *Empowering women to make decisions about, and take responsibility for, the health and welfare of their bodies and babies*. We provide objective evidence-based information in a friendly, fun, non-judgmental, supportive group for women who desire/ are considering a natural birth or homebirth. Our community of women has provided ongoing emotional and physical support in the early postnatal period for all of the new mothers within our group.

HHNBS has continued its ever popular monthly meetings at the Tram Sheds on the Newcastle Foreshore. General developments in government legislation and business relating to HHNBS are discussed at 10 am for those interested, and then a specific topic follows at 10.30 am. HHNBS is active in advocating increased choices in childbirth and in improving services for pregnant women and mothers. Upcoming topics include: natural coping methods for labour sensations, support people — partners/ husbands, siblings, and doulas (at which a number of local doulas will be present), boobs, bottoms and baby wearing, beyond birth what is available, as well as homebirth practicalities Q&A and why?

HHNBS is currently planning a week of events to celebrate Homebirth Awareness Week in October. Planned activities include a recently released screening of a birth film, various fundraising activities



and information stands at local shopping centres. This is an exciting time of the year for us as it is a chance to chat with members of the public who may not know that homebirth is an option in our area and that a support group exists, and just generally to provide birth option information to parents and families.

The HHNBS library has expanded further this year with a number of valuable donations and purchases such as *What Babies Want* and *The Business of Being Born* DVDs. Members find the library an invaluable resource whilst preparing for birth and the time immediately following.

We meet on the second Wednesday of every month at 10 am. For further information contact group coordinator Chrissy: 0418 237 938 or email [hnhbsgroup@gmail.com](mailto:hnhbsgroup@gmail.com).

## Maternity Coalition Victoria

By Ann Catchlove

Maternity Coalition Victoria had a stand at the Baby Show in March. Thanks to our volunteers we were able to provide a fantastic independent source of information to women attending the show. Many great conversations were had both with women who were already MC supporters and with many others who had never heard of us. Our information sheets on a range of birthing topics were enthusiastically taken and hopefully provided some interesting and thought-provoking reading amongst all the fliers on offer for the latest 'must-have' pregnancy and baby products.

In April members of our committee attended a training session on lobbying presented by Emily's List. We learnt about how community organisations can have maximum political effect with limited resources by campaigning in marginal seats. We now need to incorporate what we have learnt into our planning for the rest of the year and share it with others in MC.

Events to celebrate the International Day of the Midwife were held in Melbourne, Geelong and Ballarat. In Melbourne we had a picnic in the Botanic Gardens.

Felicity Occleshaw is stepping down from her role in coordinating *Choices for Childbirth* in Melbourne. We thank Felicity for her fantastic work in coordinating the classes and helping so many women to get the information they need to have empowered birth experiences. The next series of *Choices for Childbirth* will take place in July. Keep an eye out on the website for more details.

## Maternity Coalition Northern Territory

By Kylie Sheffield

It's a mixed bag of news from the Territory this edition. On the bright side, our own Marg Phelan kicked off her 'Go Girl Australia' venture and is, right now, cycling around Australia to promote midwives, normal birth, breastfeeding and choice for women. Members of MC NT, Darwin Homebirth Group (DHBG), Home Birth Service Darwin and many of Marg's friends and colleagues gathered on the Esplanade in the early hours of Saturday 24 April to put on a BBQ breakfast and send Marg off in style.

A highlight of the event was the unveiling of a line of calico banners, lovingly decorated and put together by heavily pregnant DHBG President Sarah Thomson —with the help of daughters Marshall and Lux, who generously donated their multicoloured hand prints — and Marg's friend and midwife colleague Mo Davy. Each print was labelled with the name of a baby or child whose life has been touched in some way by Marg and carried a message of support for Marg and her team.

Check [www.gogirlaustralia.net.au](http://www.gogirlaustralia.net.au) regularly and look for the Go Girl group on Facebook to follow Marg's journey.

DHBG and MC NT members joined local midwives at our favourite beachside picnic spot for the annual International Day of the Midwife celebration. It was a great turnout and a lovely morning was had by all.

Other recent positive happenings include:

- Completion of maternity care options leaflets, which will soon be available to all women through GPs and other providers of early antenatal care; and a corresponding website. For the first time, women in the NT will be able to access current and accurate information on all local pregnancy care and birthing options, education and support groups, and resources.
- Newly established Midwifery Group Practices in both Darwin and Alice Springs are now offering one-to-one care for remote women during antenatal visits to town, in labour and birth, and in the postnatal period until they return to their communities.
- Darwin Home Birth Service midwives and clients will soon be able to access the birth centre (albeit subject to meeting the centre's restrictive criteria). This is good

news for women who do not wish to birth at home, but still desire one-to-one care from a known midwife.

- New dedicated Remote Area Midwife positions are being established in a number of remote communities.
- Five Indigenous women from around the NT have commenced Bachelor of Midwifery studies at the Australian Catholic University — a great first step in increasing the number of Indigenous midwives working in the Territory.

While clearly some improvements have been made over the past twelve months, there is still much to be done.

- Birth centre (Darwin) access remains subject to restrictive criteria, meaning that this potentially excellent facility is largely under-utilised.
- Alice Springs Hospital's adoption of *SA Perinatal Practice Guidelines and Policy for Planned Birth at Home in South Australia* has resulted in women who could previously choose to birth at home (under the less restrictive guidelines formerly followed by the Home Birth Service Alice Springs) e.g. women planning a VBAC, now being refused this option.
- Women from remote communities are still being forced to travel hundreds of miles from their homes and families to birth at the nearest major centre. (Even where Remote Area Midwives provide antenatal and postnatal care within the local community, labour and birth must still take place in Darwin, Alice, Katherine or Gove.)
- Genuine continuity of care and carer remains available only to the small number of women fortunate enough to access the Home Birth Service Darwin i.e. those who have 'uncomplicated' pregnancies and live within the geographic boundaries.
- The NT remains the only Australian state or territory where it is illegal for an independent midwife to practise without indemnity insurance — until Territory legislation is changed, the two-year insurance exemption granted by the Federal Government will have no bearing on the NT.

The Clinical Reference Group formed to address some of these issues along with many of the recommendations of the most recent *NT Review of Maternity Services* has stalled due to a lack of obstetric leadership and bureaucratic and political support (this despite some excellent work from consumers and providers who have

progressed a number of tasks through smaller working groups).

At time of writing MC NT awaits notification of a meeting with Health Minister Kon Vatskalis to discuss these issues.

## International News

### US Study finds Homebirth Safer

A study of selected US birthing facilities published in the *American Journal of Obstetrics and Gynecology* in January found that homebirths are "associated with a number of less frequent adverse perinatal outcomes" when compared to births in a hospital facility.

The study looked at 745,690 births that occurred during 2006 and compared outcomes for babies born in hospitals, birth centres and at home, and found that home and birthing centre births were "associated with less frequent chorioamnionitis [inflammation of fetal membranes due to bacterial infection], fetal intolerance of labor, meconium staining, assisted ventilation, neonatal intensive care unit admission and [low] birth weight."

For full report see: [http://www.ajog.org/article/S0002-9378\(09\)01111-9/abstract](http://www.ajog.org/article/S0002-9378(09)01111-9/abstract).

### Amnesty International Shocked by US Maternal Mortality Rate

An Amnesty International report released in March found that 1.7 million US women — one third of all pregnant women in the country — suffer from pregnancy-related complications, and that more severe complications which almost cause death have risen by 25% since 1998.

The report entitled *Deadly Delivery: The Maternal Health Care Crisis in the USA* identified those living in poverty, Native American and immigrant women and those who speak little or no English to be most at risk.

The report listed several key issues currently impacting the quality of US maternity care, including:

- Lack of health insurance, particularly among minority groups.
- One-in-four women do not receive adequate prenatal care, rising to

one-in-three for African American and Native American women.

- Problems with Medicaid enrolment may delay access to vital prenatal care for those seeking government-funded options.
- Shortage of health care professionals, especially in rural areas and inner cities.
- Many women have no say in decisions about their care or informed about the risks of various interventions (Caesarean sections make up nearly one third of all deliveries in the US).
- The number of maternal deaths is significantly understated due to lack of effective data collection.

The full report is available at <http://www.amnestyusa.org/demand-dignity/maternal-health-is-a-human-right/the-united-states/page.do?id=1351091>.

## UK Reclaiming Birth Rally

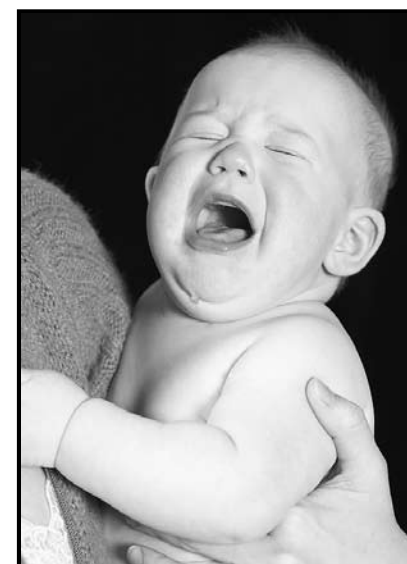
On Sunday 7 March more than 1000 people gathered in London to attend the 'Reclaiming Birth Rally' organised by the National Childbirth Trust, Independent Midwives UK, the Association of Radical Midwives, the Association for Improvements in Maternity Services and the Albany Mums Support Group.

Filling Westminster Bridge as they marched to Downing Street, ralliers called for improved access to midwifery-led continuity models (including free-standing birth centres and homebirth) for all UK families.

For more information on the Reclaiming Birth campaign, see <http://www.independentmidwives.org.uk>.



UK ralliers demand improved choice in maternity care



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Book Now to place your ad in September BM!

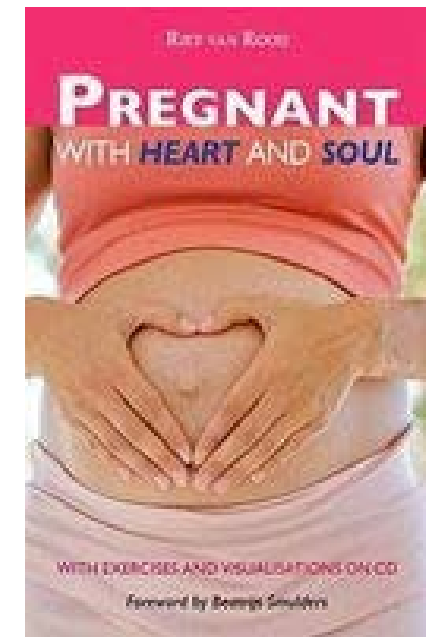
Contact:

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



# Book Review: Pregnant with Heart and Soul

By Nicole Carver



## Pregnant with Heart and Soul

By Riet van Rooij

Paperback

Published by Binkey Kok Publications, 2009

Distributed in Australia by Brumby Distribution:  
<http://brumbybooks.com.au>

Riet van Rooij is a counsellor with a particular interest in emotional well being and spirituality in pregnancy, birth and beyond. This wonderfully inspiring and beautiful book, encourages pregnant women to explore many different areas including visualisation, rituals, dance and art. It comes with a CD guiding the reader through the emotional and spiritual journey that begins prior to conception and continues through to parenting the resulting child. There is also a useful appendix with relaxation techniques and exercises.

Riet's approach is so warm, nurturing and insightful. She writes beautifully, encouraging expectant parents to connect spiritually with their baby and each other prior to conception and during pregnancy. She has written an excellent chapter about dealing with anxiety during pregnancy and leading up to the birth. She normalises the fear and encourages women to accept it and work through it using a number of different techniques.

Riet helps women prepare for birth using visualisations, affirmations etc. but then encourages them to let go any notion of how the birth will be and surrender to the power of their bodies, stating that "what you could really do with will occur to you when the time comes, or your partner or midwife will remind you of it ... Every delivery has its own character, which is determined by various factors." In the next chapter, Riet describes how the midwife and parents can connect with the unborn baby during the labour and "continually send him courage, strength and love."

In addressing the baby who won't stop crying until picked up, Riet says, "It sounds then, as though their child

wants something outrageous, but it has a perfectly natural need! Your baby grew inside your body and trusts the movements and sounds of it. He is used to being enveloped by a warm, living body and once he has been born he is still completely dependent on it for his continued existence ... As your child becomes sufficiently secure in this primary need, he will be able to build up experience more often with new, more independent forms of being enveloped and nourished." Riet goes on to give practical advice to help the baby in developing this sense of security.

This is a really practical, positive book, which will help women and their support people to embrace the journey of conception, pregnancy, birth and parenting; and enable a fulfilling experience and the building of strong connections between mother, partner, baby and any other children.



### Author Bio

Nicole Carver is a Maternal and Child Health Nurse from Melbourne and the National Treasurer of Maternity Coalition.

## CAPERS bookstore EVENTS 2010

### Midwifery Update: Using Water for Labour and Birth and Essential Midwifery Skills for Challenging Situations

- Two one-day workshops with Shea Caplice & Sheryl Sidery
- Melbourne 4-5 June, Cairns 30-31 July, Canberra 5-6 November and Hobart 12-13 November.

### Keeping Birth Normal & Grief and Loss: The Crying Time

- Two one-day workshops with Shea Caplice and Hannah Dahlen
- Christchurch 15-16 June, Auckland 18-19 June, Brisbane 27-28 August, Sydney 15-16 October.

### Breastfeeding Update and Ethics in Lactation Practice

- Two-day workshop with Carol Bartle
- Brisbane 10-11 July, Sydney 13-14 July and Melbourne 16-17 July.

CERPs and MidPLUS points available.

See [www.capersbookstore.com.au](http://www.capersbookstore.com.au) or call (03) 9318 0151



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

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

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

### Knowledge Not Fear

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

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

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

### Empowering and Safe

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

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



## ADVERTISE IN BIRTH MATTERS

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

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

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

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



# Member Notices

## Management committee meetings (National)

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

Remaining dates for 2010 meetings are: 19 June, 24 July, 21 August, 18 September, 16 October.

## General meeting dates for 2010

The tentative date for this year’s Annual General Meeting is Saturday 20 November. Other general meetings will be called as required, and members given 14 days notice.

## Midwives in Private Practice (Victoria)

MIPP is a participating organisation of MC. To request a MIPP brochure, or for other information including membership inquiries phone: 03 9704 2386 or email mipp@maternitycoalition.org.au. MIPP meetings are held bi-monthly. Midwifery students who are members of MC are welcome at MIPP activities. MIPP has Birth Registers available for purchase by midwives. Contact Jennie Teskey on 03 9844 2523.

## 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.

# Maternity Coalition Contacts

## MC contacts (National) Office Bearers 2009

**President:** Lisa Metcalfe  
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**Assistant Secretary:** Vacant

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**Assistant Treasurer:** Naomi Campanale

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**Assistant Birth Matters Editor:** Sonia Bartoluzzi

**General committee members:**  
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Melissa McFarlane  
Sarah Kerr

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

**Membership Secretary:** Angela Wallace  
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**National Peer Support Advisor:** Alison Gaffney  
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**Mail forwarding:** Suzie Anderson  
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**Webwoman:** Emma Davidson & Melissa McFarlane

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**Consumer Representative:** Bruce Teakle  
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**General Inquiries:**  
info@maternitycoalition.org.au

**CANA inquiries:** info@canaustralia.net

## Branch contacts

**QLD President:** Rebecca Jenkinson  
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## Hunter Region

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**Victoria President:**

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## Peninsula Birth Support

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mcpeninsula@gmail.com

## Geelong President:

Dominique Quirke and Cherie Nixon  
Geelong MC/Choices for Childbirth  
0423 189 317

geelong@maternitycoalition.org.au

**Ballarat President:** Faye Kricak  
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.

## 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



Find us on

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



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## Birth rights, rites and writes

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

## Want Extras?

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

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

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

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



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

Please send brochures to/contact me via:

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](mailto:secretary@maternitycoalition.org.au)





Maternity Coalition proudly supports Marg Phelan and

Go Girl Australia.

Cycling for midwives, women, normal birth, breastfeeding and informed choice in pregnancy, childbirth and early parenting.



Visit [www.gogirlaustralia.net.au](http://www.gogirlaustralia.net.au) and follow the journey

