

# Birth Matters

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Autumn 2010



**National Day of Action**  
Our bodies, our babies,  
our right to decide



## **This issue:**

Maternity care from Sudan to Sydney

## **PLUS:**

A closer look at *THAT* homebirth paper

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**Contribution closing date for the June issue of *Birth Matters* is Tuesday, 27 April.**

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

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

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

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

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

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

The *Birth Matters* Editorial Team  
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**Main Cover Photo and page 7:** Women, midwives and families rally outside the Australian Medical Association office in Melbourne.  
Courtesy of [www.naturalfamilyphotography.com](http://www.naturalfamilyphotography.com)



All photos of Bee and Lincoln Schaeche printed in the December 2009 edition of *Birth Matters* were taken by Rana Rankin. We apologise to Rana for neglecting to acknowledge her and thank her for allowing us to use these beautiful shots.



# From the Editor



From the haze of gas-induced hallucinations, pethidine-induced vomiting and epidural-induced numbness that was my first son's birth, I salvaged but a few vivid images. The two or three hours before the infamous 'Cascade of Intervention' began, however, I remember very well.

It was shortly after midnight when I arrived at the hospital with my husband and my mum. A quick but uncomfortable internal (which I assumed was an essential part of the childbirth experience) revealed full effacement but no dilation, so I was 'offered' a sleeping pill and told to pack Paul and Mum off home to bed until things got more serious. I refused to pop the pill (despite the disapproving clucks of the midwife's tongue) but, against my better judgement, agreed that Paul and Mum could go. I remember the look of anguish on Mum's face as she walked out the door and how Paul kept hesitating, knowing he really shouldn't leave me. And I remember how I felt once they were gone. Alone. Abandoned. Terrified. I waited in the bathroom for 15 minutes so the midwife wouldn't catch me crying if she came back to check on me.

I was 32 years old, tertiary educated, a native speaker of English. I had worked full time since the age of 18 and travelled the world. I had a big, close-knit family and a loving and supportive husband. So I imagine there are those who would have little sympathy for my predicament – those who would tell me to "dry my eyes and harden up," as an old Air Force boss of mine liked to say. But maybe there are also those – the ones who have been there too – who will understand me when I say that there, in that chilly, sterile room, all of my knowledge and confidence and assertiveness deserted me. I felt disempowered and voiceless before the hard stuff even started. It was a feeling that would persist through my labour and birth and until I left the hospital five days later.

I've thought about that night a lot over the past few weeks as I've read the submissions addressing our theme of 'Birth in the Minority'. Because if a woman of my age, experience and support base could feel lost and alone in that setting, what must it be like for women who are without those advantages?

Imagine giving birth in a space where not only your carers, but also the language and practices are completely foreign to you. Or being told you have no choice but to be examined by a male practitioner when your culture or religion expressly forbids it. Or labouring in an unfamiliar place with your partner or your mother, not by your side, but at home in your remote community, hundreds of kilometres away. Or trying to cope with the sights, sounds and smells of a busy maternity unit when you have a sensory processing disorder.

It would be nice to believe that in Australia, in the year 2010, such childbirth experiences are few and far between, the exception rather than the rule. But submissions to the National Maternity Services Review from women in various minority situations, along with the personal stories shared in this issue, suggest that this is not the case. Nowhere, it seems, is the maternity system failing more dismally than in its capacity to provide appropriate care for those whose needs extend beyond the basic.

The news is not *all* grim. Programs like some of those featured in this issue demonstrate the successes of community-

based groups and some elements of government in addressing the inequities that face Australian women birthing in the minority. But on the whole, as we continue to wait for the Rudd Government to clearly define what promised reforms will look like and how and when they will take effect, it is clear that it will be business as usual for the most vulnerable among us – those who stand to gain so much from improved access to midwifery-led continuity models – for some time yet.

And in the meantime?

It's up to all of us not to be bystanders – to *keep* reminding the Government what it's really like out there for Indigenous women, women from diverse ethnic backgrounds, women in correction facilities and detention centres, women living with intellectual or physical challenges and women who are unsupported and have no safe place to go.

It's up to us to speak up for those who can't.

## Welcome Sonia and Mara

I'd like to extend a warm welcome to Sonia Bartoluzzi and Mara Dower, the newest members of our *Birth Matters* editorial team. Sonia has stepped into the Assistant Editor role, while Mara will be working on design and layout. We look forward to building on the great work done by previous editors Joy and Cas as we continue to deliver a unique voice from the world of pregnancy and birth.

Kylie

## 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
- Brisbane 9-10 April, Perth 19-20 April, 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
- Melbourne 16-17 April, Adelaide 21-22 May, Christchurch 15-16 June, Auckland 18-19 June, Brisbane 27-28 August, Sydney 15-16 October.

### **Breastfeeding a Lifetime Investment**

- One-day conference with Thomas Hale, Lisa Amir, Kerstin Hedberg Nyqvist, Magda Sachs
- Melbourne 8 May, Sydney 10 May and Brisbane 11 May.

### **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.

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# From the President



Perhaps this edition of *Birth Matters*, 'Birthing in the Minority', is a prediction of things to come – that choosing continuity of care with a midwife will become so

scarce as to be non-existent. Perhaps it is a way to show how for women birthing in the minority, care from and birth with a known midwife is the most empowering and uplifting event. There is strong evidence that demand for continuity of care from a known midwife continues to grow at a rapid rate and cannot be met through hospital Midwifery Group Practices. Sadly, it is still uncertain if Private Practice Midwives will be able to continue to provide the much needed access to this kind of care.

By the time this goes to press, the amendments to the Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 are likely to have been passed in the Senate. The new

Commonwealth-subsidised professional indemnity insurance (PII) scheme should become accessible to midwives on 30 June, and access to the Medicare Benefits Schedule should be available by 1 November. In theory, this should result in women being able to receive care from a Midwife in Private Practice with PII for the first time since 2001. Of course we all know there is a catch – PII is only available for the entire maternity episode if birth occurs in hospital. For birth at home, PII covers only antenatal and postnatal care.

In reality, there is still great uncertainty surrounding the ability of midwives to meet eligibility criteria that will allow their clients access to Medicare rebates for pregnancy, birth and postpartum care; and exactly how the PII system will work.

Maternity Coalition will continue to represent women on many levels as we struggle to make sense of the new legislation and overcome the limitations that prevent women from accessing a midwife of their choice.

Women will continue to demand control over their birthing choices. Continuity of care with a known midwife must not

remain accessible to only a minority of women who are lucky enough to have the financial ability to access this care or who happen to live in the right postcode. The demand by women to make decisions and control who is present with them at this life changing event will not go away.

We look forward to continued support from consumers and the midwifery world – Australian College of Midwives, Australian Private Midwives Association, Australian Nursing and Midwifery Board and Australian Nursing Federation – to ensure Midwifery maintains its identity as a discrete, separately regulated profession.

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. Enjoy this edition of *Birth Matters*.

Lisa Metcalfe



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

The BaBs program welcomes all women without charge and seeks to assist in health promotion that is sensitive to each person's culture and beliefs.

"I have been coming for a few weeks now and it has become the highlight of the week! I love the fact that we can be so honest with each other whilst sharing our ideas without feeling vulnerable or exposed. Everyone is so supportive of each other"

Jenny

[www.babs.org.au](http://www.babs.org.au)

BaBs is a peer support program, organised by volunteers who plan and facilitate group discussion, in their local communities, establishing links to local maternity and other professional services. Guest speakers are invited at regular intervals.

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- Birth Options

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Or ring:

0422 522 986 or 03 9720 8058

Contact Details:

BaBs Inc is not-for-profit.

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



## INVITATION TO COMMENT draft National Guidance on Collaborative Maternity Care

NHMRC invites comment from all interested stakeholders on the *draft National Guidance on Collaborative Maternity Care* under section 13 of the *NHMRC Act (1992)*.

Copies of the Guidance paper and information on how to make a submission will be available from mid-March 2010 for one month and can be found at: <http://www.nhmrc.gov.au/guidelines/consult/index.htm#1>.

For any questions or queries regarding the guidance or the consultation process and how to make a submission please contact Gill Hall on (02) 6217 9156 or [gill.hall@nhmrc.gov.au](mailto:gill.hall@nhmrc.gov.au)



# The politicisation of science: a critique of the South Australian Homebirth Paper and its portrayal in the media

By Hannah Dahlen and Caroline Homer



Associate Professor  
Hannah Dahlen



Professor Caroline Homer

'Imagine a woman being forced to birth at home when what she craves and needs is the support of a hospital. Imagine a woman being forced to birth in hospital when what she craves and needs is the support of her familiar home environment. The miracle of producing new life and bringing that life into the world should never be overshadowed by a lack of birth options – certainly not in today's society.'

These words come from one of the more than 900 submissions received by the Commonwealth during the recent Review of Maternity Services.<sup>1,2</sup> Over half were from consumers and nearly 60% asked for greater support for, and access to, homebirth. The Government has chosen to ignore homebirth in its raft of impressive reforms to maternity services, following intense lobbying by the medical profession. In the Report of the Maternity Services Review<sup>2</sup> they stated their reason for this was that "incorporating home birthing risks polarising the professions." Ironically, the decision was made in the interests of the professions and not women.

Homebirth continues to incite powerful responses and passionate debate. On Saturday 16 January, 2010 the *Medical Journal of Australia* released a study about planned home and hospital births in South Australia that occurred between 1991 and 2006.<sup>3</sup> A carefully crafted press release was released along with an accompanying editorial by Australian Medical Association President Dr Andrew Pesce, a long time opponent of homebirth. Dr Pesce had been telling the media about

the paper since September 2009, months before its publication.

The most horrifying aspect of the new study "proving" the dangers of homebirth is the way it has been reported by the media and promoted by sections of the medical profession. Melissa Sweet wrote about this in an article for *Crikey* on 20 January, 2010.<sup>4</sup>

The following is a summary of our critique of the study and the way its findings have been portrayed. The full critique was published on *Croakey* on 20 January.<sup>5</sup>

## Critique

- This is a retrospective population based study (low level evidence).
- One of the problems is that the planned homebirth group includes women who planned homebirth when booking in for care but then developed risk factors and had their babies in hospital. There are probably only two women whose babies died who started labour at home, planning a homebirth, and one of these was a twin pregnancy (high risk). This latter woman

persisted in having a homebirth due to "unsatisfactory hospital experiences." The others had all transferred before the onset of labour. The authors admit they "could not differentiate all planned homebirths according to whether transfer to hospital had occurred before or during labour." So for low risk women who started labour at home the risk was very low – one death in 16 years.

- There is no way to tell if these planned homebirths were under the care of a registered midwife.
- This was not a low risk population of women. There were high rates of both post-term pregnancy and twins, and 8.8% of women had a previous caesarean section.
- The study identified a number of positive benefits to homebirth. There was significantly less intervention in the homebirth group, with a third of the number of caesarean section and instrumental births compared with the hospital group, and one sixth the number of episiotomies. Planned homebirth women were three times more likely not to have perineal trauma than the planned hospital group, in which seven years data on episiotomy and perineal injury was missing. None of this appeared in the media.
- There was no significant difference in major maternal complications such as severe perineal trauma (1%

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Risk assessment, transfer and fetal monitoring will be improved when private midwives are no longer excluded from mainstream services, so we should be aiming for this, not continuing the 'witch hunt' against private midwives.

in the planned homebirth group vs. 1.8% in the planned hospital group) and postpartum haemorrhage (4.4% in the home group vs. 5.5% in the hospital group). While Dr Pesce's comments in the editorial, that the lack of difference in the rate of haemorrhage appears to be because of "the adoption of oxytocin into home birth", the authors of the paper state "it is tempting to attribute this to a wider adoption of oxytocic prophylaxis in homebirths but we have no data to confirm or refute this hypothesis."

- The numbers of perinatal deaths in the homebirth group over 16 years were small (nine deaths).
- There were two perinatal deaths that actually occurred at home. One baby had lethal congenital abnormalities (detected prenatally and a decision made for the baby to be born at home). The second death at home was after a waterbirth, which was not found to be the cause of death, but a review identified that increased monitoring may have identified the baby was in distress.
- One perinatal death occurred in hospital after a transfer involving a twin birth. The first twin was born at home while the second twin was born in hospital after a delay in transfer and subsequently died.
- There were six perinatal deaths in the planned homebirth group where the baby was born in hospital. Presumably these women were transferred to hospital during the antenatal period as antenatal risk factors developed. Transferring to hospital if or when risk factors develop during pregnancy is appropriate practice.
- Of the six deaths in hospital: one had hydrops fetalis (a condition diagnosed antenatally often with poor outcomes regardless of the model of care); one death was unexplained with a cord entanglement seen after birth; one had pulmonary hypoplasia (a lung condition due to a lack of amniotic fluid around the baby) after a early rupture of membranes; one was a growth restricted baby with an abnormal karotype (abnormal chromosomes); one was born to a woman who was 'seriously' postdates and underwent induction in hospital, refusing fetal monitoring – her labour eventuated in a stillbirth; and one was a woman with known haematological (blood related) risk factors whose baby had a lethal abnormality. To reiterate,

all of these babies were born in hospital.

- Only three of the deaths are thought to be related to perinatal asphyxia.
- Three of the deaths were thought to be potentially preventable and related to the model of care. These were the baby born after the waterbirth at home; the second twin, who was born after an intrapartum transfer; and the baby born after being very postdates. Therefore, there were three deaths in 16 years, two of which had risk factors present. That means that there was only one death where there were no risk factors in the 16-year period.

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There were six perinatal deaths in the planned homebirth group where the baby was born in hospital. Presumably these women were transferred to hospital during the antenatal period as antenatal risk factors developed. Transferring to hospital if or when risk factors develop during pregnancy is appropriate practice.

- The number of planned homebirths is small – 1141 – with 792 births taking place at home and 349 in hospital. You cannot look at the rare outcome of intrapartum death in such a small sample as the wide confidence intervals demonstrate (95% CI 1.53-35.87) (there is one intrapartum death at home and one in hospital). It is difficult to examine intrapartum asphyxia with any certainty due to the very small numbers and, again, the very wide confidence intervals show this (95% CI 8.02-88.83) (one at home and two in hospital). You would need more than 10,000 births at home to show clinical relevance and have some confidence in the statistical significance in relation to perinatal mortality rates. The authors acknowledge this in the paper and present their data with caution in the paper, stating that the "small numbers with large confidence intervals limit the interpretation of these data."

- The fact is there was no difference in perinatal mortality (stillbirths, and neonatal deaths within 28 days of birth) between home and hospital (7.9 vs. 8.2 per 1000 births). For those actually born at home the perinatal mortality rate is 2.5 per 1000 births, which is comparatively low.
- There were no differences in Apgar scores or admission to Neonatal Intensive Care Units between the two groups. Infants born at home were half as likely to receive specialised neonatal care compared to planned hospital birth.
- Looking at rare outcomes with small numbers often shows statistically significant results but they cannot have confidence around them due to the size of the sample and the event. Examining rare events is always difficult in small retrospective studies like this. If, for example, the study had measured maternal mortality, they may have found one or two deaths in the hospital group because of the large numbers in the population, but it would have been erroneous to say fewer women die at home than in hospital because of the small numbers of deaths.
- The paper highlights that the system must be so terrible for some women that they would choose to give birth outside of it rather than in it, even with risk factors. This is an indictment on the current maternity system in Australia that needs fixing – removing homebirth won't do this

#### What was missed?

The conclusion of the paper is very sensible, recommending risk assessment, transfer and fetal monitoring. So then why was the data so grossly misinterpreted in the media?

- The reality is, despite a malfunctioning system in this country, where midwives are uninsured and have no visiting rights and homebirth is unfunded and often hard to access, the perinatal mortality rate was no different.
- Risk assessment, transfer and fetal monitoring will be improved when private midwives are no longer excluded from mainstream services, so we should be aiming for this, not continuing the 'witch hunt' against private midwives.
- The intervention rates are to be commended and no one in the reporting of this paper noted this.
- Some women will always choose homebirth, so we should support this choice with safe, responsive





Sarah Kerr and two-year old son Finley welcome newest home born addition Harper

*Note: Dr Pesce's right of reply<sup>6</sup> and the MJA editor's response<sup>7</sup> to Melissa Sweet's inquiries are available online. See reference list for links.*

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## Author Bios

Associate Professor Hannah Dahlen is the Vice President of the Australian College of Midwives and an academic at the University of Western Sydney. Professor Caroline Homer is Professor of Midwifery and Director of the Centre of Midwifery, Child and Family Health at the University of Technology Sydney.

systems of care. The authors rightly state that “women’s autonomy in choosing reproductive behaviour is a fundamental human right enshrined in Australian law.”

- The excess mortality continues to be found in high-risk women and women need to be informed of this risk.
- Freebirth (giving birth at home without a skilled and registered birth attendant) is rising in this country, and this is a concerning outcome of restrictions on options like homebirth, and trauma from hospital births.

This is a classic example of science being usurped by politics. It is dangerous and misleading, and sadly the media seem to prefer sensation to reality. The politicisation of this study has been unfortunate, as important and useful lessons were lost in what followed.

Homebirth will not go away. It has, does and will exist in every country on earth. So we have two options – bury our heads in the sand and hope it goes away (it won’t); or put in place responsive, evidence-based systems of care (we haven’t). When

the dominant politics is determined for homebirth to be eradicated there is little chance for science to project an informed and balanced voice into the debate.



Featuring interviews with experts:  
**Sarah Buckley,  
Shivam Rachana,  
Ina May Gaskin &  
Gowri Motha**

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# Ralliers challenge AMA homebirth stance



On Wednesday, 20 January, around 200 homebirth supporters from across Victoria rallied outside the Victorian Offices of the Australian Medical Association (AMA) to challenge the Association's much-publicised interpretation of a South Australian homebirth study, recently published in the *Medical Journal of Australia*.

Rally goers called on AMA members to read the study closely and review their organisation's anti-homebirth stance in light of the newest evidence at hand.

*Pictures 1, 4, 6, 7: Courtesy of [www.naturalfamilyphotography.com](http://www.naturalfamilyphotography.com)*

*Pictures 2, 3, 5: Courtesy of Melissa MacFarlane*





# Antenatal education for women inside

By Sandiellen Black



L to R Ping Bullock, Childbirth Educator CEA; Sandiellen Black, CEA President; Robyn Ernst, Brisbane Women's Correctional Centre; and Tracie Deans, Soroptimists Brisbane prepare course resources.

"The ways in which we care for pregnant women and babies reveal a great deal about the kind of society we are and wish to be." Dr Cherrell Hirst, *Re-Birthing, Report of the Review of Maternity Services in Queensland 2005*.

Imagine labouring with a prison guard in the corner of the room watching your every move.

Imagine labouring when you have not received any antenatal education.

Imagine birthing your baby when you don't actually understand how it was that you became pregnant in the first place.

These are the circumstances under which women in many of Australia's correctional facilities give birth.

The Soroptimists International<sup>1</sup> Brisbane Inc. teamed up with Brisbane's Childbirth Education Association in 2008 to improve pregnancy and birth experiences for women in Brisbane Women's Correctional Centre (WCC), Wacol. This partnership was made possible because a Maternity Coalition member also belonged to her local Soroptimists branch.

Funded through a grant from the Gambling Community Benefit Fund, the project aimed to help women have positive birth experiences and feel more confident about parenting by providing them with relevant and accessible information. The project's ultimate aim was to empower,

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The completion of this course was also a factor in the Department of Child Safety's decision to approve one mother's application to keep her baby. The Department deemed that completion of the course demonstrated a commitment from the mother, so mother and baby have been allowed to stay together.

through a positive birth experience, some of the most disempowered and voiceless women in our community.

As author and birth activist Sheila Kitzinger reminds us, "Many women prisoners have been sexually abused, come from families in which violence is the norm, and suffer multiple social and educational handicaps."<sup>2</sup>

The activities included antenatal classes, pregnancy care packs, information about community supports and a library of books and videos.

The number of women participating in antenatal sessions ranged from two to 10 with a total of 27 participants. Pregnancies ranged from first to eighth child, with none of the women having received previous antenatal education. Approximately 80% of women were from an Indigenous background. Five courses were held, ranging from six hours to 12 hours duration. Courses included the following discussions and activities:

- Labour and birth wishes
- Sharing of individual birth experiences
- Birth hormones
- Positions in labour
- Pain relief, unexpected outcomes
- Myths of breastfeeding
- Attachment
- Rest and sleep
- Newborn care
- Skin to skin
- Parent pack / WCC responsibilities
- Bleeding & perineal care after birth
- Evaluation and closing

The women attending reported higher levels of confidence and more positive feelings towards labour and birth, breastfeeding and newborn care. Research has shown that many pregnant women in prison have an almost unmanageable fear of facing childbirth without the support of family and friends.

One woman who was undecided about breastfeeding her baby, was still doing so when her baby was eight months old, and another who did not want to breastfeed at the commencement of the course went on to do so after her baby's birth.

The completion of this course was also a factor in the Department of Child Safety's decision to approve one mother's application to keep her baby. The Department deemed that completion of the course demonstrated a commitment from the mother, so mother and baby have been allowed to stay together.

Given the difficulty in being able to track outcomes for these women, it has been wonderful to hear these stories. Other parts of the project welcomed by the women included:

- A library of 38 books and DVDs – women borrowed the books, but the DVDs were limited to class participation.
- Each pregnant woman was given a Pregnancy and Newborn Care Pack. Thirty-two packs were distributed containing nappies, baby wipes, breastfeeding information and toiletries. For financial and



Clare Kelly and Samantha Martin from Brisbane WCC with care packs.

access reasons these packs made a considerable difference to the women.

- Information packs were given at the end of each course containing leaflets, brochures and listings of community organisations which provide support to pregnant women, mothers and fathers. The women continued to refer to these following the course, and on their return to the community.

The project met a number of challenges, mostly because it was being delivered from outside the Correctional Services system. Shut downs, unexpected changes to timetables, limitations in bringing in resources and staff changes meant the need for a flexible approach in implementing the project.

Below are the words of the women who participated in the Project.

*It's good to know about birth before you go through it.*

*I am concerned about giving birth as I don't know what to expect.*

*It is worthwhile cos it is a new world giving birth and these classes helps calm the nerves and you can ask questions to the Officer.*

*I feel labour won't be easy but it will all be worth it in the end. My support person is my mother but she is a far long drive away. I don't have any specific wishes except I wish my baby is healthy and safe.*

*I would like to make sure my birth is as healthy as possible. I have had three different children in three different positions, so the most comfortable position possible. I would like to be at the hospital as I believe it is the safest place possible. As midwives know what to do in all situations.*

*Worries: I am worried about how long it will take to give birth.*

*You have info [info packs] there at your hands so you can read and ask questions. It showed me a lot I didn't know about but I have learnt a lot more now. It was very helpful.*

In 1997 Sheila Kitzinger challenged readers of the journal *Birth - Issues in Perinatal Care* with this:

"Do you know what is happening to women prisoners in jails near you? If you work in a hospital to which prisoners come to give birth or belong to a childbirth organisation in a city where there is a women's prison, would you be willing to do research into the policies and practices that are in force? In Nazi Germany ordinary citizens protested that they knew nothing of what was going on in concentration camps. Today it is easy to remain ignorant of conditions in prisons and in detention centres for asylum seekers. I believe that our concern must be for pregnant women everywhere, and especially for those who suffer most deprivation and who are denied their liberty."<sup>3</sup>

Perhaps it is not enough for Maternity Coalition and other consumer groups to

focus only on the glaring problems within our mainstream maternity system, but to ask questions for our pregnant, labouring sisters in our correctional facilities and detention centres.

**Note:** Two years on from the pilot antenatal education program at Brisbane WCC, no further programs have been conducted.

Women in correctional institutions throughout Australia continue to give birth without this type of preparation and support.

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## Author Bio

Sandiellen Black has worked as a Community Development Worker and, for the past five years, as an active member of CEA Brisbane. Recently CEA amalgamated with Kyabra Community Association Inc and Sandiellen is looking forward to supporting the new opportunities this will bring for improving childbirth information and educational services to women and their families in Brisbane's southern suburbs. Sandiellen lives in Annerley with her partner Doug and their four children Callum, Bronte, Tullie and Bella.

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# Maternity care for highly sensitive women

By Emily Stern



Birth is a challenge to the senses of any woman, but imagine what pregnancy, birth and parenting would be like for a woman who has sensory processing difficulties as well as difficulties with reading and interpreting social cues, body language and spoken language.

Autism Spectrum Disorder (ASD), which includes Autism and Aspergers syndrome, is a neuro-biological disorder that affects the way a person communicates, socialises, processes information and adapts to the environment. About one in 150 children are diagnosed with an ASD every year and about one in four of these are girls. With more and more children being diagnosed with an ASD each year, it's a fairly safe bet that more and more ASD-affected women will go on to have families. I am one of many women on the higher-functioning end of the Autism Spectrum who has done just that.

The needs of women with ASD are never less considered than when they are preparing to give birth and parent a baby, something reflected in the dearth of research on the needs of women with disabilities during the maternity episode.

In a search of one major medical and health database, Ovid, only a smattering of literature was found that looked at the needs of pregnant and birthing women with learning disabilities and none (at the time I did the literature review) that specifically addressed the needs of women with a diagnosis of an ASD.

Most research that covered disabilities was focused on family planning for women with intellectual disabilities rather than support throughout pregnancy, birth and the early parenting period. Some literature identified a need for support from a specialist nurse or special needs advisor in conjunction with a primary carer for gynaecological procedures and maternity care (Broughton, 2000 & 2002, Brown, 2001). One paper identified the need for greater education of practitioners in the area of supporting women with learning disabilities throughout the pregnancy, childbirth and early parenting continuum (Culley et al, 1999). Another paper identified women's experiences of healthcare in relation to their sexuality and reproductive rights (Dotson, 2003).

“

When I had my first baby, I remember feeling overwhelmed at the brightness of the rooms, the lack of privacy and lack of relationship with my care providers. That first birth resulted in a caesarean, primarily because my emotional and physiological needs were not being met. In a subsequent birth, I enjoyed the care of a midwife I had come to know throughout my pregnancy, and together we worked through any issues that were bothering me.

For women with ASD, pregnancy, birth and early bonding and parenting may present some special challenges, particularly in the area of sensory processing. Childbirth is a physiological event that challenges most women. Women's senses are much more alert during pregnancy – sense of smell, sense of touch, taste and sound. But in the labour room, they are even more heightened – even the slightest whiff of bad breath can send a labouring woman into a spin, and unwanted sound can be highly distracting and even distressing.

Labour and birth in a conventional acute care setting (i.e. in large hospitals)

is a poor environment for many women, but could be even more so for someone with sensory processing difficulties. For instance, in a conventional setting, there are constant interruptions. People walk into rooms unannounced and women have multiple care providers who are strangers to them (the first time they meet them is often during labour and birth). In postnatal wards women again deal with constant interruptions, multiple caregivers giving them multiple directions on how best to care for themselves and their babies. This can cause stress for anyone, let alone for a woman who does not like to be touched at all or finds strangers threatening, and questions and verbal directions confusing.

When I had my first baby, I remember feeling overwhelmed at the brightness of the rooms, the lack of privacy and lack of relationship with my care providers. That first birth resulted in a caesarean, primarily because my emotional and physiological needs were not being met. In a subsequent birth, I enjoyed the care of a midwife I had come to know throughout my pregnancy, and together we worked through any issues that were bothering me. Throughout the pregnancy anxiety was a huge problem. I live with a high level of anxiety in my day to day life anyway, as talking to people is extremely stressful for me. I often don't know what to say, or what to ask and as a result, sometimes end up saying and doing things that inadvertently offend others.

During that pregnancy trust was extremely important. For me to feel safe I needed to know that my care providers liked me for who I was, social *faux pas* and all. I kept a diary with a list of my needs and fears and at each antenatal visit we'd address these.

During labour I was highly sensitive to touch, smell and noise. In daily life, too much noise confuses me and certain noises make me feel physically sick. Sometimes when my children get too rowdy I need a quiet space to retreat to (or earmuffs) in complete silence. Being touched was also a major challenge for me. If someone touches me lightly it makes my skin crawl. I need firm pressure or the sensation is intolerable. I also need this pressure to calm down when I feel anxious or overwhelmed. My midwife was extremely sensitive to my needs and I believe this contributed to my ability to labour well and give birth naturally to a healthy baby boy.

“

Sadly, in many Western countries it is routine policy to simply remove a baby from a mother's care if the mother has an intellectual or learning disability. While some with ASD may feel unable to cope with parenting a small baby, or may indeed present with seemingly insurmountable challenges, they at least deserve a chance to learn the skills they need in a way they can understand and cope with.

The fragmented nature of our maternity care system means that once women have had their babies they are thrust out into the community with very little ongoing postnatal care. In countries such as the Netherlands and New Zealand, women have up to six weeks postnatal care by

their known midwife before entering the child health system. In Australia, for the majority, once women leave hospital they have no such support.

For women with an ASD this lack of support presents even more issues than just getting through birth. Most women struggle to read their babies' cues in the early weeks following birth, particularly if they've had difficulty bonding with their babies because of a high intervention birth and problems breastfeeding. For women with ASD, extra support may be needed to help them understand the messages a baby sends. If you are a woman who does not perceive danger or is unable to translate the different cries, body movements and sounds a baby makes, early parenting can be a very confusing and difficult time.

Sadly, in many Western countries it is routine policy to simply remove a baby from a mother's care if the mother has an intellectual or learning disability. While some with ASD may feel unable to cope with parenting a small baby, or may indeed present with seemingly insurmountable challenges, they at least deserve a chance to learn the skills they need in a way they can understand and cope with. Many women, especially women with ADHD and high functioning

Autism or Aspergers Syndrome, are certainly capable of caring for their babies.

But as we are well aware, the type of care that women with ASD may benefit from the most is the type of care that is in high demand and very short supply in Australia.

*Note: The author of this piece has written under a pseudonym for privacy reasons.*

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# From Sudan to Sydney: a surprising perspective

By Heidi Hodder

Early this year I interviewed Ayen and Abraham Deng, a Sydney-based couple originally from Sudan, about their experiences of maternity care in Australia. In the West there is often a perception, supported by information presented by various charities and governments, that women in poor countries (and remote Indigenous women in Australia) are disadvantaged by traditional childbirth practices. It seems reasonable to assume that these women want, and would be better off with, a somewhat more medicalised approach to childbirth. I was intrigued to hear Ayen and Abraham's perspectives, informed by their knowledge and experience of both approaches to birth.

Ayen and Abraham Deng now live in the Sydney suburb of Blacktown, having moved to Australia from Sudan, via Kenya, on humanitarian visas in 2004 and 2001, respectively. They have three daughters – Yar (four years), Achol (two) and Nyankiir (10 months). Ayen gave birth to all three children at Westmead Hospital, where she saw “many different doctors and nurses” and often had to wait up to three hours for her antenatal appointments. Ayen describes all the staff as being helpful and very encouraging during labour.

“The baby started walking up and down [contractions] during the day,” Ayen says of her first labour. “We went to hospital about 3.00 am and the baby was born at 9.00 am. I was vomiting, vomiting, vomiting. They tried to give me Panadol but I said, ‘No, it’s okay.’ They asked if I wanted something to stop the vomiting but I said, ‘No.’” I ask why Ayen refused all drugs during both this labour and her later births. She replies that she believed it would slow things down. She elected instead to have a shower. “After that the baby went to sleep [labour stalled] for two hours! They ask[ed] me if I want[ed] gas or the needle in the back but I said, ‘No.’ My friend [also from Sudan] told me, ‘Don’t take the gas because the baby will just relax, and don’t have the needle because it will hurt.’ My sister had it [an epidural] and she was crying because the needle was so painful.”

Throughout all her labours Ayen says that she kept quiet. “Yes it’s painful, but what can I do? Crying is not going to make the pain go away. In our culture it is not good to cry; what difference does

“

They got a guy, a man doctor, to come in. He put one leg here and ... one leg here [motioning to indicate legs being put in stirrups]. I felt bad about having a man doctor do this. Yes, he is a doctor, but he's not allowed in my body, not allowed to see my body.

crying make? When I was in labour with my first baby I heard a woman crying out in the next room and I said to my cousin, ‘Maybe it is my turn to cry now?’ but she said, ‘No, you can’t cry.’ She said if I cried I might feel ashamed; that I have to make myself ... strong. We do not make [any] noise in our culture when giving birth; people in our community [would] hear about it and laugh at you, look down on you, if you were to cry.”

Ayen explains that she managed the pain of contractions by “walking, walking, walking” and that because the pain came on both sides – her stomach and lower back – her husband massaged her lower back while she was standing up. “With the first one I was thinking, ‘Oh my God, when is the baby going to come?’ but with the next two I knew what was happening.”

Ayen’s second child was due on 15 June, but was born on 30 June. She tells me that pregnancies of 10 months or even longer are considered normal in Sudan. “Here they say, ‘Oooo you are overdue! The baby is going to die! You have to have [an] injection [induction]!’ [but] the baby will come when it is ready. Why [do] they force [the] baby? It’s not good for them. It’s not fair. When it’s ready, it is coming out.”

Because Ayen refused an induction she was scheduled for frequent monitoring. As she is still learning to drive, her husband would drop her at the hospital for her appointments. “Sometimes I would not go because I was very tired; then they would call and call and sometimes I would switch off my phone.”

Ayen tells me of a clan in Sudan, the Lion clan, whose women all have

pregnancies of 12 months gestation. Later, while she is tending to her baby and I am chatting to her husband, he also brings up the legendary long gestations of this clan – he claims that they are pregnant for 13 months! “In Australia they give the fathers a hard time if the baby is overdue. They tell us that the baby will die and they think that we do not care about our wives because we are not persuading [them] to be induced,” Abraham tells me. “They think we are not good husbands, but we know from our country that it is normal.”

Abraham says that in Sudan, particularly in the countryside, it is very rare to give birth in a hospital. “Pretty much every woman knows how to be a midwife. If you give birth, your mother will be the midwife, because she knows how it is done. Your mother will teach you how to be a midwife,” he says.

I am curious about whether women in Sudan view birth as dangerous. Having recently read Shelia Kitzinger’s *Ourselves as Mothers*, I was puzzled by the fact that Kitzinger never mentions women in traditional cultures being afraid of dying during childbirth. I’d always assumed that, in times and places where the maternal mortality rate is comparatively high, this would inevitably be a common fear. But when I ask Abraham whether the maternal and infant mortality rates make women in Sudan afraid, he tells me that, since deaths are not common, women are not afraid of giving birth. “When it is their first baby they are unsure what to expect, but they are not afraid of that [serious complications].”

The maternal mortality rate in Sudan is 450 per 100,000 live births compared to 8.4 in Australia. Globally, the major causes of maternal mortality, as reported by the World Health Organisation<sup>1</sup> are haemorrhage (25%), infections (13%), unsafe abortions (13%), eclampsia (12%), obstructed labour (8%), other direct causes (8%), and indirect causes (20%). Indirect causes such as malaria and anaemia complicate pregnancy or are aggravated by it. The fact that over 90% of deaths occur in undeveloped countries is attributed to poor nutrition and medical care.

With her second labour, Ayen arrived at the hospital two hours before the birth. Unlike her first and third, she had vaginal tearing, which was repaired with four stitches. “Why do I have to have stitches?”

I asked them, and they said, 'Because otherwise it will leave a big wound.' They got a guy, a man doctor, to come in. He put one leg here and ... one leg here [motioning to indicate legs being put in stirrups]. I felt bad about having a man doctor do this. Yes, he is a doctor, but he's not allowed in my body, not allowed to see my body. But my husband said not to worry about it and the doctor said 'Don't worry, I'm a doctor, don't feel ashamed.' The stitches were very painful and I could not go to the toilet for two days, but after one week it was fine."

I ask Ayen about third-stage management of her labours and she says that immediately after each birth she was given a jab in the leg "to stop the bleeding." We talk about other medical interventions in childbirth and Ayen tells me about her cousin. "My cousin had to have, what you call it? [motioning to demonstrate a slit in the belly] in Africa and then came to Australia and she was forced to have another one [caesarean section] for her second baby. She told them she didn't want to. She was crying all the time, 'Why [do] they force me?' Then, for her next baby [number three], she had a normal birth – they wanted to do a caesarean and she kept saying no and then the baby came out."

I ask Ayen whether the medical staff helped her with breastfeeding and she says they did. "A doctor asked me if I was planning to breastfeed and I said 'Yes.' My friend who lives in America told me that if you don't breastfeed you get cancer. Also it is good for the baby's health." Ayen breastfeeds her baby during our interview.

The discussion comes back to the topic of induction for 'overdue' babies. It is clearly something Ayen and Abraham feel strongly about. "In Sudan ladies take 12 months, nobody force[s] you. They don't understand here that some people have [a] different culture, like [the] Sudanese ... birth is normal for us."

The 'birth is normal' and 'birth is risky' approaches to childbirth both have their pros and cons – I'm not passing judgement on either view. But listening to Ayen's story made me wonder – are women in the developed world really better off in every sense when it comes to birth? Statistically they have a higher chance of survival, and preservation of life is taken, unquestioningly, to be the top priority. But Ayen's cultural perspective gave her confidence in her body's inherent ability to give birth, and empowered her to challenge practices like routine induction, which so many western women accept without question.

I often hear natural birth advocates claim that the 'vast majority' of women can give birth easily; but is this attitude compatible

with maximising survival rates? In the St George Hospital Homebirth program 37% of 100 women, who were initially categorised by fairly strict criteria as 'low-risk' were later transferred out of the program.<sup>2</sup> In most cases, this resulted from complications arising during the pregnancy. Some might argue that this program is overly strict. But a local independent midwife I know also has a



Ayen Deng and her daughter Nyankir

transfer rate of 19%. I guess it depends how you define 'vast', but the one-in-five women needing further medical care is certainly a significant minority for whom birth does not appear to be straight forward.

In the countryside in Sudan, women may not have the option or desire to transfer to hospital when labour is prolonged, meconium is present in the waters, or a pregnancy continues past 42 weeks gestation. Although there is sometimes a statistically greater risk of damage when complications arise (the motivation for many women in Australia to transfer), such pregnancies still have a high chance of maternal and infant survival. Perhaps that is why Abraham and Ayen see birth as normal – even when labour is atypical, the outcome is good in most cases; and why so many people in Australia view birth as dangerous – there is 'so much' that *can* go wrong.

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# Birth story – Made of steel

*Accessing homebirth with a midwife and being supported in that choice continues to be a battle for many 'low risk' women. For women who fall even slightly outside these boundaries, the challenges can seem insurmountable. As this writer tells, with careful monitoring and commonsense, safety and choice needn't be mutually exclusive.*

It's over two years since I gave birth, and I am just beginning to be in a position to share my birth story. The birth of my third child – my first daughter and my last birth – was, ironically, both extremely healing and traumatic.

Some of this may have been a result of my thinking patterns and some other aspects that were beyond my control. However, a part of the process of moving on, and perhaps recovering from my postnatal depression, is to share this story.

At 38 years of age, and not quite so scared of my own voice anymore, I decided that I wanted to give birth at home. This was largely based on my urge to give birth in the water. During my previous births I had spent some time in the water and felt that I would have liked to have stayed there.

When I visited the local hospital I was not happy that it was a matter of luck whether I would get a room with a bath. The hospital did 'allow' birth pools to be taken in, but this sounded a little arduous. There was also no guarantee that I would know the midwife on duty. I felt I needed an established relationship with a midwife this time round. I left the hospital feeling certain I didn't want to be there if I could help it, and my husband understood my position.

The process of finding a homebirth midwife was simple; every conversation I had led me to the same person. I felt I needed someone who was very competent as a midwife and someone I also felt comfortable with emotionally. I kept relaying these conversations back to my husband, who had some fears about having a homebirth. Once we met the midwife, however, my husband felt comfortable and safe. The midwife gave us lots of information, and she seemed very competent and almost matronly (which was just as well, as my husband would have been put off if she was 'airy fairy' – he needed someone who meant business).

We went through the process of developing a birth plan together, but reached a stumbling block regarding the presence of my mother at the birth. Initially I had just wanted my husband, but as the birth loomed I wasn't sure. This

was a major source of stress for me. My mother had been at the birth of both of my other children and I felt I might feel the need for her comfort, even though I had experienced childbirth twice before. I was experiencing some feelings of fear about giving birth i.e. how on earth do I get the baby out of there and how will it feel?

My husband wanted me to be able to rely on him and for me to be able to have all my needs met by him. I understand that many men may feel this way. He felt it was a very intimate experience, particularly because we were going to be in the water together. He wanted it to be *our* experience and didn't want any imposition. When we discussed this with our midwife, she said she felt it was a woman's right to have whoever she wanted with her at the birth of her child. My husband disengaged from her to a degree at this point.

We were never able to come to an agreement about it. He threatened to leave me over the stance I was taking regarding homebirth, breastfeeding and wanting my mother at the birth. He also said that if my mother was there, he might have to walk out of the labour and could not guarantee that he would not confront her with how he felt. I felt quite anxious about this and emotionally abandoned.

I confronted my fears about childbirth by starting to think about the strength of women in general and the line of women that I come from. I prepared some affirmations and some photos of the women in my family, including one of my grandmother standing outside the house where she was born. I drew a lot of strength from the photos of them and remembering how recent it was that most babies were born at home.

At around seven-and-a-half months I had the test for gestational diabetes. I couldn't believe it when the test was positive. My blood sugar levels came back as eight, just point one outside the normal range. Emotionally I experienced a lot of denial and anger. My whole pregnancy changed because of that point one!

With the diagnosis of gestational diabetes, I entered another realm of intervention that I hadn't counted on and was unprepared for. Firstly, the power dynamic during my consultations was totally unbalanced – a diabetes specialist, a doctor, a diabetes nurse and me. When I entered the room, the specialist didn't introduce herself and thought we had met previously. I was not feeling good about having diabetes and this did nothing for my confidence. It got so much worse when

I said I wanted to give birth at home.

The specialist's response was that there was absolutely no chance I could do that, that I could not even use the birth centre. She said that this was life threatening and my pregnancy was now considered 'high risk'. I felt she was suggesting what I was hoping for was ludicrous and irresponsible. I felt powerless, shocked and upset. This woman did not know who I was or appear to care about how I might be feeling. She was not prepared to consider what I wanted or work with that in anyway. During that experience I noticed that the other doctor in the room was looking at me kindly, perhaps even sympathetically.

I realised I was going to have to be a bit more protective of myself. I spoke to the people who were supporting me, like my sister, some friends and my midwife. My midwife prepared me for the fact that I might have to give birth in the hospital, and made me agree that if I did labour at home and she advised me to transfer to hospital, that I would take that advice. I also asked my husband to be with me at future appointments at the hospital where diabetes would be discussed, and became cautious about telling anyone that I still wanted to give birth at home.

I told the diabetes educators about how I felt during the appointment with the specialist and, coincidence or not, I did not see that specialist again until after the birth. All of my subsequent appointments were with the kind, sympathetic doctor. Still, I was not completely open with her about my hopes for the birth.

I was well and truly into the task of weaving my way in and out of the medical system and continued to attend both appointments at the hospital and those with my homebirth midwife. She would support me on the phone when I was told things I wasn't sure about or didn't trust at the hospital. I felt that she respected me and my baby. She didn't ever do an internal, as I had asked her not to. She was very respectful and kind to my baby too; I remember her rubbing my tummy as she was feeling the baby's position and telling the baby that she was beautiful. This meant a lot to me as no one had treated me with that tenderness. She was also quite frank with me though, at one point saying, "I think you need to prepare yourself for the fact that you might have to go to hospital." Much later when I was feeling a little insecure she said, "I think you also probably will give birth at home, perhaps the best plan is just to start labour at home, and see how we go."

So, after being 'blessed' with diabetes I spent the next part of my pregnancy managing my diet very closely, determined not to end up on insulin. I chose to leave work early, as I knew this was what I needed to do to look after myself properly.

As my due date approached, I began to feel nervous about the hospital's desire to induce me and the increased potential for intervention as a result. With both of my other children I had gone two weeks over, so at every appointment I would say that I believed that my body had a gestation period of 42 weeks and that I did not want to be induced.

This was usually received with quiet caution and reserve, but it was okay until my blood pressure started to go up as well. Three times I ended up in the pregnancy assessment centre (PAC) having my blood pressure monitored, which would always decrease after I settled. My husband believed it was what he called 'white coat syndrome'. My sister felt that not being able to have my mum at the birth without there being emotional consequences for me was also a great pressure.

Prior to my due date I went to see a wonderful acupuncturist who was also pregnant, and had had a previous traumatic birth experience. She was working part time, and was not going to

be available at the time I needed her, so she gave me one treatment and taught my husband how to use the needles to help induce my labour.

The last time I visited the hospital I was already three days past my due date. In the waiting room I met a young woman who desperately wanted to be induced. She came out of the office really angry because the doctor wouldn't do an induction. I thought I may be lucky with this doctor, who I had never met before.

I had my husband with me, as I anticipated some pressure. Everything seemed to be going okay, and the doctor seemed willing to listen to my point of view. He didn't know I was still hoping for a homebirth. He said he was prepared to negotiate with me about how long I could go over the due date, providing my blood pressure was okay. Then he found that my blood pressure was high and announced he was no longer prepared to negotiate. When he checked my cervix, he said he thought it had started to change, and did what is called a stretch and sweep. When my blood pressure stayed up after the internal, I challenged him, asking if he really thought it would come down after he did an internal. He dismissed this, along with the role of acupuncture in assisting me into labour. I felt upset and stressed.

I then spent three hours in the PAC, having my blood pressure monitored, and was told that I might be admitted to hospital. The midwife on duty was one I had met when I first visited the hospital. I knew she was an advocate of homebirth and also had a daughter planning to have her baby at home. She reassured me and my blood pressure started to come down. She asked me if I still planned to have a homebirth, and it felt so nice to be asked this openly, not like it was a loaded question. I said that yes, that was my plan, but that I was being careful who I told. She was supportive and understanding, and we had a wonderful, affirming conversation.

The doctor who saw me in the PAC said that epidurals bring down blood pressure so that might be what would have to happen for me, and that I might have to have a caesarean. She said it was my choice but that my baby could die. She said that women who want a homebirth often want to be in control, and I felt insulted by this. I felt at the time that she was judging me as being difficult. I also felt she was suggesting that I was being irresponsible not wanting to be induced. She booked me in to be induced the following morning. I asked her what would happen if I decided not to come and wanted to wait until the

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weekend to see what happened. She said that because it would be the weekend, no one would be available. I told her I 'might' see her the following day, quietly believing I would go into labour or that maybe it had already begun.

I went home from that appointment and felt I was having some contractions, but didn't tell anyone. I went about my business until a few hours later they were starting to get a bit painful and I was having trouble maintaining a conversation. I went upstairs to our bedroom with my husband and told him I was in labour and didn't want to make a big deal of it yet. I didn't want Mum to know yet – she'd start making a fuss and potentially pushing my husband out of his role, as she is quite dominant, and I felt walking the tightrope of their roles in this birth had begun.

At about 9 pm I told Mum she should go to bed. I would call if I needed her. The contractions were getting faster. My husband rang the midwife at 11 pm to say labour had started and was getting stronger.

The midwife decided to come. She took my blood pressure and it was 145/95. She said that was alright, but warned that if it got any higher we may need to go hospital, though we wouldn't worry about this yet. I felt respected and safe with her.

Mum heard the midwife arrive and said she had to come upstairs into our bedroom. My husband was still downstairs. The midwife noticed the contractions had slowed. I said I thought I knew why that was. I said I needed my husband, and asked Mum to go and get him. I told her I thought she needed to give my husband his space. The midwife said that it was really good that I was able to do that, it needed to be said.

I remember the midwife taking Mum back downstairs after my husband and I were both in the pool, and talking with her there for quite a long time. We had said to our midwife beforehand that we would like to be on our own as much as possible. When we were sitting in the birth pool we had a nice time, kissing, and hugging, and sharing nice words. We knew this would help the labour along. I felt my contractions speeding up.

At some point the midwife took my blood pressure again and it was 120/70. I firmly believe that it was the water that brought it down. I felt jubilant. I spent most of the time kneeling on the edge of the pool with my body in the water.

Transition started when my husband's kisses became annoying. I had to tell him to stop; he thought he was helping. The sound of Mum and the midwife talking downstairs began to irritate me. The midwife came up not long after that and

I was feeling the pain had changed. My mother came up sometime afterwards and it seemed like she was a long way away. Apparently she was just behind the pool.

My transition was the most beautiful experience. The midwife was kneeling beside the pool, against our bed. I started looking at the affirmations and talking about the strong line of women I come from, explaining that we have our issues but we are very strong. I said all the things I wanted to say to our little baby, crying with happiness. I said you are being born into a family who loves you already, and that we were all ready and waiting for you. That she was loved before she was conceived. That she was conceived out of love. I remember looking at the midwife looking at me, respectfully and gently. She just sat in the space and did not respond in any way. I couldn't have asked for better support.

The next thing I remember was the midwife saying, "You know how that feeling has changed, just go with it. Push into that and see how it goes." She wanted me to push when it was going to be successful for me (especially because my last birth had involved a lot of unsuccessful pushing and forceps) and had waited a while before saying this. I tried that and I pushed once and then I went oh, ok, right! So I pushed again and I could feel how strong it was and that it was working. My face was feeling different. I was giving it all I had.

The midwife advised my husband to feel down there – our baby's head was already out. He later said that he told me three times that her head was out before I heard him. I couldn't believe it was so easy! I was so excited and impressed and proud of myself. I pushed again and her shoulders came out and the rest of her just slipped out. The midwife whooshed her out and put her on my chest.

I was overwhelmed with emotion. I can't tell you what I felt, but I cried a lot. It was extreme happiness, like a peak experience. I had no control over it and I let it just happen. I had our baby held up against my chest, all squashed, smothering her with love!

My husband was very happy and proudly said, "Well, you got your girl and she is beautiful!" I remember looking in the pool and seeing how much blood was there. I know that there was a little bit of trouble getting the placenta out. I had to be drawn back into focus to push it out. I felt like I was finished. I didn't want drugs to help. We admired the placenta.

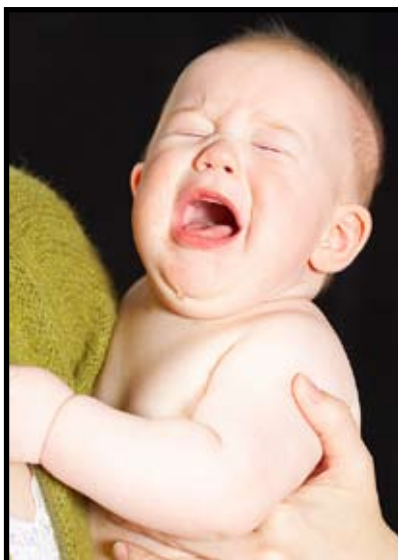
I remember looking in the pool and seeing all that blood (and a little poo!) I remember how grateful I was to my husband at that point. I thought that was a real show of manhood, being in the pool with me, and I wasn't in any hurry to get out of the water.

So that is my birth experience for you, so beautiful, and so difficult, perhaps just like motherhood.

My husband held it against me for a long time that my mother was at the birth, and I believe that this greatly influenced my experience of postnatal depression. Some time later one of my friends, who is a lactation consultant in a hospital, told me that she thought I must have been made of steel to go through my experience and have a homebirth. And she only knew half of the dynamics. Of course I had support from a pretty special group of women, but you know what? I think she was right!

#### Author Bio

The author of this piece has chosen to remain anonymous. We thank her for offering to share her intimate experiences of pregnancy and birth with our readers.



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# Opportunity to inform future care for women in minority situations



## Having a baby in Queensland – have your say!

the voices of women in the minority. Aboriginal and Torres Strait Island women, Culturally and Linguistically Diverse women and women living with physical and/or intellectual disability, are included in this process as their views are so often under represented and unheard.

During 2010 we are conducting a survey of 20,000 Queensland women to ask a broad range of questions about their maternity care experiences – we hope to find out what women liked, what they didn't like and how maternity care in Queensland can better meet their needs. In 2009 we ran a trial survey and invited 2,500 women to participate. Our initial findings from that suggest that we are failing to adequately capture the voices of women in the minority.

This is where we need your help! We need to ensure Aboriginal and Torres Strait Island women, Culturally and Linguistically Diverse women and women living with physical and/or intellectual disability are represented. We want to hear what women from these groups have to say about the maternity care

issues and experiences that affect them, and the best way – for them – that we can include their feedback. We will be conducting focus groups over the coming months to find out what is important to these women in maternity care, and this will help shape our next survey to be as inclusive and relevant to all Queensland women as possible. We will then report these findings back to Queensland Health, which may help shape maternity care policy.

If you would like to participate in forthcoming focus groups, or would like to work with us on behalf of your group and/or organisation to develop tailored appropriate methods of consultation, we would love to hear from you. Please contact us at: [qcmb@uq.edu.au](mailto:qcmb@uq.edu.au), or on 07 3346 8797, or by mail at Queensland Centre for Mothers and Babies, University of Queensland, Hood Street, Queensland QLD 4072.

We look forward to hearing from you and to working together to help improve maternity care for all Queensland women.

Queensland Centre for Mothers and Babies is a recently opened independent research centre based at the University of Queensland, and funded by Queensland Health. Part of what we are funded to do is to monitor the maternity care experiences of women in Queensland during pregnancy, labour and postnatally. We are very committed to ensuring

## The experience of Victorian couples who continue a pregnancy following a diagnosis of a life-limiting condition

Unfortunately, every year, some parents are told their pregnancy is complicated by the diagnosis of a life-limiting condition in the baby. We are interested in understanding more about the experiences of couples and families in Victoria who continue their pregnancy after a diagnosis of a life-limiting condition and their views of the health care and support they received during their pregnancy and around the time of the birth and death of their child. It is anticipated that the findings of this research may inform the care of these couples and families in the future.

### What is involved?

We'd like to have a face-to-face interview at a time and place convenient for you in the coming months. This can be a one-on-one interview or can be with your partner, either separately or together. We'll speak about the time of your baby's diagnosis, the care and support you received after this, your experiences around the time of your baby's birth and the care that was given to your baby, you and your family around the time of your baby's death. You can give any suggestions you may have about the care you could have received.

It will take about one hour and will be audio-taped. This will form part of Sibel Saya's Master of Genetic Counselling qualification.

### Yes, I'd like more information ...

If you are interested in participating in the project, please contact the researcher, Ms Sibel Saya, for more details.

Telephone: 0423 132 996 or Email: [s.saya@pgrad.unimelb.edu.au](mailto:s.saya@pgrad.unimelb.edu.au).

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# Ampe akweke Place: The 'little babies place' making a big difference

By Kylie Sheffield

To keep our children safe from harm is one of the most powerful human instincts. To be able to provide a safe environment in which they can live and grow is not just our parental responsibility, but also a fundamental human right. These are things that many Australians – particularly those of us city dwellers who never venture into our vast interior, up to our far northern reaches or out to our island communities – tend to take for granted.

But the Australia that exists for parents in these parts – the ones we rarely visit or even hear about – can be a different Australia altogether. And while the desire of parents here to protect and nurture their children is no less powerful, the basic tools to do so are sometimes out of reach.

To tackle the unique challenges facing young pregnant women and first-time mothers in Alice Springs and surrounding remote Indigenous communities, seven years ago the mothers, aunties and grandmothers of the region got together with local community-based groups and came up with a plan. The result was Ampe akweke Place – a five-bedroom house that provides non-crisis, transitional accommodation for women aged from 14 to 21, who are pregnant with or raising their first baby and have nowhere safe to stay. 'Ampe akweke' is a Central Arrente phrase meaning 'little babies', so the English translation of the program's name is 'Little Babies Place'.

Program Coordinator Anita O'Callaghan believes it can be difficult for urban Australians to grasp the circumstances under which women in Central Australia and similarly isolated regions begin their parenting journey. "For a start, many don't realise just how far some of these women have to come to give birth to their babies," Anita explains. "Women from out near the tri-state area or up near Elliot are travelling 400 to 800 kilometres to access Alice Springs Hospital."

In the Northern Territory (NT) – where birthing facilities do not exist outside the four major centres of Darwin, Alice Springs, Katherine and Gove, and where independent midwives have been prohibited by law from practising since 2002 – there is no legal way for remote women to birth at home in their communities, supported by a qualified practitioner. Hence the need for them to travel hundreds of kilometres, usually by bus or plane, to their nearest maternity

unit. Most will arrive in town in their 38th week of pregnancy and require accommodation while they await their baby's birth.

"Then there's the age factor," Anita adds. "Because many of our clients are very young when they conceive their first child, that, in itself, can constitute a risk." Birthing far from home and family in an unfamiliar environment is a daunting prospect for any woman but, as Anita explains, the situation can be exacerbated for very young women who, for a variety of reasons, are ill-equipped for pregnancy and early parenting or do not feel safe in their home environment.

To help us understand the situation in Alice, where the accommodation crisis means that even urgent priority housing can involve a wait of up to 12 months, Anita suggests we broaden our definition of homelessness. "Overcrowding is one of our biggest issues," she says. "Just because some of these women have a roof over their heads, it doesn't mean they have a home. Often it is not their own place, and not a safe environment for them to return to with their new babies. While they're not necessarily living out on the streets, that can certainly be the next step, and that's one of the things we're trying to help them avoid."

Seven years after its inception, Ampe akweke Place continues to be administered by Alice Springs Youth Accommodation and Support Services (ASYASS). The program is funded by the NT Department of Health and Families in recognition of the risks for young women and their babies – both during pregnancy and postnatally – that can result from the geographic and social isolation of living remotely. The service operates 24/7 and employs a full-time Program Coordinator, two Young Mums Case Managers and a roster of Residential Support Workers, who provide in-house support and assistance to clients after hours and on weekends. A number of staff members are fluent in one or more Indigenous languages, and have access to an interpreter service as required.

Clients, who come from the Central Australia and Barkly regions, enter via what is known as 'planned entry', and can self-refer or be referred by family members, midwives, remote clinic workers, hospital staff or other community services. They can stay at Ampe akweke

Place for up to three months, and may arrive during their pregnancy or anytime before their baby reaches two years of age.

In addition to its residential program, Ampe akweke Place provides an outreach service offering the same level of support for young women who live in the town area. Clients can remain on outreach for up to 12 months.

When I ask Anita what she feels is unique about Ampe akweke Place and what it provides, she explains that the program is all about empowering young women to take control of their futures and the futures of their children. "We're not about doing for," she says. "We're all about working with."

Starting with antenatal education and support – including health, nutrition, childbirth education and assistance with making and keeping antenatal appointments – the program aims to help young women develop the necessary confidence and skills to make informed, healthy decisions for themselves and their new babies. Case Workers explain the full range of available pregnancy care and birthing options to all Ampe akweke clients, even taking them to visit different carers and facilities to help them to choose the model of care that most appeals to them. They may receive their care from the midwife-led service at Congress Alukura (the Central Australian Aboriginal Congress women's health clinic), Alice Springs Midwifery Group Practice, the midwives clinic at the hospital, or home visitors from the Australian Nurse Family Partnership Program. "Most importantly," says Anita, "they do have a choice."

At full capacity, the Ampe akweke Place residential program houses five young women, along with their babies and sometimes a mother, auntie or other support person. And while clients may be of a similar age and background, Anita points out that a group approach is not always appropriate. "The support we provide is very client focussed, and we are very conscious of each woman's right to independence and privacy," she says. "Our case workers look closely at each individual's needs in terms of mentoring and support, and we tailor what we provide to suit those needs."

While one-to-one support will always be provided for anything of a personal nature, group work has proven effective for some of the more practical parenting



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Ampe akweke Place ...  
is all about empowering  
young women to take control  
of their futures and the  
futures of their children.

skills. These sessions can provide an opportunity for clients to get to know their peers and broaden their social networks.

Anita explains that many elements of the program are very practical, like helping clients learn how to enrol for community housing, source a birth certificate, open a bank account, and make sure they're receiving the right Centrelink payments. "Then there's shopping for and preparing nutritious meals, household hygiene, managing a budget and the other general day-to-day things that will help them maintain tenancy and keep themselves and their babies healthy after they leave us," she says.

After an initial three-month stay at Ampe akweke Place, a positive next step for many clients is to access the

ASYASS Housing Program – a 12-month supported accommodation arrangement during which residents can continue to consolidate on the various living skills they have learned.

Summarising Ampe akweke's philosophy, Anita chooses four words: assistance, guidance, advocacy and liaison. "We're not a medical model," she stresses, "and we're very reliant on networking with other groups and organisations. We want to help these young women to give their babies the best start they can and feel confident and successful as new mums. Linking into other community services is a big part of that, because they need to know how to access the help they'll need as they continue to grow as strong parents."

Clearly there is no quick fix to the difficulties facing young women who are pregnant or raising babies in Alice Springs and remote NT. The lack of pregnancy care and birthing facilities close to home is not likely to improve in the foreseeable future, nor is an end to the housing crisis anywhere in site. But grassroots programs like Ampe akweke Place show what can be achieved when support is non-directive and aims to educate, engage and empower.

In summing up, Anita tells me, "Some of the young women in our program confront challenges that many Australians could not begin to understand. We can't give them all the answers, but we *can* empower them with the skills and tools to go out and find them for themselves."

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# National Day of Action: our bodies, our babies, our right to decide!

On Thursday, 18 February, Australian women united once more for a National Day of Action (NDA) in support of their right to self-determination in health care. Coming together from various groups and organisations for a nationwide rally supported by mybirth.com.au, participants had a clear message for Prime Minister Rudd and their Federal Members: Our bodies, our babies, our right to decide!

## Ballarat

By Michelle McRitchie

We had planned to commence the rally at the Ballarat Botanical Gardens, where Prime Minister Rudd was expected to unveil a bronze bust of himself at around 10.30 am.

Around 200 participants, including children, gathered in the Gardens to hear a number of women share their personal stories. There were a few impromptu speeches, including one from an elderly man, who was born at home in 1930 and was shocked to hear of the Government's failure to support homebirth.

Many of the ralliers stayed into the afternoon, hoping the PM would arrive after all. But school pick ups called and the gathering dispersed shortly after 2 pm. We were later advised by media representatives that the PM had driven around the lake but, seeing the large crowd, avoided the area for 'safety reasons'.

Special thanks to Justine Caines, who travelled down from NSW and organised some major media, including Channel 7's *Sunrise*, which promoted all the rallies nationwide. Thanks also to Yvette Knights, who did a wonderful job as our MC for the day. Finally, a huge thank you to all of our wonderful speakers and the amazing people who travelled to Ballarat to fight for this issue in which they believe so strongly.

## Sydney

By Chris Wrightson

Women and families from all over Sydney rallied outside the office of Tanya Plibersek, Minister for the Status of Women, to support the NDA.

Greens MP Lee Rhiannon addressed the 160-strong crowd saying, "Women are deservedly angry with Kevin Rudd for bowing to the doctors' agenda and daring to dictate how and when women can give birth."

We had wonderful passionate speakers – there were tears in many eyes, including those belonging to some members of the media – and a great MC (thank you, Jamie).

Media coverage included *Channel 7*, *2GB*, *2DAYFM*, *MMM*, *MIXX FM*, *Australian Associated Press*, *The Sydney Morning Herald*, *The Age* (Melbourne) and *The Manly Daily*.

“

History shows that political force is applied to minorities and then extended to reach into the wider community. We believe all families and women should be able to access the healthcare and the healthcare providers of their choice.

## Coffs Harbour

By Jessica Nash

The Coffs Harbour NDA attracted 20 to 30 women and children but no media (despite their promises to attend). A highlight of the day was a speech by Sammi Cambray, who gave a moving account of her son's difficult hospital birth and highlighted why birth choice is so important to us all.



Bust of Prime Minister Rudd, Ballarat Botanical Gardens



Sydney



Sammi Cambray speaks up at the Coffs Harbour rally

# Gosford

By Michelle Meares

Gosford had a fantastic NDA turnout, with around 50 people gathering outside MP Belinda Neal's office.

Jennifer Brown, Lisa Cuthbert and Michelle Meares all spoke about the new laws and their personal birthing choices. Amber Cameron Burns sang her *Song to Nicola Roxon* and asked Belinda Neal to deliver that message to Kevin Rudd. Kelly Cole also entertained the crowd with some chanting and general noise.

NBN TV and the Central Coast Express Advocate covered the event, with good support also from local radio SEA FM who wanted live crosses from the protest as it happened.

Belinda Neal agreed she would arrange to meet with us at a later date. We look forward to that!



Gosford

“

... any collaborative or supervisory arrangements under consideration should not interfere with or override the primacy of the relationship between the expecting mother who chooses homebirth and a private, qualified, registered midwife.



Newcastle

# Newcastle

By Chrissy Grainger

The Newcastle NDA saw 30 women and children gather at Civic Park. With banners waving and some encouragement from the public, we walked through Civic Square and on to Federal Member for Newcastle Sharon Grierson's office.

From a makeshift blue soap box, event organiser Chrissy Grainger gave a comprehensive rundown of the Government's maternity services campaign to date.

Lilea Propadalo was enthusiastic in sharing her thoughts on why this is a women's rights issue and not just about birthing choices. "Birth is the thin edge of the wedge," she said. "History shows that political force is applied to minorities and then extended to reach into the wider community. We believe all families and women should be able to access the healthcare and the healthcare providers of their choice."

Local childbirth educator Sharon

Freeman shared her concerns that changes to maternity services will limit future choices for her daughters and granddaughters.

Unfortunately Ms Grierson remained in hiding and continued to tow the party line – her assistant informed us that we could safely say that her view "hasn't changed" since last September.

Newcastle families will continue to lobby the Labor party MP through letters and meetings.

# Katoomba

By Amy Bell

We gathered on the footpath outside the Katoomba office of Bob Debus MP with the banners we made for last September's Canberra rally unfurled for another showing.

Addressing the crowd of around 50 women and children, Amy Bell, convenor of MC Blue Mountains, spoke about

the possibility of homebirth with an independent midwife disappearing as an option, and the ongoing threat to our local maternity unit. With these options gone, it would no longer be possible for babies to be born in the Blue Mountains.

Mark Andrews, Office Manager for Bob Debus, addressed the crowd with the usual reassurances, so we intend to follow up with a face-to-face meeting to ensure our voices are heard.

Afterwards we walked down the main street of Katoomba. The local community radio program *Birth Hour* supported the rally with commentary on the issues and songs from the *Handing Down the Knowledge* CD, produced for the Canberra rally last September.

Katoomba has the second highest rate of homebirthing in Australia, and our women will not give up the right to access an independent midwife.



## Perth

By Danielle Senini

More than 60 people gathered outside the office of Melissa Parke, Federal Member for Freemantle, to support the NDA.

Six participants spoke, each sharing a different perspective on how proposed legislation and subsequent amendments will affect women and their families.

Ralliers were warmly welcomed by Ms Parke's staff, who stood in for her while she attended another function. A statement read by staff member Clare Davidson outlined Ms Parke's support for women's ability to choose to receive care from independent midwives. Ms Parke stated that she will be in communication with the Federal Minister for Health and will make it clear that "any collaborative or supervisory arrangements under consideration should not interfere with or override the primacy of the relationship between an expecting mother who chooses homebirth and a private, qualified, registered midwife."

We consider this to be a step in the right direction, and plan to keep the pressure on Ms Parke to ensure her actions will speak as loud as her words.

## Hobart

By Lalita Holmes

Around 60 women and men, and 15 children attended the Hobart NDA – these numbers were excellent considering the short time frame and the fact most of us didn't know one another. We attracted media coverage from Southern Cross TV, ABC Radio and *The Mercury*.

We had a successful meeting with Senator Carol Brown and will be following up with her soon.

Most attendees have asked to be contacted about similar events, which looks good for the future of lobbying and advocacy in Tasmania.



Perth



An awesome effort from the women of Tassie

## Adelaide

By Kelly Cole

Around 140 women, men and children protested outside the Nailsworth office of Kate Ellis, Federal Member for Adelaide.

Guest speakers included Liberal Candidate Steven Marshall, and midwives Roz Donnellan-Fernandez, Wendy Thornton and Julie Garratt. Dr Kylie Booth, Coordinator of CARES SA provided a written submission, and there were impromptu contributions from many of the wonderful rally attendees.

The rally was supported by mothers, fathers, grandparents, mothers-to-be and women who are yet to start a family. It was an emotion-filled event, and we were delighted to receive coverage on *Channel 7 News*.

We hope we have helped to spread the word, and be heard: My body, my baby, my right to decide!

## Stanthorpe

By Alison Gaffney

About 15 Stanthorpe women came together for the NDA, and it was an excellent opportunity to discuss the issues and share what is important to each of us. We made the front page of *The Border Post* on Tuesday 23 February and appeared in *The Freetimes* the next day.

A very newly sworn in local councillor came to chat with us about how council can support us in the future.

Our Federal MP Bruce Scott has been away and has not yet had a chance to respond to our calls. We will arrange to speak with him this week to discuss what he has been doing, and endeavour to have him respond publicly in the paper.

The strength of the women here is real and we will continue to gather and rally and talk to politicians until this is sorted!



Adelaide



The unstoppable women of Stanthorpe



## Canberra

By Emma Davidson

In Canberra we had a small but vocal group who were filmed by news crews for ABC and WIN TV. The issue was also covered by radio stations 2CC, 104.7 and 106.3.

Greens representative Indra Esguerra addressed the gathering, and Senator Kate Lundy came out to listen and answer our questions. Later, inside her office, Ms Lundy asked what changes would make the legislation workable and said she would be phoning Justine Caines to discuss the issue further.

## Brisbane

By Chelsea Everingham

Roughly 150 women, men and children gathered outside the office of Kerry Rea, Federal Labor Member for Bonner, in Wynnum.

Maryen Cairns, musician and co-convenor of Home Midwifery Association (Qld) Inc brought the group together with one of her beautiful songs entitled *What Women Want*. The powerful lyrics prompted tears of sorrow and anger from many in the crowd.

GP, author, mother and natural birth advocate Sarah Buckley shared some of her vast knowledge and experience, while Andrew Laming, doctor and Member for Bowman, apologised for the stance of his obstetric colleagues and, once again, confirmed his support for choice in pregnancy care and childbirth.

The air was charged with passion and determination resulting in many impromptu speeches from mothers and independent midwives. The feeling of love and mutual support was truly inspiring.

## Cairns

By Lynda Hay

Around 15 women attended the Cairns rally outside the office of Member for Leichhardt Jim Turnour. When a small group of us went inside to ask if Mr Turnour would address us, we were told he may be available later for five to 10 minutes.

Outside, I gave a very basic outline of the issues then handed over to some passionate and articulate speakers including Tiffany Zimmerman, Judy Chapman, Wendy Richardson and Karen Van Harskamp.

While Jim Turnour eventually came out and spoke to us for around 20 minutes, he didn't seem to quite grasp the issues involved. He did promise to pass on our concerns to Nicola Roxon when he meets with her next week.

## Darwin

By Tania McLoughlin and Kylie Sheffield

Darwin's rally in support of the NDA attracted around 20 women and lots of babies and toddlers. While these numbers don't look great when compared with some events in other states, the number of new faces (only two of us had organised or attended events of this type before) – especially at this time of year, on a revoltingly humid day – represented a huge breakthrough for lobbying and advocacy on the NT maternity reform front.

We gathered under the water tower in Goyder Square, Palmerston, where we spoke with journalists from both *The Northern Territory News* and free local paper *The Darwin and Palmerston Sun*. While we did our best to emphasise that the NDA was not just about homebirth, but about the right of all Australian women to make decisions in pregnancy and birth and to access midwifery-led continuity models, the *NT News* stayed true to form, choosing to focus solely on the homebirth issue.

At around 11 am we walked together, carrying banners, to Senator Trish Crossin's office. While the Senator was not at home, we were welcomed by two members of her staff, who apologised on Trish's behalf that she could not be there in person and assured us that she was sympathetic to our cause. We will be meeting with Trish in early March to elaborate on our concerns.



The heat didn't stop the women of Darwin

*Note: Women also rallied in Gladstone, Qld, but photos and details were unavailable at time of going to print.*



Member for Bowman Andrew Laming addresses Brisbane rally



Cairns



# Maternity Coalition News

## New South Wales

By Lisa Metcalfe, State President

NSW Branches continue to be active in over 12 locations with many plans for 2010. Some of the events include film nights, stalls at expos, birth fairs, and education nights with empowering birth stories. These activities raise the profile of Maternity Coalition (MC) and educate women and the community of the importance of high quality, accessible maternity care with a known midwife.

The reports from the Women's Experience of Early Pregnancy Care Study will be released later this year. Julia Cook and Lisa Metcalfe continue as consumer representatives on the reference group. The prevalence or quantitative study is in draft format and examines the 16,000 presentations to NSW Public Hospital emergency departments for pregnancy complications in 2008 (that is not a typo – 16k per annum!).

One of the main issues revealed in the study is that more than 50% of women present after hours, which creates difficulties in accessing diagnostic equipment and specialists such as ultrasonographers as well as the midwives (who are rostered in the emergency departments mostly during the day). Julia has had extensive input to the qualitative part of the study. Lead researcher

Kathleen Faye is examining the experience of women in emergency departments of state hospitals when they present with pregnancy complications. This study looks at the effectiveness of the funding and protocols provided to improve care in accident and emergency for women presenting with pregnancy complications.

Thanks to all the branch leaders for their continued effort.

## Northern Rivers

By Vicki-lee McAllister

As a result of great lobbying and working with the local maternity services, Northern Rivers group is pleased to announce that Midwifery Group Practices are now in place in Lismore Base Hospital with 200 places and Mullumbimby and Murwillumbah, both with 150 places. The exciting news is that all the places are full, and homebirth options are being explored at Mullumbimby and Murwillumbah.

## Wagga Birth Choices Action Group (WBCAG)

By Jenny Rolfe and Wendy Harper

2009 was a busy year for Wagga group, with new babies and new members, as well as new initiatives and challenges. Our Birthing and Babies Support Group really got going in '09, and we have a busy 2010 planned with many guest speakers covering topics such as, complementary therapies for use during pregnancy and birth, baby wearing and a session especially for the dads.

We are in the process of establishing a library of books and DVDs, thanks to a \$600 grant from one of the local clubs as part of the Community Development and Support Expenditure (CDSE) Scheme.

In December, 2009 we successfully held our first Baby Bazaar. We plan to hold these markets quarterly in 2010, with the first one scheduled for March. The Baby Bazaars provide an outlet for families wanting to buy and sell second-hand items for babies and children, as well as for local women selling new items they have made themselves.

We recently established a new homebirth group to support families who have had, or who are seeking, homebirths. We feel this is especially important given the current political environment and impending changes to maternity services in Australia. In our region, limited hospital options, the absence of a local birth centre and a lack of access to continuity of care with a known midwife prompt many women to seek homebirths. There is the potential for this issue to become even more significant after July 2010, given that we currently have one independent midwife servicing the area from a base three hours away.

We have held negotiations with Wagga Base Hospital over plans for a new hospital. The promise of a project manager to review maternity services and facilities has yet to become a reality. The current situation in Wagga sees us with two private obstetricians servicing the private hospital and no permanent head of obstetrics at Wagga Base Hospital. The gap at the Base is being filled by locums and the situation is yet to be resolved. WBCAG used this unsatisfactory state of affairs to gain media exposure and highlight the need for midwifery-led continuity-of-care models, which are currently unavailable in our area.

One positive development has been the opportunity to be involved in community consultation in the review of the student midwifery program operated by the Greater Southern Area Health Service. This program provides placements for post-graduate midwifery students in local clinical settings. Part of our feedback focused on:

- the need for students to experience a variety of clinical settings and birth experiences, which are not necessarily available in our area;
- interactions between midwives and obstetricians; and
- opportunities for students to work in continuity models following completion of their studies, which requires evolution of current hospital systems, policies and procedures.

Wagga has a team of committed, passionate families campaigning for change, supporting local midwives and providing community education and support. We look forward to a challenging year in the hope that decisions made at a federal level will provide more options for women, especially in rural areas.

## Illawarra Birth Choices (IBC)

By Sonia Gregson

A range of continuity of care options is available cross the South East Sydney Illawarra Heath Service (SESIHS), including two publicly funded homebirth programs at Wollongong and St George Hospitals. We have been campaigning locally to improve the policy and procedures attached to these locations, to make them consistent, and to standardise policy and procedures across SESIHS.

While in Canberra for the Mother of All Rallies, IBC members met with Sharon Bird, the Federal Member for Cunningham. This was one of many successful meetings we've had with Sharon and we will be meeting her again soon to continue our discussions.

In December our families gathered for an evening Christmas picnic at Coledale Twilight Christmas Markets, and in January we gathered again for an early evening play at the park and dinner at Towradgi Beach.

Our first meeting in 2010 was on 15 February and we have a fantastic new venue for our regular meetings this year – Russell Vale Community Hall. We will

meet on the third Monday of each month at 10.30 am.

At 7:30 pm on Thursday, 6 May (just after International Midwives Day) we will hold a screening of *A Breech in the System* with a discussion panel after the film.

We are continuing our fund raising efforts, with our birth pool for hire, and the sale of 'I was born at home' t-shirts.

The upcoming topics for Illawarra Birth Choices Group are:

- **Monday 15 March** – *Post Natal Depression*. Guest speaker Melinda McKeown, counsellor.
- **Monday 12 April** – *Nutrition During Pregnancy and Lactation*. Guest speaker Dr Verena Raschke-Cheema.
- **Monday 17 May** – *Dru Yoga as a valuable tool during pregnancy and the postnatal period*. Guest speaker Erika Steller, Dru Yoga teacher, will present and demonstrate.
- **Monday 14 June** – Topic TBC.

All sessions run from 10.30 am to 12.30 pm at the Russell Vale Community Hall, corner of Keerong Ave and Channon Street, Russell Vale.

Please call Sonia on 0424 051 246 or see [www.illawarra.birthchoices.info](http://www.illawarra.birthchoices.info) to find out more about any of the listed sessions and events.

## Central Coast MC

By Lisa Kim

**Kids Day Out – November 2009:** As 2009 drew to a close, Central Coast Maternity Coalition members continued to dedicate their time and efforts to fundraising, providing education about maternity services and raising awareness of the changes taking place at the *Kids Day Out*



Central Coast MC stand at Kids Day Out 2009

2009. This event was incredibly successful – we sold 400 cupcakes and gave away over 50 information packs to local people.

### Community Congress Awards –

**December 2009:** The efforts of Central Coast MC in 2009 did not go unrecognised, with a nomination for the 2009 *Real People Doing Real Things Award* in the not-for-profit organisation/volunteer group category. Although we didn't win, it was wonderful to witness the amazing efforts of other groups within our local community, and it also provided us with a unique opportunity to reach other community leaders and residents.

**The beginning – January 2010:** January for Central Coast MC is about spending time with our families and enjoying the fabulous attractions on the Coast at this wonderful time of year, so meetings don't resume until February. However, before our first meeting, key members of the team will be attending an information night about a fundraising BBQ to be held at our local hardware store.

### Empowering Birth Stories – March 2010:

On the agenda for our first meeting is our annual *Empowering Birth Stories* seminar, which has been planned for 20 March 2010. It will be held at the Berkeley Vale Centre, Heather Ave, Glenning Valley from 9.30 am to 12.30 pm. We have arranged a creche at no charge for parents with older children. Five couples will share their lovely birth stories – we expect to hear about a vaginal breech birth, a homebirth, hospital births and a c-section. Morning tea will be provided and plenty of discussion time is allocated for guests to talk with speakers and Central Coast Maternity Coalition members. This event is free for all attendees, so please spread the word around your networks and keep it in mind, particularly for clients or friends who may be a little scared of what may 'happen' during birth – all the speakers are there to provide reassurance. For more information please contact me directly on 0418 656 221.

The Management Committee welcomes new Assistant Treasurer Naomi Campanale. We thank Naomi for volunteering her time to take on this crucial role.

## Central Coast Maternity Coalition Presents

# Empowering Birth Stories

Come along for an  
inspirational morning of  
warmth and tenderness as  
five couples share their  
birth journeys.

Guest Speaker: **Carolyn Hastie**  
Midwife

Where: Berkeley Vale Neighbourhood Centre

When: 09:30-12:30 Sat 20th March, 2010.

RSVP: 8th March (if you need childcare)

Cost: No Charge

Ph: 4362 3990 or 0418 656 221

E-mail: [ccmaternitycoalition@gmail.com](mailto:ccmaternitycoalition@gmail.com)

Morning tea and crèche facilities  
provided





# Hunter Home and Natural Birth Support (HHNBS)

By Julia Cook

Hunter branch's inaugural evening meeting was held on 4 February, 2010.

Our aim is to enable maternity services consumers in the Hunter region to come together to identify and act upon issues at local, state and national levels. We meet on the first Thursday of every month at 7 pm, at the Charlestown Multi Purpose Centre, 17 James Street, Charlestown.

Contact Julia on  
huntermaternitycoalition@gmail.com or  
0411 190929 for more details.

## New website provides report card on local hospitals

Two mums have launched a new website in an effort to improve transparency for Australian women researching their pregnancy care and birthing options.

Launching [www.mybirth.com.au](http://www.mybirth.com.au) in November last year, founders Michelle Meares and Jennifer Brown said that women have a right to know what to expect when they choose their care provider and place of birth and should be able to access information on rates of induction, caesarean section and anything else that may influence their choice.

While maternity care data is not currently available for all states and territories at this time, the site already provides a 'report card' for many hospitals throughout Australia.

Visit [www.mybirth.com.au](http://www.mybirth.com.au) to see how your local hospital stacks up.

## Victoria

By Ann Catchlove

The new Victorian Committee got straight to work and we have lots of plans and enthusiasm for the year ahead. This year we are really focussed on improving our links and communication with MC members and all of the individuals and groups throughout Victoria who are passionate about birth reform.

At our January meeting, we discussed how to go about raising the profile of MC and maternity issues more generally in the media. We had some fantastic input from Ilana Solo and developed a plan of action for the months ahead.

In Victoria we have a state election this year as well as the federal election. This gives us a great opportunity to put maternity issues on the agenda and hold our politicians at both levels to account.

Some of our members will be attending lobbying training this year run by Emily's List, and we are also looking at options to run some in-house training on media and lobbying issues.

Janie Nottingham has done a sensational job in getting us a stand at the *Baby Show* in early March. This is an excellent opportunity to raise our profile and give prospective parents some information about their birth options.

Jo Askham is continuing to organise our movie nights. Our first movie night for 2010 was a screening of *Birth as we know it* on 18 February.

Melissa McFarlane, Michelle McCritchie, Jess Permezel and Ann Catchlove represented MC Victoria at the Quality and Safety Framework for Privately Practising Midwives consultation on 18 February. Also on 18 February, a number of our members attended the MY BODY, MY BABY, MY RIGHT TO DECIDE event to coincide with Kevin Rudd's visit to Ballarat.

If you are interested in getting more involved with the MC Victorian branch please email Ann Catchlove at [anncatchlove@yahoo.com.au](mailto:anncatchlove@yahoo.com.au).

## Queensland

### MC Darling Downs (MCDD)



MCDD members L to R Helen Neale with Micah, Michelle Dawson with Joshua and Aleesha Davies with Bec

By Jessica Krop

MCDD has made a great start to 2010. We have many new faces joining the fabulous women who have been working so hard in the Toowoomba region. I want to say a big 'thank you' to everyone who has helped me in taking on my new role as president, especially Makayla and her bottomless pots of coffee!

We now have a MCDD Facebook page, organised by Deirdre Turner, which is

helping us to reach even more women in the Darling Downs area. Deirdre is creating a fantastic space for local women to get together, and we hope to use this medium to create more connections with women in the Downs who cannot attend meetings.

BaBs classes have started up again and we have three new midwives joining the group, bringing their valuable perspectives to the classes.

We are also starting a newsletter for our local members, so they can stay informed about what we are doing, and hopefully pass this information on to members of the public who don't know what MCDD is about.

Our big event in 2010 will be the opening of Toowoomba's birth centre. After so many years and so much campaigning work by local women, it is going to be amazing to see it open to accept its first women. The Friends of the Birth Centre have started a branch in Toowoomba and we are really looking forward to working with them in supporting the centre and the women who birth there.

## Tasmania

By Kelly Madden

I attended the consultation for the National Maternity Services Plan in Hobart on Wednesday, 3 February. The other participants were Margaret Reynolds (National Disability Services), Deb van Velzen (Multicultural Health), Anna Folkerts (Australian Nursing Federation) and Terri Stockdale (Homebirth).

The consultation was facilitated by the private consulting firm who have been commissioned to develop the plan. The draft plan is due to be completed by the end of this month and finalised for public release by the middle of the year. It follows on from the National Maternity Services Review.

The consultant was unable to provide any further information on how things like the recent senate report will play out, and essentially wanted to hear what the main issues were in Tasmania, and how we thought the plan could help achieve the goals identified in the review.

Some of the key issues discussed were:

- Access to midwifery group practices/continuity of carer models of midwifery
- Access to homebirth
- Requirements for midwives for accessing Medicare/PBS/insurance
- The need for timely, nationally-consistent data collection and public access to detailed data

- How to make information about models of care easily accessible to women
- Use of translators for women from culturally and linguistically diverse backgrounds
- Transport and accommodation for women and their families who live far from hospital for late pregnancy, and for family during postnatal hospital stays
- Antenatal and postnatal outreach services to rural areas
- Training and professional development for maternity care providers
- Family and clinical decision making regarding continuation of treatment for infants with disabilities.

## Northern Territory

### Go Girl Australia: midwife cycles for choice



Marg with grandson Charlie

Go Girl Australia is a not-for-profit venture that aims to promote continuity of care from a known midwife, normal birth and breastfeeding. It is the brainchild of Marg Phelan, who believes that every Australian woman is entitled to make these choices and that far too many women are not well informed about their options in pregnancy, childbirth and early parenting.

Armed with years of experience as a mother and midwife, a well-travelled bike named Cecil, thousands of k's in the saddle, wonder van Muriel, and a dedicated support team, Marg Phelan is combining her life's passions to spread the word that women have a right to choose where and with whom they give birth, and to be properly supported in these choices.

Marg's aim is to educate Australian women of all ages, locations, lifestyles and circumstances about the benefits of

care from a known and trusted midwife and the importance of good support throughout their pregnancy, birth and early parenting journey.

Marg sees pregnancy, labour and birth as a normal physiological process, and believes that for normal pregnancies, homebirth is a safe and enormously rewarding experience. She recently had the honour and privilege to be midwife for daughter-in-law Mei Mei and son Paul during the homebirth of their beautiful boy (and Marg's first grandson) Charlie, in December 2008.

As Marg kicks off her newest venture, she will be continuing her role as ACM Fellow and, of course, continuing to support pregnant and birthing Territory women in the environment of their choice.

Go Girl Australia is a self-funded, not-for-profit venture and its purpose is not to raise funds, but to raise awareness and improve education. There are many ways you can support the cause.

- Join Marg on part of the ride
- Make placards and signs to display as Marg passes through your town
- Organise a get-together for women in your area - Marg will be happy to speak at your event
- Provide donations of cash, fuel vouchers, cycling gear, bike parts, accommodation, food
- Advertise Go Girl Australia through your business or community group

All donations received will go directly towards keeping Marg on the road and able to spread the word that women are entitled to information, access and choice in pregnancy, birth and parenting. Once Marg has completed her journey, all remaining funds will be donated to the Rhodanthe Lipsett Trust to help Aboriginal and Torres Strait Island women to study to become midwives.

See [www.gogirlaustralia.net.au](http://www.gogirlaustralia.net.au) for more information.

## International News

### MidU Study finds midwifery-led care safe

In November 2009, the University of Dublin published a report of the Midwifery-led Unit (MidU) Study, which evaluated care in midwifery-led units in Our Lady of Lourdes Hospital, Drogheda and Cavan General Hospital.

The MidU study found that "midwifery-led care provided in an integrated MLU [midwifery-led unit], as practised in this study, is as safe as consultant-led care,

results in less intervention, is viewed by women with greater satisfaction in some aspects of care and is more cost-effective."

For full report see <http://www.hse.ie/eng/services/Publications/services/Hospitals>.

## Methods of delivery and pregnancy outcomes in Asia

*The Lancet* has published an article reporting the findings of the World Health Organisation global survey on maternal and perinatal health 2007-2008, which looked at methods of delivery as they relate to maternal and perinatal outcomes in selected parts of Cambodia, China, India, Japan, Nepal, Philippines, Sri Lanka, Thailand and Vietnam.

The study found that the risk of maternal mortality and morbidity was increased for operative vaginal delivery and all types of caesarean section. For breech presentations, birth by caesarean section improved perinatal outcomes, but also increased the need for neonatal intensive care.

For full report see [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(09\)61870-5/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)61870-5/abstract).

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# Ballarat Community Cabinet: MC face to face with the PM and Health Minister

By Faye Kricak

At the Ballarat Community Cabinet meeting on February 18, 2010, three local MC members were able to address a question each to Prime Minister Kevin Rudd. Despite submitting a request by the due date, we were unsuccessful in gaining a one to one meeting with the Prime Minister, so this was a great opportunity to meet with him as well as fellow cabinet members face to face.

From over three hundred people, just fifteen were fortunate to be selected to ask their questions, and our local MC members were among that number – there was definitely someone out there looking after us that day.

Yvette Knights asked her question about why midwives will be subject to medical veto and why women will not be able to make decisions about their own bodies. Federal Health Minister Nicola responded that there is a need to clarify this misunderstanding; the Government, for the first time ever, will be expanding maternity services and women's access to midwifery care, and providing funding for this model. She added that the Government is going to be cautious when expanding these services and advised us to keep in mind that currently less than half a per cent of all births in this country take place at home. The Government will take a conservative approach and ensure all back up protocols are in place.

Faye Kricak asked her question: "Under the new Medicare for midwives reforms, can you promise me that my choices in birth will not be restricted by the AMA, my local GP, or the whim of the management at my local hospital." Nicola's response was, "Yes, I can guarantee that your birthing rights will not be vetoed by the AMA." She acknowledged that doctors and obstetricians did not want this change, and stressed that the Government needs to make sure that when expanding choice they do not fragment care. The Government wants to encourage all the health professionals in maternity care to work together.

Michelle McRitchie asked her question next, which was unplanned as her husband had planned to ask it if he was selected from the audience. After hearing Nicola's response to Faye's question, Michelle quickly penned a question using the statistics provided by the Victorian Department of Human Services to

Midwives in Private Practice regarding the outcomes for 30 VBAC (Vaginal Birth After Caesarean) women between 2003 and 2007.

Michelle explained that she had represented MC at the consultation for the safety and quality framework for privately practising midwives in Melbourne today, and had been told that all breech and VBAC women would be excluded from the framework. Their only options, she was advised, would be to birth in hospital or freebirth (give birth at home without a qualified midwife in attendance) despite the Victorian report indicating a 100% success rate for VBAC women choosing to birth at home. Michelle asked the Minister to clarify the situation.

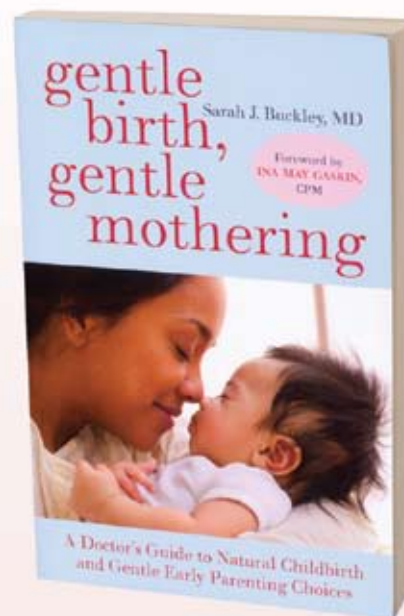
There was no direct "yes" or "no" response, but Nicola implied that the Government could not legislate something that was unsafe – that was why there were three pilot programs taking place in Victoria to help assess risk factors.

I felt that her responses to questions two and three were contradictory.

At the end of the forum, we approached our local Federal Member Catherine King and asked if we could meet with Nicola Roxon. Catherine was very helpful, agreeing to arrange for us to meet with the Minister at a later date. Catherine seemed genuine in her response, and we look forward to meeting with the Health Minister soon to help clarify some misunderstandings.

'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

Available from [www.sarahjbuckley.com](http://www.sarahjbuckley.com)  
and wherever books are sold

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

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

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

### Knowledge Not Fear

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

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

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

### Empowering and Safe

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

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



## ADVERTISE IN BIRTH MATTERS

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

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

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



# Member Notices

## Management committee meetings (National)

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

Dates for 2010 meetings are: 24 April, 15 May, 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](mailto: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](http://www.choicesforchildbirth.org.au).

## Donations

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

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

## MC bank account details

Commonwealth Bank of Australia Branch: Ringwood Victoria

Account Name:

Maternity Coalition Inc.

BSB: 063 167

Account Number: 10108586

Postal Address:

PO Box 1190 Blackburn North  
Victoria, 3130, Australia

## Infosheets

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

care offered is appropriate for the woman, her pregnancy, her goals and individual circumstances. Infosheets are available on our website to download free of charge.

Topics include:

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

## Birth announcements note

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

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

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

## MC online discussion lists and social networking groups

### Join an MC email group!

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

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

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

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

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

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

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

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

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

Find us on



# Maternity Coalition Contacts

## MC contacts (National)

### Office Bearers 2009

#### President:

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#### Vice President:

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**Vacant**

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#### Assistant Birth Matters Editor:

**Sonia Bartoluzzi**

#### General committee members:

**Bruce Teakle**

**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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**Consumer Representative:** Bruce Teakle

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#### General Inquiries:

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**CANA inquiries:** [info@canaustralia.net](mailto:info@canaustralia.net)

## Branch contacts

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**Geelong President:**

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Geelong MC/Choices for Childbirth

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**Ballarat President:** Faye Kricak

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

## Branch Information

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

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

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

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

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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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## Want Extras?

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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: \_\_\_\_\_

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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)



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