

# BirthMatters

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March 2011



**Revisiting rural  
and remote  
birthing**  
Has anything  
changed?

## **This issue:**

Fleur Magick shares her 'birth on country'

## **PLUS:**

Sharon Moloney on pioneer women of the bush



Maternity  
Coalition

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

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

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

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

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

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

The *Birth Matters* Editorial Team  
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**Fleur Magick welcomes Yiri, born on country**



# From the Editor



When we decided to focus on rural and remote birthing in the March edition of *Birth Matters*, we hoped to be able to present a clear and honest picture of what, if anything, has changed since we covered the same issue just on two years ago. Having grown up in country Queensland and spent the last 13 years in the Northern Territory, it's a topic that's close to my heart, and one I feel still gets insufficient air time. While the initial trickle of submissions did eventually turn into a (very late) flood, our need to get this issue to print on time hasn't allowed us to use everything we've received this time round. The articles and birth stories we have used are diverse, with each covering a different angle of rural or remote birthing.

Of the articles and stories we received, the one I personally find most thought provoking is Laura Metcalf's. I knew of Laura through mutual friends from Darwin Homebirth Group and we met last year when we were both pregnant with our third babes. When I heard of Laura's intention to have an unassisted homebirth on her rural property 200 km from Darwin, I automatically assumed this choice was a consequence of her inability to access midwifery support for a homebirth because she lived well outside the area covered by the Darwin Home Birth Service. Reading Laura's story, it's clear that this was never the case. Laura was not desperate, nor did she choose 'free birth' as a last resort; she was informed, knowledgeable and intuitive. In Laura's words: "... we wanted to take responsibility for the whole process of pregnancy and birth... and both consciously took part in creating what we deemed the right space for our baby." Laura and her partner Luke looked at all options and possibilities, considered the risks associated with birthing without immediate emergency care, and made an informed choice to birth two of their three daughters unassisted.

I found it interesting (and also sad) that even though she had birthed unassisted

once already and had connections with members of the homebirthing community, Laura felt largely unsupported in her choice during this last pregnancy. And it's caused me to think hard about what we really mean when we say, "every woman, *every* choice." I'm not suggesting for a moment that unassisted birth is an option every woman should entertain and I am fully aware that for many women, particularly in isolated areas, free birth is not the preferred option, but the only remaining one (which is why we continue to campaign for universal access to continuity models). But it's still a choice that every woman has the right to make and one that deserves the same empathy and respect as any other. When we start placing caveats on choice, we risk becoming the very thing we're fighting against.

Exploring the rural and remote theme has been a bit of a walk down memory lane for me. I've thought a lot about how my rural upbringing influenced my attitude to birth and what I remember about those who birthed around me in my formative years.

When my mum became pregnant with my second sister Sam, she kept on doing what she'd always done—milked cows, fed chooks, fixed fences, chopped wood, carted water and, of course, looked after my first sister Cyndie and me. Back then the women of my home town saw a GP obstetric proceduralist in either Tenterfield (15 minutes to the south in NSW) or Stanthorpe (30 minutes to the north in Queensland) and gave birth in one of those two community hospitals. My mum was lucky—she hooked up with a new-in-town doctor who had learned about and practised the Leboyer Method in the UK and had two home born children of his own. He promised her my sister's birth would be as natural as it could be in a hospital environment. She went to hospital one night and came home the next day. It was, she said, a beautiful birth. Sam was, and is to this day, the most 'chilled' of my siblings.

Fast forward 20 years. Many of my childhood friends have had their first babies. Those who still live in Tenterfield—where we went to high school—birthed naturally at the local hospital, supported by nurses they had known all their lives. A slow starter on the maternal urge front, I was yet to go there, so it was a relief when, from these women, I heard no tales of labour or birthing woe. With no epidural on offer and transfers eventuating only in genuine emergencies, they simply did what they needed to do. Just like their

mothers had done before them. Just like women have always done.

A few years later, the birthing unit in Tenterfield closed. Women who had experienced uncomplicated pregnancies and births with one or more babies, now needed to travel over the border to Stanthorpe or Toowoomba or, if they chose to stay in New South, make (read: vomit) their way along the dreadful road to Lismore. And it wasn't just the *place* of pregnancy care and birth that changed; women's attitudes to birth changed too. Because the city obstetricians and mainstream midwives they dealt with told them the way they had done it the first time was archaic and unnecessary—now they could have all the pain relief they wanted and feel 'safe' in the knowledge that the operating theatre was just down the corridor. Birth was no longer something natural; it was a condition that needed to be 'managed' and 'treated'.

Fast forward another few years and I'm living in the Northern Territory. Here women can still be forced to travel hundreds of kilometres—often without their partners or another support person, and sometimes leaving existing children behind—to give birth in an unfamiliar environment and receive care that is often inappropriate to their cultural needs. Indigenous women are still not supported in their desire to birth in their own communities or 'on country' and unassisted birth is the only option for those who make this choice.

When parts of Queensland were devastated by natural disasters earlier this year, I thought of the pregnant women and mothers of young babies who were stranded, displaced and endangered and could only imagine the fear and isolation they must have felt. It occurred to me that pregnant women in many of our rural and remote regions experience a similar level of isolation all the time, albeit under different circumstances. Unable to access the maternity care they want and need, they too are stranded, displaced and, in many cases, endangered. And in the year 2011, this, too, is a tragedy.

As I write I am preparing to leave Darwin, our home of 13 years, for the much chillier climate of Canberra. I hope to have thawed out in time to bring you our June issue from there.

Kylie

# From the President



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

The dust is beginning to settle. There are still issues which need to be sorted but right now we have a firm idea of where we are. I am frequently contacted by women (mostly), seeking clarification around what is required of them and their midwives in this post July 2010 phase. There is much misinformation around.

Firstly, we need to understand that National Registration and Medicare are two separate issues with separate requirements.

National Registration came into effect on 1 July 2010. National Registration requires all health providers to sign onto a national register rather than their previous state based register. Registration also requires indemnity insurance, of which none was available for midwives practising privately, hence we rallied in Canberra. On the eve of the rally we were thrown a bone; you see there was antenatal and postnatal insurance sourced but none for intrapartum (care during labour and birth) so Health Minister Nicola Roxon presented the private midwives of Australia with an insurance exemption for homebirth intrapartum care. This bone came with conditions—conditions that would take a further 12 months to finally fall into some sort of formalised format. This would be called the Quality and Safety Framework (QSF), which, even as we go to print, has yet to be endorsed by the Nursing and Midwifery Board of Australia. The QSF requirements are listed below.

- Informed consent has been given by the woman in relation to the midwife providing the woman's care without intrapartum indemnity insurance.
- Privately Practising Midwives (PPMs) are expected to adhere to recognised consultation and referral guidelines developed by the Australian College of Midwives

(ACM) and to have processes and relationships in place to demonstrate compliance with the guidelines.

- Women with a singleton pregnancy, cephalic presentation, at term and free from any significant pre-existing medical or pregnancy complications are those identified in the ACM guidelines as clearly meeting criteria for midwifery led care.
- When PPMs are the primary carers for women who fall outside of these criteria, the consultation and referral pathways must be documented and followed. Clearly articulated and documented plans of escalation and collaboration are integral to provision of safe high quality care leading to positive outcomes for mothers and babies.
- In addition they will enlist the services of another registered maternity care professional to provide a second opinion in situations where the woman chooses not to follow clinical advice about the need for interventions or transfer. A written record of these processes is essential to verify adherence to the framework in the event of any adverse outcome and /or subsequent legal action or professional investigation.
- **The framework is written to ensure safe, high quality care of the woman and her baby choosing to birth at home with a PPM. It is not a mechanism for determining eligibility of midwives to access the Medicare.**
- **No collaborative agreement between a midwife and GP/Ob is required for private practice midwives to access the exemption.**

So, while the QSF seems quite prescriptive, right of refusal has been built in to protect women's choices and access. I continue to be concerned, however, that there is no strong mechanism to support a midwife through and beyond this process. We know all too well that midwives are reported to their regulatory boards often for no other reason except supporting a woman's right of refusal and her ability to make informed choices when it comes to the health of her and her baby. This leaves us with a problem. Sure, the QSF appears to support women to make choices, but it does not adequately support the midwife, which in turn limits the woman's options. Perhaps we could call this coercion? I believe the next QSF needs to have a duty of care clause to protect midwives in supporting women's choices.

Another area of confusion is indemnity insurance, the products available and what restrictions they may place on midwives.

There are two insurance products: MIGA and Mediprotect (Vero).

MIGA, though subsidised by the Government, is expensive and has fairly tight criteria. In order to be able to access the product, midwives must:

- be licensed, registered or authorised to practise midwifery by or under a law of the Commonwealth, a State or a Territory with no restrictions on practice;
- have completed at least three years of post-registration practice across the continuum of midwifery care, within the previous five years;
- have successfully completed an approved professional review program for midwives working across the continuum of midwifery care, or that you will complete such a program by not later than 31 October 2010;
- complete 20 additional hours per year of continuing professional development relating to the continuum of midwifery care; and
- have successfully completed or provided a formal undertaking to the Board that you will complete within 18 months of recognition as an Eligible Midwife a pharmaceuticals course (regarding prescribing rights).

MIGA also requires midwives to have either a collaborative agreement with a hospital or a GP/Ob who can provide obstetric services. Alternatively, the midwife can complete a detailed care plan which is shared with and signed off by the booking hospital.

The MIGA product can cover a midwife for intrapartum care in hospital (although no privately practising midwife in Australia has yet been able to get hospital visiting rights).

Mediprotect is significantly cheaper and has no requirements or conditions except that the midwife is registered. It only covers antenatal and postnatal care.

It is important that you discuss with your midwife (or prospective midwife) which insurance product she has in place and what this requires of her in caring for you.

I will leave the Medicare minefield for my next report, however I hope that this has been a good start in clearing up any confusion.

Sarah Kerr



# European Court of Human Rights supports right of women to choose homebirth

By Ann Catchlove



*As the countdown to the expiry of the insurance exemption for midwives providing intrapartum care at home continues, Ann Catchlove, mother, solicitor and birth reform activist looks at the European Court of Human Rights decision to recognise homebirth as a human right and what this might mean in the Australian context.*

In December last year the European Court of Human Rights handed down a decision that looked at homebirth as a human right. As far as I am aware this is the first case under international human rights law that has looked specifically at the issue of homebirth.

The case was brought by a Hungarian woman, Anna Ternovsky, who was pregnant and intending to give birth at home. She argued that Hungary's ambiguous legislation on homebirth discouraged health professionals from assisting her when giving birth at home and that this amounted to an interference with her right to respect for her private life. Homebirth is not illegal in Hungary, but there are laws that mean that any health professional assisting a homebirth runs the risk of conviction for a regulatory offence.

Article 8 of the European Convention for the Protection of Human Rights and Fundamental Freedoms ('the Convention') provides that "everyone has the right to respect for his private life". The Court was satisfied that the circumstances of giving birth incontestably form part of one's private life for the purposes of Article 8. Legislation that arguably dissuades otherwise willing health professionals from providing assistance to a woman giving birth at home interferes with the prospective mother's right to respect for private life.

The Court found that the legal situation surrounding homebirth in Hungary meant that the issue of health professionals assisting homebirths was surrounded by legal uncertainty, and that this limited the choices of Ms Ternovsky. Hungary was therefore found to be in breach of the Convention.

Although Australia is obviously not part of the European Union, this decision could still have an impact here. The relevant provision of the Convention is reflected

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She [Anna Ternovsky] argued that Hungary's ambiguous legislation on homebirth discouraged health professionals from assisting her when giving birth at home and that this amounted to an interference with her right to respect for her private life. Australia is a signatory to the International Covenant on Civil and Political Rights which provides that: "No one shall be subjected to arbitrary or unlawful interference with his privacy, family, home or correspondence, nor to unlawful attacks on his honour and reputation."

(in slightly different wording) in other human rights instruments. Australia is a signatory to the International Covenant on Civil and Political Rights which provides that: "No one shall be subjected to arbitrary or unlawful interference with his privacy, family, home or correspondence, nor to unlawful attacks on his honour and reputation." A similar provision is included in the Australian Capital Territory's *Human Rights Act* and Victoria's *Charter of Human Rights and Responsibilities* ('the Charter').

International human rights law is developed from a range of sources, and so the decision in Europe can be used in interpreting similar provisions in other human rights instruments. In Victoria, for

example, the Charter specifically provides that such judgments may be considered in determining what the Charter means.

In Australia, homebirth midwives currently have an exemption from insurance requirements for attending homebirths. Depending on what happens when this exemption expires next year, we may again be in a situation where there is significant legal uncertainty surrounding registered midwives and homebirth. The Court in this case acknowledged that Hungarian women were not actually prevented from giving birth at home (in fact there was no evidence that Ms Ternovsky was finding it difficult to find a willing caregiver). It was not enough, however, for the Hungarian government to say that homebirth was technically legal given the uncertainty around it.

It may also be possible for a homebirth midwife facing disciplinary proceedings in a jurisdiction with specific human rights legislation (i.e. ACT and Victoria) to utilise the argument that an overly restrictive regulatory framework for homebirth interferes with a woman's right to choose the circumstances in which she gives birth and therefore her right to privacy.

Clearly there is a long way to go for governments in Australia and many other countries to recognise what many birth activists have long known—that women's birth choices are a human rights issue. Hopefully this decision is an important step in starting to hold governments around the world to account.



Ann Catchlove

## Author Bio

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

# Inspiring stories of pioneer women of the bush

By Sharon Moloney, PhD



When times are tough, as they have been in the last few years regarding women's birthing choices, we need to find ways to inspire hope and carry us through this round of challenges. One such ray of hope came my way from the most unexpected place—a dentist's waiting room. Among the reading material, I discovered *Pioneer Women of the Bush and Outback* by Jennifer Isaacs (1990). The stories of our foremothers giving birth to and raising children in the harsh conditions of the Australian outback are an inspiring testimony to the indomitable spirit of womankind—a lineage that contemporary Australian women can proudly honour and claim. The resourcefulness, endurance, courage, grit and determination of these women remind us how others have battled against the odds and emerged victorious.

The book's author, Isaacs, defines these women as pioneers because of "their state of mind", something she was able to piece together through historical documents such as diaries, kitchen notebooks and letters, as well as oral histories and interviews with descendants of early families. She comments: "They invariably knew what it was like to cope with little, to make things from scraps, bags, tins and boxes, and to cook a big dinner over an open fire" (p. 8). These women endured extremes of isolation, often separated from their menfolk for weeks on end and bereft of social supports. In addition to childbearing and rearing, they helped the men build dwellings, yards, rough furniture and primitive household utensils, making their own soap and candles and "devising palatable recipes combining their home-grown vegetables with bush-grown

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*...it is well to remember that in the early history of Australia's bush and outback, when most women had very large families, childbirth was entirely women's business. Doctors were few and far between; husbands and children were usually sent well away from the house and the birthing woman was attended, if she was lucky, by a trained midwife, or more often by a skilled birth attendant who relied on extensive first-hand experience.*

produce including the meat of kangaroos, wallabies and wild birds" (p. 6).

Isaacs also notes that, while the women in the book lived in the 19th and early 20th centuries, their pioneering spirit can still be found in the mining towns and rural and remote regions of the country today. Having spent 18 months in Mount Isa myself, I can appreciate some of the challenges faced by birthing women living in remote areas. Fears about 'risk' and 'safety' are amplified and the long distances and lack of skilled birth assistants are genuine disadvantages. In the face of this, it is well to remember that in the early history of Australia's bush and outback, when most women had very

large families, childbirth was entirely women's business. Doctors were few and far between; husbands and children were usually sent well away from the house and the birthing woman was attended, if she was lucky, by a trained midwife, or more often by a skilled birth attendant who relied on extensive first-hand experience.

Priscilla Cook, for example, arrived in Australia with her husband in 1893. A photograph of the family's slab house in Samford, Queensland, shows a very humble abode of rough-hewn timber. In this home, Priscilla birthed and reared her nine children. The family grew their own vegetables and worked on local banana plantations, struggling to make ends meet.

Kathleen Waterhouse was a midwife who worked in the Riverland area of South Australia in the early 1920s. Ever at the ready, she had a room adjoined to the house with a window that opened onto the veranda. People would knock on her window to summon her expertise at any hour of the day or night, and she would travel to the women on the maintenance trolley along the railway line. Conditions were rough: "We had no sepsis at all in amongst the midwifery patients"...soap and water can do wonders. She always carried a load of old sheets and linen because they wouldn't have anything prepared... "you had to make do with all sorts of things. And for my own sterilisation, I had a kerosene tin cut in half this way for the big instruments and cut square for the smaller instruments" (p. 125). One incident was etched into Kathleen's mind. She was summoned at midnight to a local hotel where one of the domestic girls had miscarried in her room, the baby still lying on the floor: "She wouldn't own up that she'd had this till I had to show her what she has passed...I said 'you were pregnant, so you might just as well be truthful about it' " (p. 125). The only son of the household was known to be 'very free with the girls' and his mother came to Kathleen in the small hours, instructing her that "I wasn't to say *anything* to *anybody* about what had occurred" and that "I had to take it away and...get rid of it anywhere I could" (p. 125). Although horrified, Kathleen discretely disposed of the dead baby in the middle of the night and six decades later would not divulge the name of the people involved.

Mary Jane Cobden (1854–1927) practiced as a midwife in the Rosewood Humula district of NSW. Married at 16, she lived with her husband John on the Ballarat goldfields, then Bells Creek before settling



at Humula. When John died in 1896, Mary was left as sole parent to their ten children and turned to midwifery as her means of support. She rode a black mare to attend births, crossing many swollen creeks and riding through thunderstorms to reach labouring women. She carried two bags on her horse containing a change of clothes, her midwifery implements and a little black book. Like many other midwives, she often remained to help with the housework and washing, and, in addition to attending births, she also nursed the dying and laid out the dead. When a young man she knew assaulted her on a lonely road, she scolded him that she would tell his mother and, thereafter, the police allowed her to carry a revolver!

Marie Otilie Johannsen (1881–1959) was of German descent and lived in the Barossa Valley in South Australia. At 23, she married Gerhardt, a young Dane, and the couple travelled to Central Australia—first to Oodnadatta, then Hermannsburg before settling at Deep Well, 80 km south of Alice Springs where their first child was born. Their next two children were ‘delivered’ by her husband; another daughter was born at the Mission Station in Hermannsburg, and two more children were born after their return to Deep Well, again, courtesy of Gerhardt: “During the early stages of labour Gerhardt took the other children to a gully in the hills a few kilometres from home for a picnic where they could play in the sandy waterholes. Then, leaving the older children in charge, he went back to deliver the baby” (p. 205). Apparently Otilie was a crack shot—she kept a rifle or shotgun handy to shoot the snakes that came inside from the spinifex to hide behind the kerosene tin cupboards! When Gerhardt fell ill with polio, she used homeopathic medicines and hot and cold compresses to treat him.

Child mortality from contagious diseases was a devastating fact of life for many families in the 19th and early 20th centuries. Although the trend was for much larger families and death was more common than is the case today, the death of a child or children had a profound effect on the whole family. Women in isolated situations would call on the midwife to help lay out the body or assist with the funeral: “It was very common for mothers and close friends and relatives to prepare a child’s body for burial, decorating it with flowers and observing other important symbolic gestures of love and remembrance” (p. 126). In these times, death and birth were the province of women—the stark facts of mortality being part of their everyday round of experiences. How deep the etches in the hearts of these women must have run; how rich and rounded their experiences of the naked realities of human existence.

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*Child mortality from contagious diseases was a devastating fact of life for many families in the 19th and early 20th centuries. Although the trend was for much larger families and death was more common than is the case today, the death of a child or children had a profound effect on the whole family. Women in isolated situations would call on the midwife to help lay out the body or assist with the funeral.*

Emily Churchward described the death of Violet, her three-year-old daughter, in 1883. It is obvious from her words that she was nursing not one but several very ill children: “Mother and Clara came to help me, for the patients became delirious, and Violet, worse than the others, was quite violent at times. Her throat grew worse, and became paralysed so that she could not swallow, and wasted almost to a skeleton... There was little we could do for her... Our dear one left us on February 22nd. I gently closed her eyes and the mouth which was beginning to smile, saying from the bottom of my heart, ‘Thank God’ her sufferings were over... Then I washed her hands and

face, brushed her hair and changed her nightdress. I laid out our kangaroo skin rug on the drawing-room sofa, covered it with a sheet and pillow, and... with our neighbour from across the road, carried her in and gently laid her down” (p. 129). Emily then put some white carnations in Violet’s hands, a wreath of white flowers on her head and another on her feet, laying her in a white coffin. Despite the heart-wrenching grief of this experience, being so intimately involved in all these details of her daughter’s death must have given her a degree of comfort in the experience—an ownership noticeably lacking in today’s sanitised version of death.

The most moving story of all belongs to Elizabeth McCallum (1831–1903), a woman of whom I am in awe, after having experienced the loss of babies myself. What happened to Elizabeth is a tragedy of unimaginable proportions; I have no idea how she managed to endure such depths of grief and loss and endure to tell the tale. She is truly a heroine of remarkable endurance.

Born in Scotland, Elizabeth married John at age 19 before they emigrated to South Australia where they both worked as shepherds. Eventually they built their own dwelling, Wholla Hut, and ran their own lease, where they were renowned for their hospitality, accommodating a regular stream of visitors and travellers. Between 1852 and 1870, Elizabeth gave birth to 11 children, apparently accepting “childbirth as an extremely routine matter” (p. 134). One visitor who heard a baby cry during the night reported that Elizabeth was busy cooking breakfast next morning as “it was her custom to provide each man with six

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fried eggs for breakfast" (p. 134). When she told him she had given birth to a 'bonny wee boy' and the visitor suggested that surely she should be resting, she replied that she would do so—but not before she had cooked breakfast!

Birth records show that almost all her children were born at different locations on the Eyre Peninsula, so she and John moved around. In 1872, their eldest son, who was boarding near Port Lincoln, contracted diphtheria and Elizabeth went to nurse him. Sadly he died and, when Elizabeth returned home, she burnt her clothes and bathed herself in the creek before returning to Wholla Hut. Despite her precautions, however, she was carrying the disease, though immune from it herself. Within a month, seven more children had followed suit, with only three of the 11 surviving. Two of these had been minding sheep at Yunto Well and, for several months, the only communication between these children and their parents was by shouting over a wide distance.

Along with the unimaginable grief of so many losses, the realisation that she had carried the fatal disease afflicting her family must have been extraordinarily difficult for Elizabeth to bear. Given that a mother's love is single-mindedly devoted to the flourishing of her offspring, to have unwittingly transported the deadly virus and then witnessed the demise of so many of her children must have pierced Elizabeth's heart. Despite the depth of this adversity, however, Elizabeth went on to have two more children—a girl in 1873 and a boy in 1876. They persevered in the management of their farm and, when John went blind, Elizabeth ran the farm by herself. She died at home in 1903.

When I read these tales of extraordinary courage against all odds, it sheds a different light on some of the challenges we face as birthing women today. It is not that our struggles are less challenging—it is all relative to our circumstances—but just knowing that one woman like Elizabeth McCallum was able to endure all that she did makes me want to dig deep—to be heroic, as she was heroic, to do what lies within my power to make a difference in my own way. When I read about these pioneering women of the Australian outback, I am proud to belong to such a noble lineage of invincible women. If they have endured and birthed and lost and kept on going against such odds, we can know that we are in good company as we fight the good fight with our own issues today. Blessed be the spirit of Australian birthing women!

## References

1. Isaacs, Jennifer. (1990) *Pioneer Women of the Bush and Outback*, Lansdowne Press.



Sharon Moloney

## Author Bio

Sharon Moloney has a background as a women's health practitioner and has recently completed her PhD which explores Australian women's experiences of menstruation and birth as spiritual phenomena. In addition, she has a private practice, working with individual women and couples on a range of reproductive and other issues.



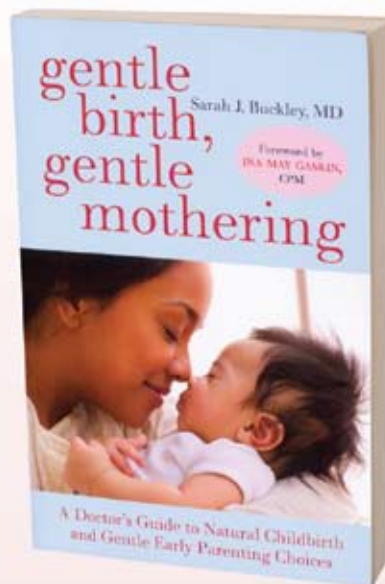
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# The one and only Melissa Fox receives life membership

By Joanne Smethurst



Our amazing Melissa with daughters Lily and Mia

*Melissa Fox, mother of Lily (6) and Mia (3) has been an integral player in the birth reform movement in Australia since 2003/04—before she even conceived her first child! This tribute is written to acknowledge and celebrate the enormous amount of work she has done to improve pregnancy, birth and postnatal care and increase options for ALL women.*

*Melissa has been the lifeblood of the QLD branch of Maternity Coalition (MC) for years and as she steps back from this work, we want her to know how precious she is, how valuable her work has been, and how much we will miss her.*

*MC's National Management Committee has just made Melissa a life member for her outstanding contribution to MC and to birth reform.*

Melissa Fox's intelligence, passion, dynamism, creativity, formidable time management skills and her beautiful way of relating to people have led her to achieve much for women in QLD and throughout Australia. The way she relates to people with compassion and understanding has created so much change and allowed her to build an incredible network that stretches far from her inner-city Brisbane home and reaches, literally, all corners of the world.

If I were to try to list all of her achievements, I would risk forgetting something important and crucial. I would also, in a way, miss the point. Because it's

not what Melissa has done, but who she is that matters. She's an incredibly vital, loving, resourceful, creative person; a daughter, a wife, a mother, a volunteer, an activist, a friend, a mentor, an inspiration, as you will see from what her friends say about her.

Lisa Metcalfe, past President of Maternity Coalition, said "My lasting impression of Melissa is a vibrant, passionate and a buoyant ball of energy that brought lots of ideas and creative ways to promote the message of birth reform to another audience of women."

Jodie Miller, former president of Friends of the Birth Centre (FBC), remembers:

"I met Melissa late in 2003 at a FBC morning tea held at the Royal Brisbane and Women's Hospital (RBWH). She was the first ever consumer to attend one of our morning tea events *before* becoming pregnant. She said she was starting her research early because she understood how important it was to trust her care providers and be comfortable in her environment. She really 'got' what we were advocating for."

Melissa became Vice President of FBC before her first daughter Lily was born, and was acting leader in 2004 when FBC and MC held a footpath protest about water immersion policies at the RBWH.

Bruce Teakle says, "Until the water birth protest Melissa had clearly been very keen, but seemed sweet and quiet. She showed a different side at this event, sitting with Erika [Bruce's wife] and Cas [McCullough] wearing swimsuits in an inflatable kid's pool on a footpath in Central Brisbane, each of them eight months pregnant. Melissa breezed through three quarters of an hour of continuous media interviews with mikes and cameras in her face, sitting in the tub and telling

them all what choice meant to birthing women. This was birth activism at its best."

After a brief period as FBC President Melissa 'defected' to MC where she has been the Vice President of the QLD Branch for at least four years (maybe longer but we're not such good record keepers) and has also been the National Vice President.

Melissa's initial conversations with the Mater Mothers' Hospital (her local Brisbane hospital) were the beginning of a long and productive relationship. Although she started lobbying for a Birth Centre, she has worked with them to develop their first (and very successful) midwifery group practice, and sits on a number of committees.

“

"I have enormous admiration for Melissa, who is a shining example of how women can challenge the medical system and empower other women to experience childbirth with joy."

~ Sheila Kitzinger

Michelle Kelly, from the Parent Education and Support Service at the Mater Mothers' Hospital said, "It has been my pleasure and delight to work and liaise with Melissa over the previous four years. I have worked with Melissa in the capacity of Clinical Governance Midwife and Manager of Parent Education and Support Service in various different roles at Mater Mothers' Hospital.

"Melissa has been the consumer rep on our policies committees and consumer forums and keeps us on our toes by bringing the concerns, views and voices of the consumer to the table. Melissa is an insightful, intelligent and committed advocate for women, babies and families. From our first meeting I recognised and respected her knowledge and commitment to birth reform. Melissa brings a steady guiding presence that is



Melissa and sleeping Lily join the who's who of birth from around the globe at HBA Conference in 2006

respectful of others, she is also able to have the difficult conversations with dignity, integrity and tenacity... the last of which is useful in health care reform.

"It is with regret that we acknowledge this change of pace for Melissa and she will be greatly missed at the various meetings she has become involved in across Mater campus. Melissa can always be relied upon to represent women and give voice to women and families in all that she does with us. We have come to think of Melissa as part of our team."

Consumer representation has been one of Melissa's passions as she believes it to be an effective strategy in creating changes in our maternity system. She has presented a number of papers on this at conferences, including a joint paper with staff from the Mater Mothers' Hospital presented at the Womens' Hospitals Australasia Conference.



Melissa, pregnant with Lily, takes part in a 2004 footpath protest in support of waterbirth

Melissa's work with the Health Quality and Complaints Commission, and currently with Health Consumers Queensland, shows her willingness to raise awareness of maternity issues across the whole of health. It has also been a good way for MC to broaden its network and further establish itself as a credible player in consumer advocacy in the eyes of the QLD Government.

Paige Armstrong from Health Consumers QLD (HCQ) said, "Melissa's work and achievements to date with HCQ reflect her strong passion and commitment towards achieving consumer-centred health services, with people as active participants and advocates about their healthcare and the health system. Her work on HCQ sub-committees has guided the development of our Consumer Engagement Framework, Consumer Representatives Program, a Health Advocacy Framework and Advocacy Took-kit for Queenslanders.

HCQ really appreciates Melissa's insight, strength, empathy and positive attitude in her approach to all her work."

Forging links is one of Melissa's great strengths as highlighted by Kirsten Adams, former Convenor of the Home Midwifery Association (2007-09): "She was one of the main reasons that HMA had such a close involvement with MC and the wider birth community. This relationship meant that HMA was kept abreast of the issues of the day surrounding maternity reform and therefore more willing and able to participate in the reform. Even though the hot topic for HMA was homebirth, Melissa's constant flow of information about what was happening nationally, internationally, politically and behind the scenes, all helped members of HMA (through the committee) to stay connected and feel solidarity with birthing women everywhere."

Working alongside the Australian College of Midwives (ACM), Melissa was the Chair of the Consumer Advisory Committee, for many years.

Leading midwifery researcher and former ACM President Associate Professor Hannah Dahlen said, "Melissa Fox is one of those amazing women who has such strength in her calmness, generosity and gentle persistence. I have seen Melissa with politicians, at conferences and, most famously, with her pregnant belly bare and painted red with

political slogans outside of Parliament House—there was such power in that vulnerability, and that is actually how I see Melissa. With Melissa, maternity reform was never about her or her agenda; it was about women and choice and the evidence underpinning that choice."

As with most (if not all) of MC's volunteers, the personal is the political and the political is the personal. Three years ago Melissa birthed another gorgeous baby girl. Her midwife Lianne Schwartz said, "Melissa has given so much to countless women all over Australia with her long involvement in birth reform, and I appreciated being able to give back to Melissa by supporting her to birth in the way that she wanted to.

"On my midwifery clinic wall hangs a canvas print of my favourite birth photo—Melissa holding seconds-old Mia, smiling that glowing, beautiful smile of a woman who's just birthed ecstatically and in connection with her body. Thank you Melissa. You are an amazing woman and an amazing contribution to your family and to women all over the world."



The photo that's been splashed across every birth magazine in Australia: Melissa with baby Mia

Georgina Kelly said, "I was so deeply enriched by being witness to Melissa's pregnancy journey, and to also be one of her support people at the birth of her daughter, Mia... Melissa fleshes out the well-known quote by Gandhi: 'Be the change you wish to see in the world.' I have seen her over the years doing that. She has done that in her skilful and compassionate advocacy work, and also in her inner-life work."

Ultimately, Sheila Kitzinger, social anthropologist and author of many birth-related books, perhaps best sums up the way we all feel: "I have enormous admiration for Melissa, who is a shining example of how women can challenge the medical system and empower other women to experience childbirth with joy."

Or is it her daughters that do it best? Lily, aged six said, "I love Mummy because she says kind things to me, looks after me, and she wants to be her best at looking after me and my sister," and Mia, aged 3 said, "I like Mummy 'cause she gives me milky."



Melissa joins fellow MC-ers on the Drive for Birth Reform (L to R) Robyn Thompson, Liz Wilkes, Melissa and Makayla McIntosh



# Home water birth of Alyssa Lali Gage:

16 January 2011

By Lizzi Gage



Lizzi welcomes Alyssa Lali, born gently into water, at home

Alyssa Lali was lucky enough to come into this world in a very calm and loving environment: *our home*. Surrounded by her loving family, our beautiful midwife and a close friend, she was born into water, naturally and gently. This is our story.

My first son Teilo was born in a hospital. I wanted a homebirth but, due to a lack of private midwives and my own lack of confidence as a woman, I attended the midwives' clinic and had him in a hospital. The birth itself was nice because, luckily, I liked the anonymous midwife on duty that night. I remember hurrying to birth Teilo before she finished her 7 am shift. I had a thoroughly 'natural' birth plan, but there were certain hospital protocols that they insisted upon.

When I became pregnant with my second child, Ezekiel Jai, I searched for a homebirth midwife, but all lived more than two hours drive away. We live in an isolated area where it is very difficult to get any services. I continued to visit the country hospital (90 km away) where they supported gentle childbirth and let the doctor know of my wish for a homebirth. Luckily, when I was 32 weeks, I met two lovely midwives who were willing to attend the homebirth. Although they both lived over two hours drive away, I was able to have a beautiful homebirth

in which we made the decisions for our child. It felt so right to have my child at home in a familiar place.

By the time I was pregnant again, the Government had passed new laws and both the midwives that came previously had stopped practising. I was determined to have another homebirth, but found all the midwives I knew of had either stopped practising or lived too far away. Luckily, I found Sally-Ann, a beautiful private midwife who is determined to stand up for women's choices to birth where they want to, with professional care and diligence. She agreed to attend the birth at my

home. I was relieved to have found her in what seems like the dark ages of women's rights to birth at home.

The sacred journey of my pregnancy continued, and this time I was determined not to project any hoped for outcomes onto this birth, but to follow the rhythm and

flow of my body and baby. The pregnancy went 11 days over the 'estimated due date', but this was similar to my previous pregnancies so I tried to relax and let it all be. I also had almost a week of pre-labour pains, which I slept through as much as possible.

Finally, on the morning of 16 January, I awoke at 6 am and had a show. I took a shower and put on my favourite clothes. The contractions were coming around five to six minutes apart. I was relieved that it was finally happening and also amazed because the family all slept in until almost 9.30 am. This was a magical time for me to centre inwards and enjoy the morning. I resisted the urge to vacuum, and we rang Sally-Ann to let her know what was happening.

By 10.30 am the contractions were very strong and I had to kneel down through them. We called Sal and she was already at the driveway. We had set up our bedroom and started to fill the birth pool. Because we had no water pressure it took almost two hours to fill, so I was very ready to get in. The relief was instant, and with Roz pouring water over my sacrum each contraction I could manage the pain. The pressure of my unbroken waters was making the contractions feel worse and with each one I wanted to bear down. Suddenly there was a rush of water within water as my water sack broke into the

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Lovely Alyssa

chest by her loving Daddy. I am completely overwhelmed by how absolutely perfect she is. She has a tiny cry and then looks around at the beaming faces before relaxing onto me. It is 1.52 pm. The sun begins streaming through the window as the placenta is birthed. We decided not to cut the umbilical cord, but have a lotus birth, as we did with Zeke. She is so perfect, so calm.

This was my first experience of water birth. I loved birthing in water as it eased the pain of contractions and was very gentle on the baby and on myself. I

pool. The pressure was then replaced with waves of pushing sensations and I realized our sweet angel will soon be born.

Sally-Ann is amazing at this time, guiding me through breathing, blowing, slowing. I feel the baby's head crowning and then her hair floating against my palm. Everybody is very excited now that they can see her head. The next thing I know there is another rush of water as she is born, and then lifted up onto my

didn't tear at all. The transition from womb to water is very calming.

One of the nicest things about being at home was that the new baby's two brothers watched her birth. This has formed a very close bond between them all and given them an experience they will always remember. In the evening we lit all the birth candles and loved our new baby. We named her Alyssa Lali.

Choosing to birth at home has enabled

me to draw on my wisdom and the strength of being a woman, to trust my body and my baby to do what it is meant to do. With homebirth we can make our own choices. I am so grateful to Sally-Ann for being there with her wisdom and experience. I can only hope that private midwifery can be made accessible to all women who chose to birth their babies at home.



Alyssa with midwife Sally-Ann

# ARE YOU A MULTI-TASKER?

## WANTED: Passionate people to join our editorial team

We are looking for people to join our editorial team later in 2011. If you have experience in the areas of writing, proof reading, editing or design and layout (or have the time and motivation to learn) and feel passionate about the need for an accurate and representative voice on the Australian birthing scene, we'd love to hear from you.

Email **[birthmatters@maternitycoalition.org.au](mailto:birthmatters@maternitycoalition.org.au)** or call **Kylie** on **0414 494 853** for a detailed role description or more information.



# Yiri's birth story

By Fleur Magick



Fleur enjoys her first days with Yiri

While the Report of the National Maternity Services Review acknowledged the cultural significance of 'birthing on country', Indigenous women throughout Australia remain largely unsupported in this choice. Fleur Magick, descendant of the Wiradjuri and Ngemba peoples of Western New South Wales, shares her son Yiri's birth story, and her vision for a future in which all Aboriginal women have adequate information, support and access.

While I was pregnant my children and I visited our bural\* for healing and learning time.

Country spoke to us and sent us the totems of the new teachers that would come into our lives during this new chapter. Country also began to speak about the learning journey that mother and new child would commence together. Country showed us a waterfall and gave us ochre to dance. During my pregnancy, whilst at our bural, I was gifted a dance to honour water.

Almost a month prior to Yiri being born we travelled again out to our bural to wait for Yiri to come.

The month was spent in different types of ceremony: making new friends and sharing in reconciliation ceremony; family healing time ceremony with my children and my mother; women's ceremony with

other Aboriginal and non-Aboriginal friends and family; and personal ceremony time for me, alone, preparing for this birth and this new mutual learning journey.

All of it was wonderful. This month of experiences will always remain as one of the most rewarding months of my life. The birth preparation and the birth itself were everything that I needed to fulfill my dream of birthing on country strong in my cultural beliefs. It was healing for my mind, body and spirit and restorative of my inspiration.

I would love to live permanently at or near our bural in this simple way forever with my family. When I do die I wish to go to our bural to die and have my ashes spread there in that place.

The healing of the connection to country that the birthing stories of my three sons have given our family is immense. It was when I was pregnant with James that Mum and a friend first took me to the site (our bural) for healing time as a Wiradjuri woman. My Wiradjuri ancestor Annie Magick was born near the area and I immediately felt a strong connection to country in this place.

My first born, James, was born at Orange Base Hospital because I couldn't find a midwife to support me for an out of hospital birth. I had a completely natural birth on the hospital floor. James had his welcoming and naming ceremony at our bural when he was five days old. Just

over two years later, Preston was born there on country, at our bural by the open fire. He was born on the floor inside a one-room stone cottage because of the winter.

Yiri has now been born in summer time at our bural. Born to the sound of the music made by the water flowing over the rocks of the Goulburn River. Born on the riverbank sand, under the overhang made by a cave, surrounded by a circle of ceremonial fires and under the starlight. Born to the Wiradjuri song sung by his ngama\*\*.

With the growing connection to country that these birthing ceremonies have given to our family, I have much more deeply begun to understand the loss of what was. As a family we have a place in country to go to where our ancestors once lived. My children are connected strongly to mother earth there, as is our belief when the bural is planted with the great mother. We have been visiting this place for mutual healing and learning as a family for over seven years now.

Seven years isn't very long in the story of our Wiradjuri and Ngemba people who have been custodians of this country since time began, since our creator and ancestors walked this earth. Now, as I often do, I begin to reflect on the great loss of the many generations of our Wiradjuri and Ngemba people since the invasion and desecration of this country. We have begun to repair a tiny fraction of what was and it is definitely making our family much stronger. But it is only a tiny fraction of what must be repaired. And we have had to work very hard for this small but powerful healing connection we have achieved as a family.

And yet the country there—this SACRED Wiradjuri birthing, healing and learning place—is under threat from mining at the Moolarban Coal Mine. I gave birth on a mine lease. The escarpments may collapse in the future if mining is not halted; the river may become too polluted for new born babies to touch in the future if our way of living in this country does not change drastically and with haste.

Everywhere we walk is land holding the stories of the ancestors of this country. Now we have contemporary custodians. My children and I are custodians of this land, our mother. Our bural holds our stories now. We love the country and do not want our bural or any other places in country anywhere in 'Australia' to be destroyed. We want people to take care of mother earth, our land, our rivers and each other.



Baby Yiri

Country revealed to me Yiri's birth totem in the lead up to his birth. Yiri's totem has a very strong connection to water.

Partly during my personal ceremonial time waiting for Yiri and partly after his birth, I was gifted a song in Wiradjuri language to honour water. It is the song to go with the dance I was given by country earlier during his pregnancy. I was singing Yiri the song to honour water during my contractions and immediately after he was born.

The next song and dance that I can feel readying within me is a song I'm being given about my mother and all mothers and mother earth. My amazing, strong and powerful mother is the reason our family has been given this healing gift of restoring our connection to country through these births. My mother has supported me in all my decisions to birth on country, has been present at every birth as our Elder and has given endless love (and much organisation) towards us achieving this as a family. I know my mum has seen the healing taking place within us and is feeling it herself. My mum has given me this gift. She was the one who first reconnected me with this special site and I haven't stopped going back and getting stronger since.

As I was giving birth to Yiri I was cradled in the arms of my mother as we were all cradled in the arms of our mother ancestors and our earth mother.

To birth on country and for my children and I to have our bural connection has been immense healing. Not all Aboriginal women can make the decision to birth on country due to health or other reasons, however those that wish to do so need to be fully supported to birth in the way that is our religious and cultural right.

However, all Aboriginal women and families, whether they birth in or out of hospital definitely need the opportunity to have access to special country where they can plant their children's bural and where they can share in women's business and family cultural and spiritual learning

and healing. I'm hoping to make this vision a reality that is available to any Aboriginal woman and her family. I would like your support.

Think of a large expanse of bush in Wiradjuri country with fresh water from a river or creek and springs. Imagine eco buildings built by Aboriginal and non-Aboriginal hands together, buildings powered by solar power. One of the buildings is a birthing

centre for Aboriginal women who wish to birth inside but not in hospital. Nearby is the river and a ceremonial birthing circle for those who wish to birth outdoors.

Some of the buildings are little cottages so the families can come and stay for up to six months prior to their due date. During this time the families are receiving support to heal through culture, to heal from trauma, to heal from substance abuse, to heal from violence, to heal together. At one end of the property is a men's space and building where the men are learning and healing and preparing to support their families.

Even if women can't birth out of hospital for health reasons they can still come to this place for prenatal and postnatal healing and learning with their families and to have ceremony and plant their placenta if they wish—or we will support them to plan to do so in their own country.

We need midwives to attend the women at the healing property for prenatal and postnatal checkups and support and for the actual births. We need health professionals such as Indigenous counsellors and other health professionals and social workers to assist with healing and reintegration of families to broader society a few months after the births...but first we need the land to begin the process of building this vision.

I'm asking you, all of you, if you can support this vision in some way, if you can please contact me via email:

[indyamarra@hotmail.com](mailto:indyamarra@hotmail.com)

I want to build a business selling products to raise money towards buying the land. Perhaps you can help with this business in some way, or perhaps you are in a position to donate finances or time to this vision so that we can get land. I really hope some of you can as I know an opportunity such as this will drastically change the lives of many as it has changed mine and my children's lives.

I would like to extend a special thank you to my midwife Hazel Keedle, who I highly recommend.



Fleur and her three boys, James, Preston and Yiri

Hazel's website is at: [www.midwifehazel.com](http://www.midwifehazel.com)

Also a huge thank you to my doula Danielle Martin who is awesome! Danielle's blog is at: <http://douladanielle.blogspot.com>

And a very special thank you to my mother and my dear friends and family who came out to the site to help with Yiri's birth.

\*A Wiradjuri word meaning birthplace, placenta and place of placenta burial.

\*\*A Wiradjuri word for mother (there are also other words for mother).

### Author Bio

Fleur Magick is a descendant of the Wiradjuri and Ngemba peoples of Western NSW. Over the last five years Fleur has been involved in assisting with the revival of the Wiradjuri language. Fleur has taught the language in schools, community settings and at TAFE. Fleur has also been involved with the revival of Wiradjuri women's dance and song through composing Wiradjuri songs and dances, teaching and performing them with other Aboriginal women and girls. Fleur was a founder of Aboriginal Cultural Birthing and Parenting NSW. As part of the vision of this group Fleur voluntarily runs a parents and children Aboriginal studies group which incorporates Wiradjuri language, environmental studies and Aboriginal spiritual beliefs in a family learning environment.



# A bush birth experience

By Hazel Keedle



Independent midwife Hazel Keedle spends time with Fleur on country in the leadup to Yiri's birth

I think of myself as very honoured and very lucky. This January I got to be part of a very exciting journey, a journey that fulfilled one woman's desire to birth on country, a journey that allowed me to explore patience and trust in birth and a journey that has allowed one special little boy to be born on his sacred ground into the arms of his family.

My name is Hazel Keedle and I am an Independent Midwife with Medicare Eligibility. I live in the Blue Mountains in NSW and I had the great privilege to be Fleur's midwife for this birth.

A birth in the bush takes extra consideration and this is the subject I wish to touch on here. Many months were taken in the planning—many emails with exchanges of ideas.

A birth in the hospital takes planning—what policies and procedures are required, staffing, equipment, packing a hospital bag etc. A birth at home takes planning—birth pool, towels, sheets, midwifery equipment, support people. A birth in the bush... where do we start!

Early on a rough care plan was made, and the roles of who would bring what were clearly defined. I was to bring my midwifery equipment, emergency equipment & oxygen, communications, and personal camping equipment. Communications included a satellite phone and an EPIRB (Emergency Position Indicating Radio Beacon).

A trip to the site was also done early on and this helped in considering what would be required. I was to stay on site with my family during the last few weeks of Fleur's pregnancy and this in itself

required more planning. I am a mum of five children and wife of a full-time working husband, but school holidays, annual leave and willing family and friends made this possible.

As the time came closer I thought of my equipment, both midwifery and alternative. I ordered some specially made birthing, after birth and breastfeeding herbal teas; I updated my essential oils; I packed lots of extra batteries for my Doppler and my head torch. I knew I would be carrying my equipment out to the site so I packed and repacked until I had three bags plus an oxygen cylinder to carry.

Packing for me and my family was more complicated, trying to decide which toys would come in the toy box was very stressful! Holiday time arrived and a packed car with children and luggage excitedly left for adventures somewhat unknown! Within days the walk route to the site had been marked and clearing of the route was done for safety and ease at night.

For me, independent midwifery is a family affair and this was most evident during this time—my children played with Fleur's boys,

my friends dined with all of us, her friends danced and shared with me, my husband helped with carrying equipment and was a great child entertainer, her mum was a great friend and a mum to all of us! I remember hearing my youngest daughter (aged two years) state quite clearly that she was going to be the baby's big sister. I got to spend those weeks relaxing, waiting, swimming, walking, and sharing over many fires.

The birth story is not mine to tell but I will say that this precious time was given a great climax: a powerful, natural birth to the sound of the flowing river, by the light of fires and moonlight.



Prior planning ensured Hazel was well prepared

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# Bush dreaming by Orange doula

By Danielle Martin



Orange doula Danielle Martin felt privileged to support Fleur during Yiri's birth

It was just a few days after a hectic Christmas that my partner and I packed the car and headed bush to help set up base camp with Fleur. The kids were *uber* excited to be going camping again but after several hours stuck in a hot, hot car, the excitement turned to quiet frustration. As we turned down a dirt track our spirits lifted again—we knew there would be a crystal clear river to rejuvenate our senses. We wasted no time in stripping off and headed towards the river, who was calling us with her song. A goanna lay motionless on the branch of a eucalyptus, hoping to go unnoticed. Tiptoeing across the hot, hot sand and then...relief! The water eased our desperation.

After a while just lying and soaking, we set up camp before it got too late. The base camp was perfect, with a ring of tents, a great kitchen area (thanks to my partner Lucas), and a campfire in the middle. My kids watched in amazement as Fleur's boys, James and Preston, painted their faces, arms and legs with charcoal from the cold fire. I could tell they were keen to do the same but weren't quite sure if they could or should. Meekly they grabbed a few pieces of charcoal and did a few stripes on their legs and across their cheeks. Fleur and her boys performed dances to welcome us onto country. I felt extremely privileged to be there that night together with my family and Fleur's.

The song of the cicadas was almost deafening but as the sun went down this gave way to an orchestra of night insects. The kids were pooped after a long day

of travelling, swimming and playing and didn't take much convincing to go to bed. The adults briefly admired the night sky then joined the kids.

The next day, and for the rest of the week, we spent the time together swimming, playing and learning about Wiradjuri language, bush tucker (which my kids now point out in all types of locations...who'd have thought there was bush tucker in the Bunnings car park!). Fleur took us on bush walks and to glorious swimming holes nestled among the sandstone cliffs. She was in her element. Lucas and I were absolutely amazed at her agility and flexibility to be able to climb over boulders, across logs and up steep slopes. Nothing fazed her here. I have never seen a woman at eight months of pregnancy so active. We felt quite ashamed at how unfit we were!

Fleur took us to a Wiradjuri cultural site where the hand prints of her ancestors were visible for all to appreciate. The colours of the ochre were incredibly vibrant. This was an area for all the family (evident by the variety of sizes and shapes of the hands, including children's hand prints). Unfortunately, this whole area is under threat from coal mining and the

local environmental groups are continuing their fight to protect it.

Usually, by the end of a camping week, my family is busting to go home to remove the sand from our hair and have a good shower. This time, however, it was difficult to pack up and go back to normal life. I'm sure we could have lived there forever.

Fleur and I had met some five years earlier when she was pregnant with her second babe and I was pregnant with my first. We had both joined the local yoga group and had friendly exchanges as the months passed, but we had never discussed where we were having our babies. After a few weeks of Fleur not being in class I asked the teacher if she knew where she was, to which she exclaimed, with a somewhat puzzled look on her face, "Oh, she's gone bush to do secret women's business.... or something." At that moment I thought "Wow! I want to do secret women's business too!"

A few weeks passed and I was becoming anxious to get back to the bush. The full moon was on her way and I was sure a babe would be born under it. I packed lightly—a few clothes, a swag and meagre cooking utensils. This time my family was staying behind.



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Fleur's mother and her midwife Hazel had arrived, and there were other sisters coming and going at the base camp and birth site. Talk about an awesome support network! There is something very liberating about only having women around you. Fleur had invited me to sleep out at the birth site and I was more than happy to oblige. It was as simple as picking a flattish spot, making sure there were no creepy crawlies whose home I might be invading, and unrolling my swag, and my sleeping arrangements were done. The view from my swag was sensational. If I looked straight up it was a sheer vertical sandstone escarpment above me with a few overhanging tree branches. If you looked across the gorge you could watch the full moon and the stars appear over the cliffs on the other side and track their way across the night sky.

I was acutely aware of the need to be absolutely present and in the moment. To be able to take in every sight, every sound and every experience. These experiences were many and varied. One of my favourites was the morning I lay

peacefully watching a hawk fly from one side of the gorge to the other, picking off cicadas one by one and landing directly above me on the cliff. Backwards and forwards she went.

The time I spent alone at the birth site was taken up by a lot of relaxation and contemplation. The song of the water over the rocks made the perfect soundtrack for bush meditation. The shifting sands of the river made for the musing of the ever fluid and changing nature of living. The early morning drops of rain on my face exposed my vulnerability.

The time spent together as a community of women was vibrant and energetic. Dancing, singing and ceremony were a part of the ritual of being on country and the women revelled in it. I cannot think of a better way to honour those last weeks of pregnancy. I can only dream that every woman has the opportunity to relax deeply, honour herself and connect with her sisters, herself and her babe in whatever fashion suits her over those last weeks.

Fleur's mother, Roxanne, is one of the most generous women I have ever met.

Her unconditional support for Fleur was loving and pure. She made sure Fleur and I were well fed at all times and that we wanted for nothing. I cannot thank her enough.

Secret women's business is called that for a reason. There are some things I will keep between Fleur and myself and there have been some experiences I have shared with my partner and family and friends. This story has been just a snapshot into what was an awe inspiring adventure.

The country onto which young Yiri was birthed is under serious threat from coal mining by the Xstrata group. It makes me angry, and sadness wells up within at the thought that this stunning area of cultural significance could be disrespected, wasted and destroyed by the mining magnates. The ever increasing thirst for energy is unsustainable and, as consumers, we are the ones who can dictate how we influence this energy and can demand a more sustainable future. Please show your support for this cause by visiting [www.savethedrip.com](http://www.savethedrip.com)

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## Birth Story – Chilli Chilli

By Laura Metcalf



Laura welcomes Chilli Chilli

being unable to access an appropriate carer and choose their place of birth. Yet not all women who make this choice do so out of desperation. Mother of three Laura Metcalf shares the birth story of her youngest daughter Chilli Chilli and describes how she and partner Luke were able to make an informed decision to birth two of their daughters on their remote property, unassisted.

The birth of our third child was vastly different from that of our first two children (now aged seven and four).

With my first birth, my partner and I knew that we wanted to take responsibility for the whole process of pregnancy and birth but were quite open to the myriad of possibilities. So we purposefully declined any external antenatal care, and both consciously took part in creating what we deemed the right space for our baby. We

were living in Katherine at the time and the birth itself was 15 hours at home, unassisted, with the last hour in the birthing suite at the Katherine Hospital.

Our experience at the time seemed great—the staff were very respectful of our wishes and we were home again in hours, in love with our little girl Ginger.

Our second birth was at home where we live now, which is 200 km from Darwin and 140 km from Katherine. I have felt amazing in my pregnancies, and with a good experience for my first birth and much more confidence and knowledge, we were sure we wanted an unassisted homebirth (free birth), despite the distance from emergency care. So after only five and a half hours, my husband and I delivered another baby girl, with our first daughter Ginger (then three and a half) as witness to Wren's arrival in our family.

The space between our first two daughters was planned only by my body's cycle. I was breastfeeding Ginger on her terms until she was three, and only stopped due to sore nipples and no milk after my first trimester of Wren's pregnancy. I got my first period when Ginger was two years and eight months old and became pregnant on my second cycle. The exact same thing happened with Wren. When she was two years and eight months, my period resumed, but this time we didn't plan another baby. Nevertheless, I became pregnant on my second ovulation cycle again.

In discussions around rural and remote birthing, planned unassisted or 'free' birth is most frequently presented as a direct consequence of women

That was the first really big difference with Chilli Chilli's birth, because the pregnancy was unexpected. Both Ginger and Wren were consciously conceived (that is, we decided to stop trying not to have babies and let it happen when it happened). So Chilli Chilli was a big surprise. And perhaps because of that, I finally got some morning sickness. I was really worried I was carrying twins, and two surprises at once scared me a lot. The ovulation cycle I fell pregnant on was huge. I felt mild pain in both ovaries and seemed to gush mucus—I thought I dropped a dozen eggs it was so big! My body really wanted another baby.

So because I was mildly unwell, and scared of twins, I approached this third birth with a lot of uncertainty. We absolutely wanted a free birth, but if I was carrying twins, I was not prepared to be so far from emergency care. I knew quite a few people who had received care from the Darwin Home Birth Service (HBS), so I met up with a HBS midwife who was happy to be my midwife if I came to Darwin for antenatal care and the birth, but, as policy dictated, would not be able to assist a birth at home if I were pregnant with twins. I was not willing to have an ultrasound to confirm, but based on my size the midwife thought it unlikely.

I was really unsure of what I wanted. My partner supported any decision I made and trusted my intuition of my body. But I think he was just waiting for me to get myself together, drop my paranoia of twins (because, really, I wasn't big enough) and get ready to have our baby at home. After two meetings with my assigned midwife, I realised I wasn't OK with the process of antenatal care because I knew my body, and didn't feel I needed to be tested to prove the baby and I were well. The prospect of planning to have a homebirth 200 km away from my own home (because the service only covers the immediate Darwin area) was unappealing as well, so I politely pulled out.

I still was not certain I would be at home with this last birth until I was well into the third trimester, but I knew I didn't have twins, and that was my biggest concern. (As with my other pregnancies, I did my own antenatal stuff and knew my baby's position etc.) We decided to ask my brother and his partner to be on call to drive the two and a half hours to our place when I went into labour. This was mostly to look after our animals and gardens and be a support to our girls (then seven and three) because we had no idea how long the labour and birth would be or how I would feel at the time. We were setting up a safety net in case we felt we needed to drive to town [Katherine] if things didn't feel right.

The real turning point in confidence to birth at home this time was a passing conversation a few weeks before I was due. With a few simple, casual words, my friend—who had free birthed three healthy kids—empowered me in seconds by reminding me that I knew my body and I had done this before. It is amazing how different it feels when someone allows you to be responsible and to trust your choices. I realised how little support I actually had up until then.

Even though both Ginger and Wren arrived 10 to 14 days after I thought they would be born, I still expected to labour early this time. But I went into labour 10 days after my estimated due date. I felt mild contractions at around 8 am and we called my brother and his partner to come down to our place. We didn't think they would make it in time and told Ginger and Wren we were going to have a new baby by lunch time. They arrived three

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With my first birth, my partner and I knew that we wanted to take responsibility for the whole process of pregnancy and birth but were quite open to the myriad of possibilities. So we purposefully declined any external antenatal care, and both consciously took part in creating what we deemed the right space for our baby.

hours later, expecting full labour, and I was casually wandering around the kitchen with a big belly. This labour was so slow. Ginger's labour was intense, with contractions every one to three minutes for 15 hours. Wren's was the same, but only lasted 5 hours. So I was really surprised that this labour kept stalling. I'd have an hour of contractions every 10 minutes, then nothing for half an hour, then back on at 15-minute intervals, then 6 minutes then 20 minutes break... it was all over the place, and really mild. My partner kept busy stoking the fire, cooking food, tending animals. Wren played with Shaun and Elaine. Basically it was a normal day, except that I lazed about inside waiting for the hard work to come, gradually getting stronger contractions. The whole day was like this, and Ginger stayed by my side the entire time. If I lay down, so would she. If I went to the toilet, she came too. It was the best part of the day. I told everyone we'd have a new baby well before dinner.

At about 7.30 pm (while everyone was eating dinner) things just suddenly started and I felt like I was 'properly' labouring. The contractions built in intensity, almost on top of one another, and Luke helped me with each one while I was in the shower. After about an hour they became too strong to stand and we moved inside. The intensity was greater than my other two labours because the birth itself was too quick. When I laboured with Wren at home, I guided her head out, stopped pushing to feel that no cord was around her neck, then started pushing again—I felt in control physically, mentally and emotionally. But with Chilli Chilli, I couldn't even contemplate not pushing. It was so fast, two pushes and she was here, 9.30 pm, well after dinner!

With three births, two of them unassisted homebirths, this last pregnancy was the most difficult emotionally. With Wren's birth we were fully aware of the risks, and were confident in free birthing. But with Chilli Chilli, I became so uncertain for many reasons. I assumed because I felt unwell at times that this pregnancy was not perfect, and perhaps there was a reason to be concerned. But mostly I feel it was due to lack of support.

When I was pregnant with both Ginger and Wren, we knew very few people with babies. So everything we did was self-learning, freestyle and intuition. Because we were aware that we had no support, we created our own by educating ourselves, and we went it alone. But when I was pregnant with Chilli Chilli we knew heaps of new families (mostly with supportive assisted homebirth experiences) so we talked babies a lot and there was an illusion of support. Yet even with such beautiful experiences, we felt we had no support or trust from others for birthing unassisted.

In Darwin there is an amazing homebirth service that is supported by the Government and therefore free. However, because of the allopathic treatment of birthing, even this process felt too constrained and diagnostic, thus somewhat rigid for us. We wanted to birth in an environment without fear, but with knowledge, and be totally present and responsible for our experience and the new life we created.

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# Access to continuity of midwifery care in rural Victoria

By Ann Catchlove

There are limited options available in Victoria for women who want to have a known caregiver looking after them throughout their pregnancy, birth and beyond. The two options are caseload midwifery programs run through hospitals or hiring a private midwife. While these options are often difficult for women to access, there are particular challenges for women living in rural areas of the state.

Caseload midwifery is the primary means by which women in the public system can access genuine continuity of midwifery care. Caseload midwifery involves ongoing care with the same public hospital midwife for a woman's antenatal, labour, birth and postnatal care. It is not easy to access information about what programs are currently operating in Victoria. The government's website *Having a baby in Victoria* ([www.health.vic.gov.au/maternity](http://www.health.vic.gov.au/maternity)) provides a list, but it includes programs that have ceased and doesn't include others that have started up. This is somewhat understandable given that one of the biggest issues facing rural caseload midwifery services is that they are often fragile and dependent on a range of factors to survive. These factors are usually not related to a program's outcomes or to the satisfaction levels of consumers. Programs need strong support from hospital management to tackle the hurdles that exist and to provide support to the midwives who are interested in working within these models.

Michelle McRitchie, president of the Ballarat branch of Maternity Coalition and a consumer involved with the local health service, has direct experience of the fragility of rural caseload models. In May 2010, the Primary Midwifery Care Program run through Ballarat Health Services closed down. The program was greatly valued by local women and regularly oversubscribed.

Michelle notes that there are multiple issues that can create barriers to having these programs available in rural and regional areas to the increasing number of women who would like to access them. These issues are not always around the hospital supporting the options. Midwifery workforce issues play a big role. Michelle says that the midwifery workforce is an ageing one. In some areas of rural Victoria the average age of midwives is 50–60 years. Michelle says that many of these midwives only want

to work part-time or casually, and are sometimes only staying in the profession because they know there is a shortage of skilled staff and they don't want to leave women in their local areas without access to midwifery care. Younger midwives do not always feel equipped to work in caseload/homebirth programs, and those with young families often need certainty over their working times. This means that it can be very difficult to find midwives who are prepared to be on call 24/7 in areas where hospitals are already struggling to retain midwives.

Michelle identifies lack of the support by private obstetricians as another key factor in undermining these programs. She says that in regional areas, private obstetricians are usually on the on call rosters for the public hospitals. If they do not support midwifery-led care, it is easy for these professionals to use their 'weight' to make sure these programs are not on offer.

An anonymous tip-off to the *Crikey* website suggests that this has been an issue in the publicly funded homebirth pilot scheme. In August 2009 the then Victorian Health Minister Daniel Andrews announced a publicly funded homebirth program to be piloted through two metropolitan hospitals and one in regional Victoria. Programs have now been set up through Sunshine and Casey hospitals in Melbourne. In December the *Crikey* website reported that Bendigo Hospital had knocked back the opportunity to

participate in the pilot. The reported reason was that two out of the hospital's six consultant obstetricians had threatened to resign if the pilot went ahead. The remaining four obstetricians were said to be either supportive or not opposed to the pilot. Almost 18 months after the pilots were announced there is still no regional pilot site.

A woman's ability to access a known midwife through the public system is heavily dependent on where she lives. There are only small pockets within health services offering these models of care, and therefore only a very few women are able to access them. Even if a woman is lucky enough to live in an area where there is a caseload midwifery service, these are often oversubscribed despite the fact that they are not widely known about. Unless a woman actively seeks out this model of care very early in her pregnancy it may not be offered to her. Many services also restrict this option to 'low risk' women, excluding many women who would particularly benefit from the one-to-one support that the models offer.

In November last year the Labor government lost the Victorian state election after 11 years in power. There have been few indications of what impact the change of government will have on maternity services. As a part of its pre-election commitments the Coalition announced that it would be encouraging the opening and re-opening of maternity



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units in regional Victoria. It will be interesting to see whether this translates to action and whether the new units will provide the models of care that women want.

In response to criticisms of the publicly funded homebirth pilot scheme from a number of prominent obstetricians, the new Health Minister, David Davis, has said that he will wait for the evaluation of the program before making any decisions about whether to expand it. The evaluation is due this year. Also eagerly awaited are the results of the COSMOS trial, a randomised control trial comparing caseload midwifery with standard maternity care conducted through the Royal Women's Hospital in Melbourne. Although both of these are urban based, it is hoped that they might provide some impetus for expanding these options to greater numbers of women in Victoria.

For women who do not live within the catchment area of a caseload midwifery program, or who do not meet the usually

restrictive criteria for participating, the only option for continuity of midwifery care is to engage a privately practising midwife. Unfortunately this option is becoming increasingly difficult for rural women as the number of midwives working independently is declining. The cost of insurance is a key issue. Sally-Anne Brown is an independent midwife based in the Otways. She says that prior to 1 July 2010 there were thirteen independent midwives working in the electorate of Corangamite (an area covering approximately 8,000 square metres and taking in the Otways, parts of Geelong, the Surf Coast and the Bellarine Peninsula). However, since it has become compulsory for midwives to have insurance to cover antenatal and postnatal care, this number has dropped to just three. Ten have ceased their practices. Lizzi Gage, who had her third baby at home in January this year with Sally Anne as her midwife, found herself dealing with the impact of this situation. The midwives who attended her

second birth were no longer practising and many other midwives she contacted were either too far away or had also stopped practising.

Andrea Quanchi is a midwife based in Echuca. She is currently the only midwife in private practice in northern Victoria and southern New South Wales. She is receiving requests from women living up to four hours away from her and, where possible, is trying to see them. For Andrea, one of the biggest changes post 1 July 2010 is that she can no longer ask a hospital-based colleague to do antenatal or postnatal visits for women who live far from her. These can't be done without insurance and midwives are understandably unwilling to take on the expense of insurance for only a couple of visits per year. The insurance exemption means that it is still possible for Andrea to have a back-up midwife attend homebirths (without providing any antenatal or postnatal care) but if this changes it will be a major problem.

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## The NSW Birth In Rural/Regional Towns Healthcare (BIRTH) study

By Shari Bonnette

The NSW Birth In Rural/Regional Towns Healthcare (BIRTH) is a new study planned by Shari Bonnette, a University of Queensland PhD student, to examine family and health professional's expectations and experiences of childbirth in rural and regional towns and localities in NSW. Shari is seeking to recruit participants to help her to establish how current experiences of maternity care compare with the recommendations made as a result of the Maternity Services Review (2009).

As members of Maternity Coalition and readers of *Birth Matters* are aware, the Australian government released the Australian Maternity Services Review (MSR) in 2009. The Maternity Services Review (2009:4) reported, among several other findings, that maternity care was not consistent with consumer expectation; the type of maternity care experienced had significant impact on family members, and sourcing information and the ability to make informed decisions about maternity care options was inadequate. Among other critical findings, the report emphasised that maternity care often did not meet the needs of Australian women (MSR, 2009:3).

Current options for maternity care available to women in Australia as outlined in the Maternity Services Review (2009) vary and include: private maternity care provided by obstetricians or general practitioner obstetricians; public hospital midwifery care; team midwifery care at a birth centre; shared maternity care with midwives and general practitioners; caseload midwifery care with ongoing care with one midwife; and planned homebirth with care provided by the same midwife for PLB (AMWAC, 2004).

The Maternity Service Review found that appropriate care for families living in rural and remote areas during pregnancy, labour and birth was inadequate, with lack of infrastructure and a skilled workforce cited as reasons why a range of maternity care could not be provided in every community (MSR, 2009:22). Families living in rural and regional NSW are more likely to encounter health inequality than their urban counterparts, including: access to services; travel and lack of public transport; and expense of health services (see Roberts and Algert, 2000). In the situation of maternity care, the closure of 130 rural maternity units from 1995–2005

was shown to have significantly and adversely impacted on pregnancy, labour and birth options and care for families (MSR, 2009:22, 23).

### Recommendations from the Maternity Services Review 2009

The MSR (2009:2, 21) included the following recommendations:

- To expand the role of midwives to provide a range of maternity care models to increase choice for women.
- Particularly for rural areas, to improve maternity care access through the expansion of collaborative care models of maternity care (collaboration between GPs, GP obstetricians and midwives), providing comprehensive information so women can make informed decisions about their maternity care, consideration of access to an increased range of PLB and postnatal options and care.
- Development of a 'national maternity services plan' to consider the demand for a range of maternity care models.



Despite this major review, little or no qualitative research has been completed to tease out the key issues facing families and maternity health professionals in rural and regional Australia. Specifically, studies in rural maternal health have focused on Indigenous health issues (see Tetstall, Liu, An, Canalese and Nanan, 2009), obstetric intervention (see Roberts, Algert, Peat and Henderson-Smart, 2001) or illicit substance use (Richardson, Bolisetty and Ingall, 2001). The Maternity Service Review (2009:4, 14) specifically emphasised gaps in current research, including the “understanding of consumer expectations and experiences of different models of care”. As such, not enough is known about the maternity care expectations and experiences of families living in rural and regional NSW. This is despite the fact that there exist numerous socio-cultural factors that are shaping access, usage, and experiences of maternity care (including socio-economic status, ethnicity and proximity to care).

The NSW BIRTH Study seeks to explore current maternity care and evaluate whether the recommendations made as a result of the Maternity Services Review (2009) will have impact in rural and regional areas of NSW. The study would like to invite service users (women and/or men) and health professionals in rural and regional NSW to participate in an interview to determine whether pregnancy, labour and birth experiences were consistent with expectations.

The NSW BIRTH Study would like to invite couples to an interview to discuss their chosen care for childbirth. This may be any type of care including an

elective Caesarean section, normal birth in hospital, assisted homebirth or unassisted homebirth (otherwise known as freebirth). Couples or single women aged over 18 years who live in rural, regional or country towns and localities in NSW will be invited to one interview during pregnancy (from 27 weeks onwards) or one interview from 6 weeks to four months after the baby is born.

Health professionals who provide maternity care for families during pregnancy and childbirth are invited to participate in one interview to explore views on the character of expectations and experiences in rural and regional NSW. It is not necessary that health professionals reside in the country towns where they provide care.

If you are interested in participating in the NSW BIRTH Study or would like further information, please contact the researcher, Shari Bonnette via email [shari.bonnette@uqconnect.edu.au](mailto:shari.bonnette@uqconnect.edu.au).

**Note:** *The NSW BIRTH Study was awaiting the outcome of ethics approval from the University of Queensland prior to publication of this article in Birth Matters. Interviews will not take place until the study has been approved. Should you have any queries please do not hesitate to contact the researcher listed above.*

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## Author Bio

Shari Bonnette is a PhD student in the School of Social Science at The University of Queensland. Her interest in pregnancy and childbirth developed when she attended a friend's homebirth and has evolved via her active membership with local Maternity Coalition groups and through her university studies. Shari has lived in various locations throughout Australia, including desert towns and urban cities and grew up in a rural town of NSW.

Shari's primary supervisor for the NSW BIRTH Study is Associate Professor Alex Broom of The University of Queensland; her associate supervisor is Professor Caroline Homer of The University of Technology Sydney.

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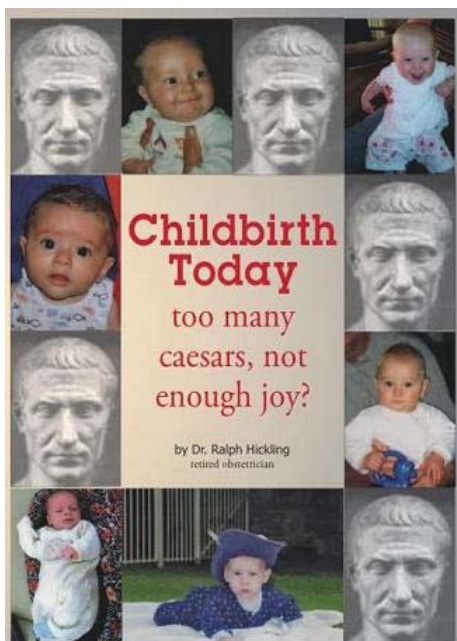
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# Book Review: Childbirth Today: too many caesars, not enough joy?

By Ann Catchlove



Dr Ralph Hickling's book *Childbirth Today: too many caesars, not enough joy?* covers a broad terrain and is not easy to categorise (or summarise!). It is certainly an interesting and entertaining read and Hickling's passion for his subject is reflected in the fact that the book is self-published.

Hickling is a retired obstetrician who has practised in Britain and Australia. A key strength of the book is that it provides a perspective that is not often heard in the Australian maternity landscape—an obstetrician who recognises the emotional, cultural and spiritual significance of birth and who supports women's right to choose their place of birth.

Hickling incorporates his own reflections with historical context, a dip into the scientific research and a smattering of other voices (including Ina May Gaskin, Grantley Dick Read and Michel Odent) in discussing a range of topics including C-sections, pain relief, ultrasound, foetal monitoring and homebirth. This is not a childbirth preparation book, although it does give information about procedures and interventions that are common in maternity care today which would be useful for a woman considering them.

One of the most interesting sections of the book is the extensive discussion of the various professionals involved in our maternity system and how the roles and relationships between them have developed historically. Hickling suggests that the medical role of the obstetrician is largely disappearing (generalist surgeons can perform C-sections and complicated pregnancies are best managed by maternal foetal medicine specialists), leaving them with the work that should be done by midwives. Obstetricians "demand the leading role in the conduct of normal childbirth" while devoting scant attention to it and "yet this is the aspect of their work which affects the public most of all".

Hickling is a strong supporter of midwifery-led care and homebirth (he has been actively involved in the Community Midwifery Program of Western Australia). He recognises that numerous research projects, political enquiries and committee findings and reports affirm that midwife managed care gives good results and is preferred by many women. However, in our political system only lip service is paid to proponents of alternative paradigms of

maternity care, when "real decisions have to be made the medical establishment insists that maternity care is in the hands of doctors". Hickling says that the least that can be said about the safety and other aspects of non-medical maternity care is that "what we know does not justify health legislation or public funding which would deprive women of opting for alternative care if they chose to do so".

I found two quotes in Hickling's conclusion particularly pertinent to the situation in which Maternity Coalition as an organisation now finds itself. One concerns how we ensure that the wishes of the community with respect to childbirth are assessed and presented in a climate where doctors promoting the medical model "have contrived that movements opposed to their paradigm are branded as dangerously eccentric" and where women are inadequately informed about their options. Hickling states "the management of childbirth has to be genuinely community based, thought out by all of us, just as we all join in the rejoicings over a baby's birth. Genuine information as to the facts of childbirth for the whole community is the essential start".

The other is a powerful reminder to all of us as we struggle to find our way through the controversies and complexities of midwifery reform and national registration that:

"Childbirth, when all is said and done, remains very much women's business and that means women not only as distinct from men, but also as distinct from doctors and scientists, philosophers and pragmatists, politicians and bureaucrats of either gender."



Ralph Hickling

## Childbirth Today: too many caesars, not enough joy?

By Dr Ralph Hickling

2010

Distribution:

<http://ralphhickling.com>



Ann Catchlove



# Maternity Coalition News

## Central Coast MC

By Kylie Corrigan and Lisa Kim

Happy New Year to All, and the beginning of a New Year brings new excitement amongst our group and the process of setting achievable plans within our community.

Our group held its first meeting for 2011 in February at the Berkeley Vale Community Centre, and will continue to meet on the first Tuesday of each month at 10 am.

### Towards Normal Birth in NSW

In July 2010, Deputy Premier and Minister for Health, Carmel Tebbutt, launched the 'Towards Normal Birth in NSW' policy to support mothers accessing the State's maternity services.

Our local group feels very honoured to have received an invitation for two representatives to attend as consumer reps as part of the Towards Normal Birth in NSW committee at Gosford and Wyong Hospitals. Kylie Corrigan and Lisa Kim will attend monthly meetings as part of a five-year plan, including preparation and implementation of procedures for the 'ten steps to providing woman centred labour and birth care'.

This government-supported initiative is very important in our local region: currently there are very limited options for women seeking a normal vaginal birth after a previous Caesarean section, or for women whose pregnancy presents with issues such as multiple pregnancy or breech presentation.

The policy aims to provide direction to NSW maternity services to ensure that the care provided is responsive to the needs of each individual woman. It is being designed to support women in having a birth that is as free as possible from invasive medical intervention. The policy recognises that labour occurs across a wide spectrum, with each woman's circumstances being unique. The goal is to ensure that all women in NSW will receive the best possible care and advice that is safe, effective and accessible.

This is positive step in the right direction for women birthing on the Central Coast who have been previously forced to travel over an hour to access those resources away from their local region.

### Empowering birth stories

So we are able to continue raising awareness about positive birth experiences, we have started planning the next *Empowering birth stories* event for June 2011. With growing numbers attending

each event, and positive feedback from our attendees, we feel continued excitement and enthusiasm to host this inspirational event each year.

### Caesarean awareness month—April

As the month of April approaches, two of our members, Brigitte Sigl and Kylie Corrigan, are planning an event to help raise awareness about Caesarean sections. This includes guiding women who may require a medically necessary Caesarean section and those who have had a previous Caesarean section in the right direction so they are able to find the support they need.

As each quarter begins to unfold we look forward to keeping you posted. Best wishes to all.

## Maternity Coalition Queensland

ByBec Jenkinson

### Targets and Timelines

Last year, the Queensland government announced its commitment to expanding women's access to continuity of carer. By 2013, 10% of all public hospital births will occur in continuity models of care. This target is to be achieved by doubling the capacity of all existing continuity models, including the newly opened birth centre in Toowoomba; instituting continuity of carer for all women in hospitals with fewer than 200 births per year and through facility-specific targets for any hospitals not part of the first two strategies. We have two consumer representatives on the Statewide Continuity of Carer Advisory Group and will be watching closely as the work towards the 10% target gets underway this year.

### Consumer Representative training

The Queensland branch is also working closely with the Queensland Centre for Mothers and Babies (QCMB) to implement one of their special projects for 2011–2012—Consumer Representative Capacity Building. The funding for the project is the result of lobbying QCMB and Queensland Health over the last two years, and we have gained a commitment to connecting this project to the 'Targets and Timelines' work. Through this project we hope to ensure consumers are well represented throughout the state as facilities expand and create models of care, and that new consumer reps are well supported.

### Branch activities

Already in 2011, MC Qld has hosted a successful film night, presenting Elena Tonetti-Vladimirova's film *Birth into Being*. The venue was more than sold out, and although Elena didn't make it due to international flight delays, Sarah Buckley presented an inspiring and informative discussion. Thank you to Sarah for her fantastic contribution, and to Jo Smethurst for organising the event!

By the time you read this, MC Qld will also have held our annual planning and orientation workshop to strategise for 2011. We'll keep you posted!

## Illawarra Birth Choices (IBC)

By Sonia Gregson

IBC has had a great start to the year with a couple of night meetings to help organise Choices for Childbirth and set out our plans for the year. We will be screening *Throwing out the Lies with the Bathwater* on March 29. On Tuesday nights from 10 May, for eight weeks IBC will be running *Choices for Childbirth* antenatal classes at WEA in Wollongong. Classes will start at 7.45 pm and follow the successful tried and tested MC *Choices for Childbirth* sessions. See our website for further details [www.birthchoices.info](http://www.birthchoices.info).

We have two large fund raising efforts to help us achieve *Choices for Childbirth*—Dapto Trash and Treasure Markets in April followed by Coledale Markets in July. As part of International Midwives Day on 5 May, IBC is inviting the public to join them in the Wollongong Botanic Gardens at 10.30 am for a morning of celebration to thank midwives and publicly recognise all that they do. IBC has invited midwives throughout the region to celebrate International Midwives Day.

## Hunter MC

By Jules Cook

Hunter MC members have participated in several consumer representative roles during the past quarter. It is heartening that our local area health service is inclusive of consumer perspectives and we look forward to further developing our working partnership over the coming year.

We would welcome passionate members who are interested in assisting with job-sharing future consumer representative

roles to please forward any enquiries to  
Jules: [huntermaternitycoalition@gmail.com](mailto:huntermaternitycoalition@gmail.com).

## MC Tasmania

By Kelly Madden

The Maternity Coalition in Tasmania is looking forward to an active year after a quiet 2010 where the national agenda was centre stage.

The group has made a submission to the Royal Hobart Hospital about facilities we would like to see in the new Women's and Children's Precinct at the hospital. We will be following this up and hope to be involved in the planning process.

We have also welcomed our former Acting President, Georgia Hodges, back to the state. Georgia's energy and commitment to maternity consumers have been missed and we are very glad to have her back in Tasmania.

## Hunter Home and Natural Birth Support

By Chrissy Grainger

Hunter Home and Natural Birth Support (HHNBS) have been busy finalising plans for 2011. At the February meeting some new faces were present—all are expecting babies towards the end of the year. HHNBS looks forward to assisting these women on their exciting journeys.

Early in March, many frozen meals were supplied to one of our group members who recently had her baby boy at home—congratulations Jennifer!

A wonderful member has stepped forward to fulfil the role of secretary. After operating without one for more than six months, this is a huge relief. Thank you Zoe.

In the next few months HHNBS will be back to sending out full length monthly newsletters, including book reviews and local birth information.

Many more donations to the HHNBS library have been made and our librarian has scanned over 100 books and other resources ready for loading onto our website. If you wish to borrow from the HHNBS library a one-off fee of \$10 is necessary to cover loss or damage.

Everyone is getting excited about the Homebirth Australia Conference being held in Newcastle in August, especially as Ina May Gaskin has confirmed as keynote speaker alongside Robbie Davis-Floyd. What a wonderful line-up!

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

## Northern Rivers NSW Branch Report

By Sally Cusack

### Radio Show

Our radio show *Pregnancy, Birth and Beyond* continues to air each Monday from 12 to 1 pm on our community radio station 99.9 BayFM. Independent midwife Nicole Foder and Anna Aranci share the panel work each week and local doula Taneal Blake is conducting the interviews. Between them and our wonderful and varied guests the show is developing into a vital community resource and reaching a growing audience.

The format of the show is a combination of interviews, announcements and music. Each week we have a different guest and theme for the show. Guests include parents talking about their experiences, such as a father who spoke about the long wait of he and his wife to conceive their daughter through IVF, and a couple who spoke about their nappy-free experiences with their two children.

We also interview local practitioners and service providers, such as Heli Murray from the Byron Pregnancy Support Group, Maureen O'Hara from Birth Afloat, a birthing pool business about the benefits of using water during labour and birth. This week we will be speaking with Mahael Musa from Bellydance for Birth, who runs workshops on using belly dancing for birth and preparation for birth. Many of our guests make suggestions for music to be played during the show.

Feedback from the community indicates how much people are enjoying hearing about local services, as well as hearing from ordinary people about their experiences. We are really enjoying the process of networking more and more with the community and watching the interest in the show develop. The women from the radio team have also enjoyed stepping up to learn a whole lot of new skills too—skills they never expected to pick up, but have found they really enjoy. It has certainly been amazing learning experience for all of us.

BayFM runs in six monthly seasons and as this season draws to a close we expect to continue for another season. The radio station is keen for us to continue and as our list of interested interviewees grows to well beyond the weeks we have left, it

seems the community wants us to as well!

It would be wonderful if more MC branches decided to explore this option for reaching wider audiences with their local community radio stations. We have been pleasantly surprised by how easy (not to mention heaps of fun) it actually is to run a radio show each week. If you'd like to find out more about how you might go about this for your MC branch, please contact us at [maternitycoalitionnr@gmail.com](mailto:maternitycoalitionnr@gmail.com). We'd love to hear from you!

### Babies' Feeding Space at Markets

In October we obtained permission from the Bangalow Parks Trust to use one of the park buildings as a space for families to stop and feed their babies during the Bangalow monthly craft market. This market is very popular with lots of families with young babies and children visiting, but it gets very hot and has few suitable places to stop and rest.

Fortunately there's a lovely old pavilion there with wide verandas, so we are able to set up rugs and chairs, plus some toys for the toddlers. We have a sign, some MC brochures, *Birth Matters* magazines and other pregnancy and birth services information to browse through. The branch also has a small collection of books and DVDs that we make available for supporters to borrow.

Everyone who has used the space has been so thankful for it and, as the months pass, it seems to be taking its place as part of the personality of the Bangalow Market. We are now looking into setting up something similar with other local markets.

### Next Red Tent Festival

In November 2009 we ran our inaugural Red Tent Festival—a Celebration of Women and Birth. It was an incredibly successful afternoon and evening of films, workshops and birth stories and left the community wanting more. The team from the first festival are now in the early stages of planning the next Red Tent Festival which, at this stage, will be in October or November 2011.

We are looking at building on the themes of the first festival and considering options for moving it to a larger site to accommodate more women and workshops, while ensuring we maintain the same intimate feel. We are also looking at options to encourage mothers to bring their daughters so they can, in true Red Tent style, help demystify birth and pass on birthing knowledge to the younger generations.

For more information on our branch, check out <http://maternitycoalition-northernrivers.blogspot.com>



# BIRTH MATTERS IS CHANGING

It's important to us that we bring you a journal that represents the experiences of ALL women and accurately describes the developments and politics of birth in Australia, and feel as though we've missed the mark with the last couple of editions. So we're making a few changes.

- Themes will be announced two to three issues in advance and advertised on our Facebook page.
- We'll endeavour to keep up with what's happening on Facebook and relevant blogs so we can best reflect a broad cross-section of views and attitudes.
- Every edition will include a Federal Update so you know what's happening nationally, what MC is doing about it and what you can do to help.
- We're introducing a section for reader feedback—you can email us or send us a letter to comment on the content of the journal, suggest themes or share your thoughts about anything birth related.

## How YOU can help

- Make the deadline! We understand how hard it can be, but we hope the advance notice of future themes will help.
- Keep your eyes and ears open. You don't have to be a Maternity Coalition member or birth reform activist to submit to Birth Matters. Do you know of someone who has a great story to share or is well placed to submit a relevant article? All we need is a name and contact details. We'll do the rest.
- Tell us what you're doing. MC News is a great place to share what's going on in your area. Keep the news coming in.
- Stay in touch. Send us your comments, suggestions and concerns. We care what you think, so let us know.

Email [birthmatters@maternitycoalition.org.au](mailto:birthmatters@maternitycoalition.org.au) or call Kylie on 0414 494 853.

We look forward to your ongoing support as we work to make *Birth Matters* the most current, accurate and representative voice on the Australian birthing scene.

## 2011 THEMES

From 'Go to Wo' – the whole pregnancy episode

### June - Preconception and Antenatal Care

- Choosing the provider that's right for you
- Prenatal testing – how much do you really know?
- Is there such a thing as too much information?
- To doula or not to doula

**Deadline: Monday 2 May**

### September – Labour and Birth

**Deadline: Friday 29 July**

### December – Postnatal Care and Annual Report Edition

**Deadline: Monday 24 October**

Articles should be a maximum of 3000 words and be accompanied by photos where possible. Please email submissions to [birthmatters@maternitycoalition.org.au](mailto:birthmatters@maternitycoalition.org.au) on or before the posted deadlines.

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

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

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

### Knowledge Not Fear

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

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

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

### Empowering and Safe

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

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



## ADVERTISE IN BIRTH MATTERS

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

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

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

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



# Member notices

## Management committee meetings (National)

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

## General meeting dates for 2011

General meetings will be called as required, and members given 14 days notice. The date for 2011's AGM will be published in the March edition of *Birth Matters*.

## Midwives in Private Practice (Victoria)

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

## Choices Victoria

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

## Donations

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

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

## MC bank account details

Commonwealth Bank of Australia Branch: Ringwood Victoria

Account Name:

Maternity Coalition Inc.

BSB: 063 167

Account Number: 10108586

Postal Address:

PO Box 1190 Blackburn North  
Victoria, 3130, Australia

## Infosheets

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

our website to download free of charge.

Topics include:

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

## Birth announcements note

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

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

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

## MC online discussion lists and social networking groups

### Join an MC email group!

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

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

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

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

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

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

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

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

Find us on



# Maternity Coalition Contacts

## MC contacts (National)

### Office Bearers 2011

**President:** Sarah Kerr  
[president@maternitycoalition.org.au](mailto:president@maternitycoalition.org.au)

**Vice President:** Makayla McIntosh  
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**Secretary:** Georgia Hodges  
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**Assistant Secretary:** Vacant

**Treasurer:** Naomi Campanale  
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**Assistant Treasurer:** Vacant

**Birth Matters Editor:** Kylie Sheffield  
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**Assistant Birth Matters Editor:**  
Sonia Bartoluzzi

### General committee members:

Bruce Teakle  
Ann Catchlove  
Kylie Nicholson

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

**Membership Secretary:** Bec Telfer  
[memberships@maternitycoalition.org.au](mailto:memberships@maternitycoalition.org.au)

**National Peer Support Advisor:** Alison Gaffney  
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**Webwoman:** Emma Davidson & Melissa McFarlane

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

**Consumer Representative:** Bruce Teakle  
[teakle@maternitycoalition.org.au](mailto:teakle@maternitycoalition.org.au)

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

## Branch contacts

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### Darling Downs President:

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### Hunter Region

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**Central Coast:** Mandy Hilaire  
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**Coffs Harbour:** TBA  
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**Blue Mountains:** Amy Bell  
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### Northern Rivers Maternity Action

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### Wagga and South West Region:

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**Far South Coast:** Tammy Glass  
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**Northern Territory:** Kylie Sheffield  
08 8932 3302

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

**Tasmania President:** Vacant  
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### Victoria President:

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### Peninsula Birth Support

Sarah Langford  
0430 076 428  
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### Geelong President:

Cherie Nixon  
Geelong MC/Choices for Childbirth  
0423 189 317

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

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

## Branch Information

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

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

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

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

Find us on 

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



# Subscribe/Renew Online Today!

## Birth rights, rites and writes

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

## Want Extras?

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

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

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

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



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

Please send brochures to/contact me via:

Name: \_\_\_\_\_

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

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

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

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

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



# THE PASSAGE TO MOTHERHOOD CONFERENCE

**Brisbane 4-7 MAY 2011**

featuring Michel Odent, Sara Wickham,  
Christina Smillie and Maggie Banks.

**PLUS Workshops with Michel Odent,  
Sara Wickham & Christina Smillie  
around Australia and New Zealand**



These speakers and 50 others in a spectacular 4 days at  
The Passage to Motherhood Conference, at the Mercure Hotel, Brisbane CBD.

## **Pre-Conference Workshops (4 and 5 May)**

- Maggie Banks *Breech Birth Woman Wise*
- The Use of Complementary and Alternative Medicine: Preconception, Pregnancy and Birth with six experienced therapists/speakers
- Michel Odent & Sara Wickham *Childbirth in the Age of Plastic: Modern Birth, Future Visions and Creating Patchworks of Wisdom*
- Christina Smillie *Breastfeeding in the Real World: Baby-led Approaches and Right-Brained Problem Solving.*

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

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

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

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