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INTERACTION

The Official Publication of Childbirth And Parenting Educators of Australia Incorporated

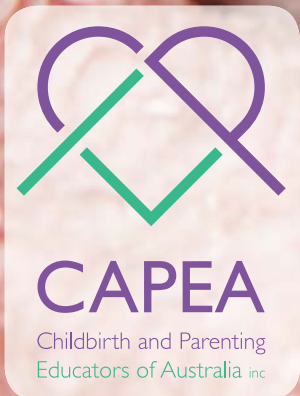


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INTERACTION



**Childbirth And
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Contents April 2017

Executive Reports

From the Editor's Desk	5
President's Report	5
Web & Social Media Report	6

Association

State Reports	7
Conference 2018	10
Becoming a Certified Educator or Trainer	15

Features

The Impact of Childbirth Education	11
Nurturing Us	16
Karta and Kluet	18
Book Reviews	20
Author Interview — Rowena Gray	22



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From the Editor's Desk

Hi everyone, and welcome to the April 2017 edition of *Interaction*!

Although it seems like a lifetime ago, I do hope you all had a wonderful Christmas and a fabulous New Year. 2017 is proving to be a busy and exciting one — within a week of each other I started back at the hospital after my maternity leave and my son started kindergarten. As I navigate through this next phase of parenting, whilst also learning the juggle of all our week now involves, I am finding that it is taking all of us a little bit of time to adjust. But I know we will get there... It has felt lovely to be back working as a Midwife and using that part of my brain again (!!), and I have been reminded already why it is that I chose to do what I do!

Thank you to everyone who has contributed to this edition. Thank you to Sue, the NEC team, and the state reps for sending in their reports. And to Tanya, Karen & Agnele and Dianne for your wonderful articles. Special thanks to Tanya for your book reviews in this edition too. It is also exciting to announce that Palmers will be advertising with us as well in *Interaction* throughout 2017.

Happy reading,

xx Kassie



National President Report

Hello everyone and welcome to HCAPEA 2017! I hope you all had a good break and have survived the heat this summer has produced. Our family were reminded again of the joy a new baby brings, with the birth of our third little grand-daughter in December and we had the fun of spending the first month helping to entertain her and her big sister — good to see that we hadn't lost those settling skills!

Our state branches are getting their 2017 planning underway and the National Committee is not far behind, with the first teleconference for this year planned for the end of February. Top of the list is finalising our new logo — the final options are terrific and I'm sure whichever one we choose will stand us in good stead for years to come. I'm hoping that you will see it on the cover of this issue of *Interaction* and will be as pleased as the National Committee are. This is one of the first tasks on our Strategic Plan which has been completed — the first of many, I hope.

The FEC has met recently and reported that the Guidelines for Endorsement of Products for Educators have been completed and are now on the website, as are the revised Certification documents. We want to encourage everyone to have a look at what is required for Certification now — many of you will be able to fulfil the requirements and it would be great to see more of us achieve this level of qualification. With our ultimate aim of professional recognition for Childbirth and Parenting Educators, it is important that we build this qualified talent base.

The website and our social media presence continue to grow and are vital tools in keeping CAPEA in the public eye, as well as a means of communication within the organisation. The CAPEA Facebook page provides some really interesting and informative posts — well worth a look. Members can assist by 'liking' CAPEA on Facebook and spreading the word through your own social media connections.

Our next biennial conference is only



just over a year away, with an earlier date than usual — May 2018 in Melbourne. Time to start planning about attending and presenting...

I am looking forward to a very productive year!

Sue Spencer
National President



Web & Social Media Report



Tanya Strusberg



Lisa Robertson



Mandy Ritchie

Excitement is brewing as CAPEA's new logo has just been approved and will be rolled out across all our on and offline communications. Thanks to Saskia Ericson (Hatch Creative) for her work on the logo, and Sue Spencer for compiling everyone's feedback. Marcus (C9), Saskia (Hatch Creative) and our web and social media team will be working together to get the new look set up on the website. This will include a revamp to the entire front page of the website.

With the new face of the website complete, a web-generated email will be sent out with a new username and password (the password to change annually thereafter) and the introduction to the new logo. If you have not been receiving emails from CAPEA in the past, please email us info@capea.org.au so we can update your details.

Discussion of employing a more user-friendly email program for web-generated email has been ongoing since the website was developed. Last October Marcus (C9) informed us of our options. A quote is currently being developed for MailChimp to automatically add and remove subscribers, using a custom add on to our current membership list.

A CAPEA QR code has been developed for use in publications and flyers. This QR code when scanned with a QR scanner app will bring up our website: www.capea.org.au.

"Likes" on the CAPEA Facebook page have grown significantly in the last 12 months; from 218 (Feb 24, 2016) — 405 as of 6th March, 2017.



Generally, our posts have limited reach, perhaps only reaching around 50 people. However, if our posts are shared by the community, or people comment on them, there is the potential to reach hundreds, if not thousands of people. This page is fantastic with its information, relevancy, currency, and accessibility to all. We encourage all of you to be more interactive and comment or 'like' our page (you can invite your friends and colleagues to like the CAPEA Facebook page too) as it will help it to grow and be more interactive.

We would also like to encourage people to post their own content. A "Sunday Shout Out" is now available so that members can promote themselves or any activities, classes, trainings etc. that they are organising.

'Boosting' our page as a professional organisation would be beneficial. More beneficial than a closed group as discussed in previous meetings. With a small advertising budget for social media, our page, or individual posts, can get boosted to a wider audience or at the very least reach our current followers. This would make the public still able to access all our posts, which is important particularly when trying to promote our workshops and conferences and ultimately boost membership for the organisation. We are currently working on a proposal of the

National Committee to guide costings for this.

Thank you

Mandy Ritchie

Co-Website and Social Media Administrator

Lisa Robertson

Lead Website and Social Media Administrator

Tanya Strusberg

Co-Social Media Administrator

Dates of Publication and Deadlines for *Interaction*

Deadline 28th February for inclusion in April edition.

Deadline 30th June for inclusion in August edition.

Deadline 31st October for inclusion in December edition.

CAPEA Inc website
www.capea.org.au



State Reports



NSW Report

The NSW Branch AGM was held 19th November, 2016. I am very pleased to announce all positions were filled. Our Office Bearers for 2016-2017 are as follows:

- President:** Jan Dilworth
- Vice President:** Jacqui Gillan
- Secretary:** Susan Rebolledo
- Treasurer:** Jane Shields
- Professional Development Co-ordinator:** Megan Hangan
- State Representative:** Meredith Haultain

I'd like to thank our outgoing Secretary, Mandy Ritchie, for all her work in this role, and wish her all the best in the new position as CAPEA Co-Administrator for the Website and Social Media.

Our first branch meeting for the year was held on 15th February. The main areas of discussion centred on:

- ★ the format of future Branch meetings with information obtained from a survey distributed to members
- ★ CAPEA's Exhibitor's Table at the Nepean Midwifery 26th Annual Conference on 10th March

To help in planning and the future direction of CAPEA NSW, a survey was conducted via surveymonkey, early December 2016 to early January 2017, to gain members' thoughts on the timing, frequency, and content of meetings and

professional development opportunities. Meeting dates and professional development planning for 2017 would be decided dependent on the results of this survey. From the survey's 27 responses:

- ★ 92% would be interested in attending a face-to-face CAPEA branch meeting if it was combined with a workshop
- ★ 29% preferred a full-day annual workshop (\$100) with meeting + x3 one hour meetings, one with an hour presentation
- ★ 25% preferred a full day workshop (\$100) with meeting + x3 two hour meetings
- ★ plus, there were a number of suggestions for topics for future CAPEA workshops

If you would like to view the full results of the survey go to: <https://www.surveymonkey.net/results/SM-LVRTTZM3/>

As a result of these responses, CAPEA NSW is organising a branch meeting with guest speaker/s in May and, as mentioned in December's NSW State Report, we are looking at holding a Professional Development Day in Canberra in the second half of the year.

It was also agreed there was a need for teleconferencing to be available at every meeting.

Back in early December 2016 CAPEA was invited to participate, via sponsorship, at the Nepean Midwifery 26th Annual Conference. As suggested by the National Executive Committee, NSW CAPEA will be representing our organisation, and two committee members, Susan Rebolledo and Megan Hangan, will be womaning the CAPEA Exhibitor's Table.

This is a wonderful opportunity to promote CAPEA

- ❖ who we are
- ❖ what we stand for
- ❖ the benefits of joining,
- ❖ as well as a great way to introduce attendees to our website and Facebook page.

As an added bonus, CAPEA's new

logo will be seen 'in public' for the first time at this event.

Proposed meetings for 2017:

Meeting with guest speaker/s

Date: 4th May

Time: 6:00pm - 9:00pm

Venue: TBC

July

TBA

September/October

Professional Development Day in

Canberra with meeting

TBA

AGM

November – TBA

Warm regards,

Meredith Haultain



Tasmania Report

There has been a busy start to 2017 down here in Hobart, with changes to the Birth and Parenting Education Class delivery at the Royal Hobart Hospital to reflect consumer demand.

The client satisfaction survey undertaken towards the end of 2016 at the Royal Hobart Maternity Department clearly showed that pregnant women and their support people preferred to have all their information given over one 6 hour session on a Saturday, rather than over several 2 and 3 hour sessions held on



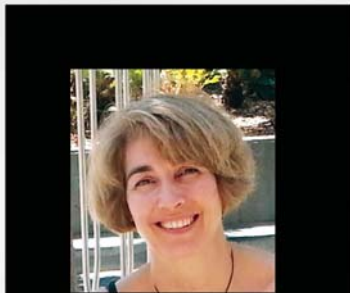
ASSOCIATION

an evening during the week. Education sessions at the Royal Hobart Hospital have been altered and we are now offering 3 Saturday Workshops a month, and only 1 set of week night sessions.

I shall be co-hosting a workshop with RHH midwives in March to see how these sessions are going and brain storm ideas about class content and delivery for the one day. I hope to get some ideas for possible topics of interest for our annual CAPEA workshop, which we plan to hold later on in the year in Hobart.

Any suggestions or ideas are welcome, and I look forward to catching up with Tassie CAPEA members later in the year, until then happy educating!

Sally Gregor



Queensland Report

It is with much enthusiasm we welcome Annette Loadsman-Hucks into the committee as Queensland State Secretary. Annette co-ordinates the childbirth education program at the Cairns Base Hospital. We would like to thank Alison Sell, our outgoing secretary, for the time and effort she has given to the CAPEA Queensland executive over the years.

A survey was sent to all Queensland members asking for their feedback on the best time and day for our quarterly teleconference meetings. Consequently, our first branch meeting for 2017 was held on Thursday 19th January at 7:30pm.

Our main discussions were around planning for the year. It was decided to postpone the Rockhampton workshop which had been scheduled for mid-February due to lack of numbers. We hope to reschedule to June. Dates and information will be posted on the website. Our second rural workshop for

the year will be held in Cairns around September / October.

Due to the vast area Queensland covers it was suggested a webinar might attract more interest. We will look into this possibility later in the year.

Our next branch teleconference will be held on Thursday 30th March 7:30pm. The dial-in details are sent to all members along with an agenda prior to the meetings.

On the office door today I read *“Encourage others and build them up.”* Thus, I have decided to share this message with you all...

I have the pleasure of working with our Queensland president Fiona McCormack. She is the arty, creative part of our hospital childbirth education team. She often leaves quotes and affirmations on the walls throughout maternity, including in the staff toilet where you can't help

but read them!

Her latest idea is to have tear off affirmations to give to a colleague who you feel would benefit from the kind words. An excellent, easy way to boost staff morale and share positive thoughts with others. We all like to be appreciated and feel supported. All too often we are so busy caring for others we forget to care for ourselves and 'our own'.

Fiona and I had the pleasure of developing and running a workshop for maternity staff at Townsville Hospital in November. We had excellent feedback and are hoping to run similar 'Revitalising Days' this year for staff who are interested.

I hope your day is going well as you enjoy the information, up-dates and articles in this copy of *Interaction*.

Jacqui Morrison





Hi everyone, as you can imagine the Victorian branch has been overwhelmed with tasks for setting up the next conference:

Plant a Seed, Grow a Village **May 23rd-25th 2018**

We've booked the RACV city Club as the venue and we are working on the dinner option too.

Our list of key note speakers continues to rise and we have trouble keeping it down to a reasonable level.

We are also working on the Sponsorship packages and Call for Abstracts.

So keep your eye on the website for more information in the coming months.

As for the other branch business, our social gathering in January was unfortunately cancelled due to extreme temperature.

We are planning to hold two study days this year and hopefully a CBE Week day in November.

The first study day is hoped to be held before/in June with the potential for it to be a webinar. You may have already received a survey from us about what you are interested in hearing about, so that we can accommodate your needs.

It is also our intent to look into mentoring more advanced/trainer members into becoming facilitators for the CAPEA Victorian branch CBE Training course. With the purpose of conducting at least one CBE Training course this year.

Finally the branch would like to acknowledge Elizabeth Burman for her contribution to CAPEA and especially the Victorian branch with a lifetime membership. "Liz" has been involved

in the 2008 Conference and part of the Victorian Branch committee since then, holding positions of State Secretary and for many years the State Treasurer.

Happy educating!!

Melinda Eales



The SA Branch met earlier in February at the National Wine centre, which was a lovely location in a relaxed atmosphere. We were able to discuss the final budget and evaluations of the conference. The feedback from the delegates was on the whole very positive and so congratulations to the hard work that was put into the meeting by all on the conference committee. A comprehensive final conference report will be compiled by Delice and Mary-ann now all the final information is available. This will then be submitted to the National Committee.

The new Capea SA branch committee was established, office bearers:

President:	Lisa Masters
Vic President:	Delice Sauerwald
Secretary:	Deb Rossi
Treasurer:	Sue Bulluss
State Rep:	Anna Seibert

The sad news of the death of Karta the orangutan was shared. Delice has arranged a card of condolences to the zoo staff and also a great care basket which she delivered in person to Dianne from the zoo's primate section. The basket contained goodies for the staff as well some for the other orangutan's especially Kluet, Karta's mate. CAPEA Members and

the wider community mourn along with the Zoo staff because of this tragic event.

A Calender of meetings and education sessions was made and a list of dates and locations is listed so all SA members can put them in their diaries:

10th April at 4:00pm
North Eastern Community Hospital
Education Room – First Floor
Topic: **Ice Breakers** —
bring along yours and share

5th June at 4:00pm
Lyell McEwen Health Service
Antenatal Education Room
Topic: to be advised

8th August at 4:30pm
Women's and Children's Hospital
Parent Education Room – First Floor
Topic: to be advised

It was discussed and decided on that a one day study day be held later in the year. The Barossa Valley was the location chosen as the last study day that was held in the Barossa was very well attended by both Adelaide metropolitan members but also many country members as it was convenient.

Tanunda One-day Workshop

Activating The Senses Through Birth and Parenting

Planning has commenced, looking at late October for dates. Rosie Reynolds is investigating venues and availability of suitable dates. We will need approximately 7 presenters — submissions and ideas welcome.

More on the workshop later as planning moves forward.

Woo hoo this is exciting — please keep October as clear as possible and plan to spend time activating your senses.

Thank you as this is my last report as state rep, and I welcome Anna to the position.

Mary-ann Baker



CAPEA Biennial Conference - Melbourne



Plant a Seed, Grow a Village

23 - 25 MAY 2018

CAPEA Biennial Conference

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May 23rd - 25th 2018

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- Research and Best Practice
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- Pregnancy, Birth, Parenting and Breastfeeding

Watch the website for more details about Sponsorship packages, the Call for Abstracts and other Conference updates

www.apea.org.au



The Impact of Childbirth Education

Tanya Strusberg is the founder of **birthwell birthright** and CAPEA's Co-social media administrator. She is a Melbourne-based Lamaze Certified Childbirth Educator and a Fellow of the Association of Certified Childbirth Educators (FACCE). A passionate advocate for women's maternity care, Tanya's articles have appeared in *The Journal of Perinatal Education*, *Australian Midwifery News*, *Science & Sensibility*, *Interaction* — the journal of the Childbirth and Parenting Educators Association of Australia (CAPEA), *International Doula* — official publication of DONA International, *Empowering Birth Magazine* and *Rockstar Birth Magazine*. Through her internationally-accredited Lamaze Educator Training program, she is very excited to be training a new generation of Australian Lamaze educators. Last, but absolutely not least, she is also the mum of two beautiful children, her son Liev and daughter Amalia.

Last October, at the height of U.S. Election fever, I flew from Melbourne to Donald Trump's heartland — Florida. In fact, as I was landing at West Palm Beach international airport, Trump's private jet (with him in it!) was taking off. Thankfully, I had just missed his last major rally before the election which was just one week away, and was grateful that I had missed the media and security frenzy.

I was in Florida to attend the Lamaze International 2016 conference. This was a particularly special event for me as this was the first time I had been invited to speak at a conference — much less one on the other side of the world! I have been a Lamaze Certified Childbirth

Educator since 2011, following my training in Israel before my family and I relocated to Melbourne in early 2012. At the time, I remember thinking that I would enthusiastically seek out my fellow Lamaze educators in Australia, only to discover very quickly that I was, in fact, the only Lamaze educator in the entire country. It was a bit lonely in those first years as I worked hard to both establish my own independent childbirth education practice, but also to grow awareness of the benefits of Lamaze education to the wider public.

In 2014, I was one of 11 educators from around the world invited to Washington, D.C. to become part of



Lamaze International's first cohort of independent trainers, and I excitedly began work on developing a uniquely Australian Lamaze educator training program curriculum. In 2016, the birthwell birthright Lamaze Childbirth Educator training program was launched, with 21 women from across Victoria and New South Wales participating in three separate trainings. This year, close to 30 women from across Australia will be participating in one of our training programs. It is incredibly exciting to see Lamaze develop here in Australia, with home-grown educators, passionate about teaching the highest quality of evidence-based childbirth education — both privately and within our public and private hospital systems.

When I was developing my abstract for the Lamaze conference, I knew I wanted to present a session that drew on my many years as a marketing and communications specialist (my past life!). For those of us who are independent educators, we all know how hard it can be to promote our businesses and target the right people to sign up for our classes. According to a literature review by Ferguson et al¹, antenatal education is viewed by pregnant women and health professionals as an important component of antenatal care. Childbirth educators are in a powerful position to promote normal birth for all women, but many lack the tools and strategies to be able to identify and evaluate childbirth education gaps that currently exist in their own communities. My session, entitled; *Uncharted Territory: Going Where No Childbirth Educator Has Gone Before*, aimed to assist participants to perform their own “market analysis” to work out the potential gaps that exist within their own community, and gain valuable tools to further develop their childbirth education programs to meet the needs of women in targeted communities.

Interestingly, just this week, childbirth education luminary, Penny Simkin, wrote a guest post for the Lamaze International blog, *Science & Sensibility*² where she directly addressed the distinct gaps in research to demonstrate the positive influence of quality, evidence-based childbirth education on birth outcomes.

“Why are doulas promoted, and childbirth education ignored? There is a very good reason: the evidence from existing trials demonstrates convincingly

that continuous labor support, especially in the form of a doula improves labor and birth outcomes (Hodnett, Gates, Hofmeyr and Sakala, 2013). On the other hand, trials of childbirth education have shown no clear benefit. A Cochrane Review (2007, 2011), found nine such trials involving 2284 women (Gagnon and Sandall, 2011). The educational content varied greatly and no consistent outcomes were measured across the trials. The review of trials found a lack of high-quality evidence, and so the effects of antenatal education remain largely unknown. This review concluded that “further research is required to ensure that effective ways of helping health professionals support pregnant women and their partners in preparing for birth and parenting are investigated so that the resources used meet the needs of parents and their newborn infants.”



Simkin concluded; “Until there is scientific evidence of clinical benefit from childbirth education, we can't expect ACOG or anyone else to endorse it as a valid contributor to improved outcomes. I hope readers of this column who have facilities and know-how to mount a well-designed trial will be inspired to do so.”

Many readers will be aware of the recent research published in the *BMJ Open*³ in 2015 about the Sydney-based childbirth education course, *She Births*. There is no question that the rise in interventions rates in labour and birth need to be addressed as a matter of priority as outlined by reviews of maternity services

across Australia. While it is indeed exciting to have some new research demonstrating the positive effects of childbirth education upon birth outcomes, I think we should be cautious in attributing it to a specific method of childbirth education. Many experienced childbirth educators have been using most, if not all of the *She Births* methodologies for many years and will know anecdotally that the education women receive is clearly beneficial. The use of psychoprophylaxis in labour is not new. Back in 1960, Lamaze was originally known as ASPO/Lamaze⁴ — the American Society for Psychoprophylaxis in Obstetrics — and breathing exercises, comfort measures, postural techniques and other relaxation strategies have formed the foundation of most (if not all) natural childbirth education courses since then.

It is also important to acknowledge that much work still needs to be done to improve the quality and consistency of childbirth education in Australia. More quality research also needs to be conducted, engaging larger numbers of subjects representing a wider cross-section of Australia's population. CAPEA has made significant in-roads to address these shortfalls by implementing a Competency Standards for Childbirth and Parenting Educators (NACE, 2011) and a professional certification process for to acknowledge the skills and abilities of Australian Childbirth and Parenting Educators. However, I think many of us would agree that we need to continue to together both as an organisation and as individuals committed to ensuring that all Australian women and their partners have access to the highest quality of current, evidence-based childbirth education that supports and values the process of normal, physiological birth, regardless of whether they access their childbirth education privately or through our hospital system. Together, we have an opportunity to make a significant and positive impact on the birth outcomes of women across Australia.

References

- 1 Ferguson, S., Davis, D., Browne, J., (2012). Does antenatal education affect labour and birth? A structured review of the literature. Faculty of Health, Disciplines of Nursing and Midwifery, University of Canberra
- 2 <https://www.scienceandsensibility.org/blog/acog-2017-childbirth-education>
- 3 <http://bmjopen.bmj.com/content/6/7/e010691.full#ref-15>
- 4 <http://www.lamaze.org/History>



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CAPEA

Childbirth and Parenting
Educators of Australia inc

We are thrilled to present the new CAPEA logo!

The heart icon = nurture, support, love, protect.

It is constructed from C (Childbirth) and P (Parenting), with a discernable E (Educators) and A (Australia) making up the rest of the shape.

In the designer's words, this logo shows a confident, self-assured identity — it is simple and fresh, but also bold and unusual, which will have good brand recognition and recall.

A big thank you to Saskia Ericson, from Hatch Creative, for developing this concept.

Childbirth And Parenting Educators of Australia Inc.



CAPEA goals are to provide:

- ★ Protection, promotion and support for the practice of childbirth and parenting education
- ★ A body of peers, membership of which will offer them professional status and networking
- ★ Competency Standards for Childbirth and Early Parenting Educators
- ★ A professional certification process for childbirth and parenting educators
- ★ Professional recognition to enable communication with relevant state, national, and international associations working in the field of childbirth and parenting education.
- ★ Encouragement and support for further research into the study of childbirth and parenting education.

Benefits of membership

- ★ Access to CAPEA website membership resources
- ★ Subscription to the CAPEA Journal *Interaction*, with current childbirth and parenting education articles, teaching ideas and topical issues relevant to CAPEA members
- ★ Professional development workshops, seminars and conferences to train and strengthen knowledge and skills of childbirth and parenting educators
- ★ Reduced membership rate to attend CAPEA local, state and national workshops, seminars and conferences
- ★ Invitation to contribute articles, teaching ideas and current issues to *Interaction*
- ★ Invitation to apply for recognition as a certified CAPEA childbirth and parenting educator
- ★ Invitation to contribute to the CAPEA blog (we could aim to have one on CAPEA website)
- ★ Professional and personal networking and support

Visit www.capea.org.au



Why should I become a CAPEA Certified Educator or Certified Trainer?



New **guidelines** for **CAPEA Certification** were published in December 2016, making the process clearer for consumers and providers of childbirth and early parenting education to understand, and for CAPEA members to seek the professional recognition.

The process is similar to other professional performance reviews, and is applicable to those working in independent practice as well as larger maternity or family and child health services.

Becoming a **CAPEA Certified Educator** recognises a level of competence, expertise and experience as a childbirth and early parenting educator.

Becoming a **CAPEA Trainer** recognizes leadership and training roles as well as competency in the area of childbirth and early parenting education.

Benefits to CAPEA members are:

- ★ Enhance personal CV and record of professional development
- ★ Public listing of name and workplace/business & location on the CAPEA website, enabling:
 - ❖ Prospective consumers to check the competency of intended provider/s of birth and parenting education service, that indirectly may promote business opportunities
 - ❖ Networking for further training and leadership opportunities
- ★ Recognition of achievement at biennial National CAPEA Conference
- ★ May provide further reductions to registration fees for CAPEA workshops and seminars

Benefits to CAPEA:

- ★ Raises the profile of the national organisation to members, providers and receivers of childbirth and early parenting education

Benefits to consumers of childbirth and early parenting education:

- ★ Prospective consumers can check the competency of any intended provider of birth and parenting education service

Assurance that the competency of CAPEA Certified Educators and Trainers is measured against rigorous Australian National **Competency Standards for Childbirth and Early Parenting Educators** in the absence of any other national regulatory system. This is facilitated by using the **Competency Assessment Tool**.

What CAPEA Certification CANNOT do:

- ★ Provide certification or registration that is recognised in any legal sense in Australia (eg: AHPRA or AQF)
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Certification is assessed by at least 2 members of the **CAPEA Further Education Committee**. Confidentiality relating to documents being assessed is assured.

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Assessment may take up to 2 months due to the voluntary roles of CAPEA committee members and other life/work commitments of the assessors. Notification will be by phone/email initially, and a certificate will be forwarded by email/mail.

Your application for CAPEA Certified Educator or Trainer must include:

- ★ Cover letter with your name, address, phone number, email, and workplace
- ★ Summary of meeting the criteria, with supporting documents as evidence
- ★ Application template can be located at <http://www.capea.org.au>

Forward to the Chairperson, CAPEA Further Education Committee, via email: member@capea.org.au

Lisa Robertson, on behalf of the CAPEA Further Education Committee

February 2017



Nurturing Us

Early pregnancy can be very confusing. Women are receiving information, choices and options from their midwife, obstetrician, best friend, Facebook and their mother in law. They are often channelled into pathways without a clear understanding of what that means for them or their baby. As Midwives we were meeting women who were participating in childbirth education programs in late pregnancy who wished they had made different choices earlier in pregnancy. With only weeks before birth we were trying to instil a confidence in them as a birthing woman and a belief that they were perfectly designed to birth their baby. We want to guide women through the complexity of choices in early pregnancy to help them have a calm, confident and inspired pregnancy that best prepares you for birth and parenthood.

Epigenetics, epidemiology, neuroscience and psychology have brought together research over the past few decades to expand our understanding of how the development of a baby in the womb during pregnancy is influenced by genetic input but also by environmental factors. The emerging field of epigenetics seeks to understand the environmental elements that influence whether genes are turned on or off and is beginning to give us an understanding of how positive and

negative exposures change genetic expression.

These environmental factors are continually changing depending on the mother's physical and emotional experiences. This complex tapestry of influences from conception to birth impacts a baby's health, ability and wellbeing through life. A baby developing in the womb is a conscious being, an active participant that changes and responds to environmental influences, and the mother, the source of this influence, has a powerful role to provide a safe and nurturing environment in which to grow.

Human beings are affected by their environment as soon as they have an environment, and that means as soon as they are implanted in the womb. People are conceiving, carrying and birthing children under increasingly stressful conditions.

Gabor Mate
In Utero

Increasingly we live and we grow babies in a modern society that is busy and hurried. It can appear harmless to us because we have adapted to the relentless busyness. Busy and stressed is our normal but it is not normal for a baby growing and developing in the womb. We have a choice and an opportunity to define the environment our babies grow in, for our own benefit but also our baby's wellbeing.

We should



recognise that with conscious awareness, compassion and connection we can influence the world our babies develops within and make their world as loving, connected and nurturing as possible.

This should begin with how we treat pregnant women as a society and also how pregnant women treat themselves. Realising the importance of how a pregnant woman nurtures and cares for herself physically and emotionally is vital.

Peace of mind comes when a mother has a clear understanding of the choices that are available from the beginning of pregnancy. In order for the most appropriate choices to be made based on the individual, decisions in early pregnancy such as choosing a model of maternity care, where to birth her baby, choosing a birth education program and the type of pregnancy care need to be made with open and transparent access to information. This will influence how empowered women feel about decisions that involve their body and their baby.

Gathering together the evidence about what women can do to best lay the foundations from conception to birth, so they enter motherhood emotionally and physically strong the following practices stand out.

- ❖ Choose a model of care that closely aligns with your view of pregnancy and birth, a good philosophical match. One where you feel supported and part of all decisions involving you and your baby. Seek out a care giver and a birth support team who





such as yoga which will also enhance strength, flexibility and endurance. Nurture your mind with a mindfulness meditation practice and conscious breath awareness. We cannot avoid all stress in our lives but a regular meditation and mindfulness practice during pregnancy can reduce stress and anxiety levels and have a lasting impact on your baby in utero.

are, the stronger their connection is and this equips them to deal with the challenges after they bring their baby home.

Karen McNeil and Agnele Mihovilovic
<https://www.nurturingus.com.au/>



respects your autonomy as a birthing woman and with whom you have open and transparent communication.

- ❖ Nurture the relationships and connection with those closest to you during pregnancy. The birth of a baby brings less time for intimacy but also simply for conversation and connection. When two becomes three there is a new family dynamic. The basis of a couple's relationship is an intimate connection and that connection needs to be nurtured. The more prepared in pregnancy couples
- ❖ Nourish your body with whole foods to ensure you are not simply avoiding the foods advised by experts while pregnant but nurturing your physical body that is growing and developing a baby.
- ❖ Balancing mind, body and spirit with a well-established practice

Wanted: National Secretary

CAPEA needs a Secretary for our National Committee
 This could be you!



Get involved in our wonderful organisation and be part of what's happening in Childbirth and Parenting Education across Australia.

The job description is on the CAPEA website — have a look and see what you think.

Do you want more information?

Contact our President,
 Sue Spencer

For further details: Susan.spencer@health.nsw.gov.au



Karta and Kluet

By Di Hakof

Zoos SA Manager Animal Health Department

I met Karta back in November 1992 when she first arrived at Adelaide Zoo from San Diego Zoo. We had exchanged her for our lovely hand reared female Orangutan “Inda”. In 1996, I started vet nursing in the hospital which was directly behind the Chimpanzee and Orangutan exhibits. The ape keeper at the time thought it would be a good idea to give her some treats whenever I was out there cleaning cages and I was eager to do this. For the first time in quite a while I was allowed to be the “good cop” rather than the “bad cop” where all animals used to look at me threatening to hurt or maim me if I came anywhere near them. They knew if I was nearby they were most likely going to have an anaesthetic dart or some awful medication... Anyway, I digress...

Over the years, I watched Karta become pregnant, give birth and then lose her babies anywhere between 1 and 5 days post birth. I saw firsthand the effect this had on her emotionally and it continually surprised me that she appeared to heavily mourn the loss of each infant and how long it took her to move on.

I started to think about this and found I couldn't stop thinking about not just

the physical effect losing an infant had on Karta, but also the heavy emotional cost. Little did I know then how this small thought I had many years ago would change preconceived perceptions about how we viewed her parenting skills and her ability to be a good mother.

Remember as well that in the 80's and 90's the word anthropomorphic was very popular and it was not okay to assume that animals had an emotional response to anything that happened to them. This was something that many keepers and I struggled with. I saw on a daily basis, particularly with primates, the emotional response these amazing animals had towards their keepers, exhibit mates and their surroundings. I found them mostly to be highly intelligent, and I felt blessed to be able to work alongside these remarkable animals.

In May 2013, Karta gave birth to her sixth baby, but unlike her other pregnancies; we had a completely different team on board. I discussed with the Primate Team what we thought was going on with Karta. With the vet and primate team, we reviewed Karta and her infants' history and from this we

found out some crucial information. We soon discovered on Post Mortem review that all of Karta's infants had very little to no milk in their stomach. For me, this was a pivotal moment. I immediately wondered if primates could have issues with breastfeeding and maybe Karta was in fact a wonderful mother. All of her maternal behaviours pointed to the fact she was gentle, caring and supported the infant in the correct way. The only abnormality I could see was a lack of milk in the stomach of the infants, and I could not get rid of this thought, it kept popping back in my head at all hours of the day and night.

The next day I asked the Primate keeper if we could do some training with Karta. I didn't know much about breastfeeding but wanted to see if Karta's nipples became inverted when she lifted her arms above her head. To my surprise, her nipples were incredibly inverted when she did this. We also learnt that Karta's first infant born in the US was removed from her as they were concerned the infant was not feeding properly. We also noticed that her nipples were incredibly small compared to other pregnant/breastfeeding orangutans and this became even more evident as her pregnancy progressed.

Her family history showed she had a half-sister at Denver Zoo and that she too had struggled to breastfeed her infant. At Denver Zoo, they put in place an unconventional yet highly successful approach. This is when we learnt about the space feeder. Denver Zoo were kind enough to allow us to design a similar device and I spent many weeks having lunch with our maintenance team designing a similar space feeder.

We trained Karta, Kluet and the primate team for 8 months in desensitising them to allow staff to pretend feed her baby, with many challenges along the way. Karta stealing the space feeder and drinking the milk was one of



the biggest challenges we encountered, but we were confident we had a solid contingency plan going forward.

As Karta's labour approached, we were all both excited and anxious about the next few days, weeks and months. We were determined to give Karta every opportunity to be a mum and if we had to be there 24 hours a day, 7 days a week, so be it; we would be there for her. Everything was in place including rosters, milk, the humidicrib, and the space feeder, as well as extensive research and support.

In January 2013, Karta eventually gave birth but the infant was stillborn with the post mortem confirming what we all suspected. The umbilical cord was wrapped around the neck and the infant died as result of complication from this. To say we were devastated was an understatement. Anybody who has lost an infant to stillbirth would understand. Words don't cut it, nothing does. Hugs helped but only for a short while and the whole time we were grieving so were Karta and Kluet and they were our first concern.

That morning, we arrived to find the little one silent and still on the enclosure floor. I remember thinking, "but it looks so perfect, how can this be, how can the world be so cruel for this to happen?" But mostly, I remember looking into Karta's

eyes and the pain I saw said it all. I asked her if she could show us her baby. She looked over towards the baby and then looked back at me. "Can we see your baby Karta", I asked her again. She slowly got up and moved towards the baby and then bought the infant straight to me, holding it up against the mesh. Putting all of the emotions aside, we inspected the baby as quickly as possible and saw no trauma wounds, just the cord wrapped around the infant's neck. It was a little girl, perfect in every way, other than the fact she was not breathing.

Karta moved away with the infant shortly afterwards and placed her back in the middle of her off limits area. To some, it would have appeared that she did not care, but those who knew her better knew she wouldn't let her baby girl out of her sight regardless of whether she was holding it or not.

Kluet was there the whole time, watching and knowing what had happened and was important not to forget that he witnessed everything and I could tell he struggled to know what to do. The infant was right there in front of him and at one point I saw him get a blanket and take it over and cover his baby with it. That was it for me; I cried, sobbed and felt as helpless as Kluet did. I sat down next to Karta and she showed me her vulva and placed her

finger in the blood and presented it to me as if she was saying 'I lost my baby'. If I was being anthropomorphic, I didn't care. I knew what I was witnessing; it was grief in its purest form.

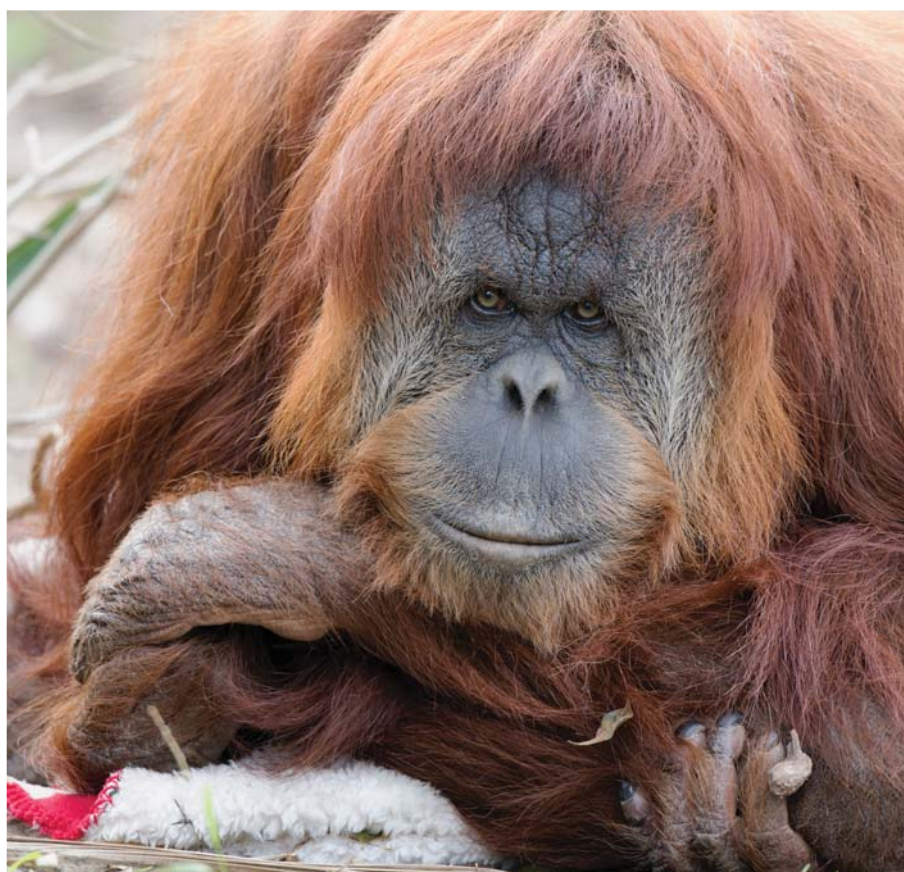
Karta lost her last baby this year and with that we lost our Karta due to post birth complications. Whatever medical name it is given; grief is the human term I gave it...

I had a vision, moments after being informed Karta had passed away. It was only for a split second but it was real and right there in my mind's eye. Karta was with her babies and I remember the look in her eyes, a look of pure happiness like she was home at last. Rest easy now, Karta, you are finally home at Rainbow Bridge with all of your adored and cherished babies. Love you Karta, always have, always will, you taught me more than you will ever know and I will never forget you.

To our lovely Kluet who is still coming to terms with losing Karta: you are not alone, even though it must feel that way still. It wasn't meant to be with Karta, but I believe deep down you will be a father one day and your turn will come.

Hope lasts eternal...

Di Hakof
Senior Hand rearing Coordinator



*Perfect and beautiful.
Still loved.
Still missed.
Still remembered.
Stillborn but still born.*



The No Cry Sleep Solution for Newborns (2017)

by Elizabeth Pantley

Book Review by Tanya Strusberg

If you've ever taught a childbirth or parenting class, then you will know all too well how big a topic infant sleep is for parents-to-be. The anxiety levels around how much — or how little — your baby will sleep are probably only just pipped at the post by the fear of pain in childbirth.

In 2016, an article in the *Herald Sun*, reported on the new phenomenon of pregnant women wanting to book in for sleep school before their babies had even been born. What on earth does that say about the way people are approaching parenthood today? What is causing women to be so anxious about their baby's ability to sleep that they have pre-empted that they will not be able to cope without the intervention of so-called "sleep schools".

If you asked most people around the world what sleep school was, they would look at you utterly blankly. The idea of going to a strange facility with your baby, for up to a week, and learning how to get your child to sleep is a totally foreign concept to most people. The near-obsession with getting your baby to "sleep through the night" is most definitely a Western, millennial crisis.

With desperate parents looking for a magic panacea, it's no wonder that we've seen the proliferation of sleep consultants, night nannies and no shortage of "experts" cashing in on desperate, sleep-deprived parents to pen the latest bestseller that reveals the secret to the elusive promise of a baby who can sleep through the night.

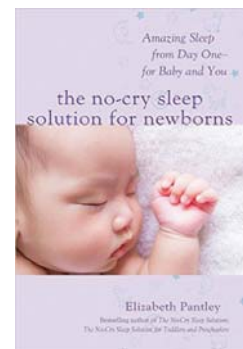
As a Lamaze childbirth educator — and a mother — I am deeply concerned at the rise in popularity (and mainstream acceptance) of Crying It Out methods (CIO), also known as controlled crying, self-settling or self-soothing. A couple of books in particular, that I shall not name because I do not wish to give them any

further publicity, are practically touted as the new mother's bible. Not only do I have concerns about the authors' credentials, but given the overwhelming evidence-based research that has been conducted in recent years that clearly demonstrates that these methods are not only harmful in the short-term, but may in fact cause significant long-term emotional and psychological damage, I am amazed that these books are still flying off the shelves and into vulnerable parents' hands.

Author Elizabeth Pantley is no newcomer to parenting books, having written 12 of them. Her books have been read by well over two million people in English, and have been translated into 27 different languages. Her 2017 edition of her bestseller, *The No-Cry Sleep Solution for Newborns* is a book I will be enthusiastically recommending to couples attending my childbirth education courses.

Renowned infant sleep specialist, Professor James McKenna from the University of Notre Dame has high praise for Pantley's book; "Elizabeth Pantley spins her baby magic! She towers above her competitors by showing us what babies really need, and how best to give it to them."

Two points that Pantley stresses practically from page one assured me from the outset that this book was not another "how to get your baby sleeping through the night by six weeks" scam. The first is that she does not in any way, shape or form condone crying it out. Then she quickly explodes the myth that newborns can (or should) sleep through the night — in fact, it is a total myth that *any* human will sleep through the night. She explains the developmental, neurological and emotional importance for an infant to wake frequently and the potential damage that can be inflicted on a baby whose



basic human needs are not met.

The backbone of Pantley's book is her *15 Keys to Amazing Newborn Sleep*. Each Key is a separate chapter, but they are brief, extremely practical and to the point. Throughout the book are highlighted quotes from real parents, sharing their experiences. Pantley worked with many test families in the development of her book, to ensure that the Keys were universally applicable and effective.

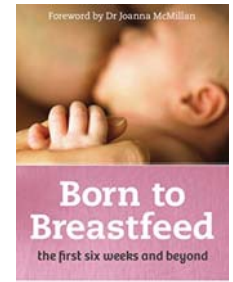
Her 2017 edition of the book is bang up-to-date, including all the latest research and information on safe sleeping, including bed-sharing, current SIDS guidelines and safe swaddling (particularly with regard to current research on hip dysplasia). Her approach is professional and unbiased, recognising that each family is unique and that there is no such thing as a one-size-fits-all approach.

On her website, you can also download a free handout that highlights many of the main points raised in the book. Also included is a terrific infographic entitled; *Your Roadmap to Inspire Peaceful Newborn Sleep*, which makes a great teaching tool to use in classes.

It's great to know that when a couple approach me and ask me to recommend a good book on infant sleep, I can wholeheartedly recommend, *The No-Cry Sleep Solution for Newborns*.



Born to Breastfeed: The First Six Weeks and Beyond



Next to books about pregnancy and childbirth, books about breastfeeding would have to be amongst the most popular books a pregnant person or new parent seeks out.

Educators who set aside a reasonably significant portion of their childbirth education course to breastfeeding will attest to how much anxiety there is amongst pregnant people when it comes to feeding their babies. Myths and "Old Wives' Tales" abound and most people worry if they will be able to successfully breastfeed — despite the fact that we know that the complete opposite is in fact true. Most new parents WILL be able to successfully breastfeed. So why is it that so many struggle with breastfeeding?

According to the survey results of *Listening to Mothers III*, only 54% of women reported wanting to breastfeed exclusively, while 27% planned to use a combination of breastfeeding and formula, and 19% planned to use formula only. One week after giving birth, half (50%) of the mothers reported feeding their babies breast milk only.

In Australia, where I live, a slightly different picture emerges initially, but ultimately we also end up with less than ideal outcomes. According to *Australia's Health 2012* statistics, most babies (96%) in Australia were initially breastfed (this is a statistic recorded upon discharge from hospital — which is usually 24–48 hours following birth, so hardly a strong indicator of future breastfeeding success!) However, only 39% of babies were exclusively breastfed to around four months; and by six months, only 15% were still being exclusively breastfed.

Unlike the United States, Australian hospitals abide strictly by the WHO Code of Marketing Breastmilk Substitutes and new families will not be given formula samples in hospital. Despite this, the formula companies do a pretty good job of getting their products sold and I have no doubt that the proliferation of so-called "toddler formula" which has no such advertising bans and as such is promoted literally everywhere you look, has been the perfect way to subliminally and insidiously promote infant formula.

We also know that one of the primary



barriers to successful breastfeeding is lack of information and support. Even if a parent is determined to breastfeed their baby, without the right support (personal and professional), they are highly unlikely to succeed. Thankfully, there are many excellent support networks out there for new parents. In the United States and many places around the world, La Leche League International provides vital professional and peer-based breastfeeding support. In Australia, we have the Australian Breastfeeding Association, a national organisation with local chapters in every major city and regional centre.

As a Lamaze certified childbirth educator, clients frequently ask me to recommend a good book on breastfeeding. Without question, there have been many wonderful books on breastfeeding that have stood the test of time — but I am always on the lookout for something new that will particularly attract the "Millennial Parents". In this age of digital technology, getting people to read books at all is a challenge! For that very reason, books need to be reasonably concise, highly visual, practical and easy to navigate. For those reasons and more, I think Rowena Gray's new book, *Born to Breastfeed: the first six weeks and beyond* is an absolute winner. At a relatively concise 167 pages, *Born to Breastfeed* packs in an impressive amount of breastfeeding information. The title tells the reader exactly what the scope of the book is. It's not about how to successfully breastfeed your child for six

months, a year or two years. Gray's take on it is; let's just get the first six weeks off to a great start. It's clever and strategic. Again, as educators, we know that if a person can successfully get to six weeks of exclusive breastfeeding, they are likely to continue to have success in the future.

Born to Breastfeed covers all the essentials; initial attachment and the first feed, the physiology of breastfeeding, feeding and sleeping, correct attachment and positioning, the importance of good nutrition for breastfeeding parent, common breastfeeding difficulties and nipple problems, low milk supply (and oversupply), breastfeeding after breast surgery, mastitis, lip-tie, tongue-tie, medications and breastfeeding and more.

I particularly like the personal stories as told by new mothers that feature throughout the book. They are realistic and relatable. The layout too is excellent. It's clean, has a good size font that makes it easy on the eyes (especially handy for the tired eyes of a new parent) and I especially like the "troubleshooting" tables that appear throughout the book as well.

The book also features a well-designed index, which makes searching for topics in the book very easy. The author has also included a useful glossary of terms at the back, as well as several blank lined pages at the end for readers to write their own notes.

It's obvious that Rowena Gray really knows her stuff. As a registered nurse, registered midwife and International Board Certified Lactation Consultant (IBCLC), she is well qualified to write a book on breastfeeding. She is also the mother of three young daughters, so she has also been able to draw on her own personal breastfeeding experiences. As a busy LC in private practice, she truly understands the needs of new parents and this is reflected in her comprehensive, but information-packed book.

I have no doubt that *Born to Breastfeed* will soon become a breastfeeding bible for new parents, resulting in happier and healthier parents and babies reaping the multitude of benefits that only nature's first food can provide.



An Interview Between Tanya & Rowena

TANYA STRUSBERG: Tell our readers a little bit about you!

ROWENA GRAY: I am Mum to three little ladies, coordinate a local weekly playgroup and juggle my private practise as a Lactation Consultant around my busy family. One of my daughters tells her friends that ‘My Mummy breastfeeds lots of babies at work!’. I constantly feel like I have a million balls in the air and sometimes drop a few but that’s motherhood right?! In my spare time I enjoy baking bread — there is something very comforting about the smell of bread baking in the oven.

TS: You are a registered nurse, midwife AND an International Board Certified Lactation Consultant (IBCLC). What drew you to midwifery and then what inspired you to exclusively practice as a Lactation Consultant?

RG: I remember as a child knowing that when I grew up I wanted to work with newborn babies. That desire never changed and so I became a nurse as a stepping stone to midwifery. I was lucky enough to start my professional career working in a paediatric unit and continued to do so whilst later studying midwifery.

When I was a midwifery student, I remember being asked by the midwife in charge to “go and help that new mum to breastfeed”. I had absolutely NO idea of what to do or what to say! I soon discovered that I had a keen interest in knowing more about breastfeeding and found myself attending breastfeeding conferences, hearing people from around the world sharing their knowledge with incredible passion. I seemed to have caught that passion! I had the great privilege of being mentored by some very knowledgeable and experienced LCs in my work place and I found myself wanting to focus as many of my working hours as possible on educating and supporting breastfeeding mums and bubs.

As I was growing my own young family and experiencing breastfeeding ups and downs for myself, I realised just how much support and information a new mother craves and wanted to share the knowledge that I have with as many mums as possible!

TS: In your professional experience, what do you believe are the biggest barriers to breastfeeding success for new mothers?

RG: The biggest impact on breastfeeding for new mums is the inundation of conflicting advice from health professionals, family, friends and, of course, social media. A new mother can find it really difficult to sift the good information from the bad and this destroys her confidence in her breastfeeding ability.

There’s also an issue with the accessibility of breastfeeding support services - hospital services are overbooked with waiting periods of up to three weeks; free local clinics are not always available and private lactation consultants are not a financially viable option for everyone.

There is a fallacy that mothers should impose a routine, which leads to misinterpretation of normal newborn behaviour and ultimately, feeding problems, because the ‘art’ of reading baby cues is lost.

There seems to be a general acceptance that formula is a good alternative to breast milk however breast milk is unique to each individual mother and baby and its nutritional and immunological components cannot be replicated in formula.

Partner attitudes to breastfeeding can make or break a mother’s confidence — a partner who is supportive and involved in the decision to breastfeed increases a mother’s resilience to cope with breastfeeding challenges.

Return to work presents the challenges of expressing and storing milk at work and finding a carer who appreciates the importance of breastfeeding and knows how to handle expressed breast milk (EBM) can be daunting.

TS: You’ve written a book, *Born to Breastfeed: The First Six Weeks and Beyond*. What led you to want to write a book?

RG: As a breastfeeding mum AND a lactation consultant, I endured my own breastfeeding difficulties — difficult attachment, cracked and bleeding nipples, oversupply and mastitis. It was really hard work even with easy access to all the right information and advice. I realised that without being able to seek the advice



of other lactation consultants I would have felt really overwhelmed and had a sudden deep understanding of why many mothers feel the only option for them is to stop breastfeeding.

My mother, Anne Hillis, has been writing books on infant nutrition for some years and one of her long-term passions has been to write a book for breastfeeding mums — something with up-to-date breastfeeding information and nutritional advice and support to help breastfeeding mums make easy and sensible food choices. She invited me to write a book with her and look what happened!

Every pregnant and breastfeeding mother deserves easy access to good, accurate and sensible breastfeeding information and advice. Not everyone can afford or has access to a lactation consultant and so *Born to Breastfeed* is the next best thing — your own personal lactation consultant on your bookshelf!

TS: What makes *Born to Breastfeed* different from the other breastfeeding books out there?

RG: *Born to Breastfeed* is written from the baby’s perspective. It encourages mum to watch her baby’s cues (and her ‘mummy gut’) to know what to do next. It aims to normalise the unpredictable and sometimes confusing madness of the very early weeks as a breastfeeding pair and what to do if things do go a little pear shaped.

The book also offers advice on how labour and birth choices can affect the early days of getting breastfeeding started — this is not to sway mothers from their choices of pain relief but to simply offer the information of what they might expect in the early days after birth.



I have created charts to describe common baby behaviours at the breast, what that behaviour might mean, and what to do about it. Sometimes it's as simple as your baby is fussing because he doesn't want to feed right now. The book also offers guidance on when and where to seek further breastfeeding support

TS: Is the book specifically aimed at Australian women, or is it suitable for all nursing mothers?

RG: Breastfeeding breasts function in the same way all around the world — in the same way that babies are generally born in the same manner around the world!

The advice and guidance given in *Born to Breastfeed* is considered to be the most up to date (at the time of print) and effective ways to support long term breastfeeding in all mothers, anywhere, in any situation.

TS: As a childbirth educator, covering breastfeeding is an essential part of our teaching curriculum. Our primary focus is to give women and their partners the essential information they need to maximise their chances of getting breastfeeding off to a good start. What advice would you give to childbirth educators in terms of the most important content to cover?

RG: This is a difficult question to answer — there is so much I wish for every mother to confidently know!

I believe it's important that every mother has the confidence that her baby and her body know how to do this. Babies instinctively know how to breastfeed — it's what they're designed to do. We know that uninterrupted skin-to-skin time between mother and baby for at least the first hour after birth and baby finding the breast to feed within the first hour

after birth are crucial for early breastfeeding success and long term breastfeeding with confidence.

The next most important thing I believe is skin to skin contact between mother and baby in the early weeks of breastfeeding. Skin-to-skin cuddles not only stimulate a mother's breastfeeding hormones to produce more milk but when you're that close to your little one you can easily pick up on your baby's subtle feeding and tired cues and this is what brings confidence in your parenting efforts.

Correct attachment allows baby to access all the milk s/he needs from the breast. Babies need to take a large mouthful of breast, not just the nipple, in order to attach well. Breastfeeding should be comfortable for mum but it is quite normal for it to be uncomfortable for the first few weeks. Nipples should not be cracked or bleeding or excruciatingly painful — these are signs that things are not quite right.

Seek support early. Don't feel you should struggle through any difficulties on your own. Visit breastfeeding counsellors and other breastfeeding mums at your local meet ups. Ask for help from your hospital midwives and lactation consultants, your child health nurse or a lactation consultant in private practise.

TS: In recent years, there has been an explosion on the market of so-called toddler formulas. Clearly it's a way for the formula companies to get around the WHO Code which bans the promotion of breastmilk substitutes. What are your thoughts on "toddler formula"?

RG: I don't understand why any toddler should require "toddler formula"? Many toddlers are continuing to breastfeed at 12 months and then to at least 2 years as well as eating healthy family foods plus drinks of water and cow's milk in a cup. It is important that most of toddler's nutrition comes from food rather than milk drinks. Nutritionally, toddler drinks are not required and there is a danger of toddlers over consuming toddler drinks if mum thinks her toddler

is not eating properly — toddler drinks are very filling so they eat even more poorly...

TS: Birth professionals often have to deal with a backlash against the so-called "natural birth movement". As a lactation consultant, do you find that you deal with an equivalent in breastfeeding, with some women pushing the "anti-lactivist" agenda? If so, how do you respond to this?

RG: Every mother's breastfeeding journey is personal. And whilst it is almost every mother's desire to breastfeed it unfortunately does not come easily or at all for some mothers. There are many reasons for this of which one is choice. The "breast is best" slogan is responsible for many mothers' guilt in being made to feel second rate by needing to or choosing to feed their baby with formula.

I believe that good breastfeeding information is every mother's right but I also support every mother in making an informed decision to choose the feeding option that is right for her and her baby.

TS: With breastfeeding rates so low in industrialised countries, how can childbirth, parenting and breastfeeding professionals best send the message that breastfeeding is the optimal nutrition for our babies?

RG: I think we are already doing a pretty good job at getting this message out. What we're failing dismally in is providing mothers with the adequate and ongoing support needed in order to breastfeed long term. Our national statistics show it clearly — 97% of mothers commence breastfeeding and yet within 2 months only 50% of our mums and bubs are continuing to exclusively breastfeed. With the right advice and support almost all breastfeeding difficulties can be overcome.

I think we're also doing mothers a great disservice in not being brutally honest about the potential long-term negative impact on health as a result of readily accessible formula. In Brazil their support of mothers to breastfeed is so strong that families require a prescription from a lactation consultant after a thorough review in order to access infant formula. Now I'm not at all suggesting that we go to this extreme but it certainly highlights the difference in level of support to breastfeeding mothers between the third world and the first world...





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